

“Transforming Child and Family Social Work”

Part 1 – Providing Context and Matching Expectations

Fourth Giving Poverty a Voice Social Worker Training Programme Study Group

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Social Work in Context

It is important to view the child and family social work system in context, in order to appreciate the **different levels** that constitute social work practice and how these open **different sites and possibilities** for trying to affect change. This includes **political** considerations (including wider social policies and media discourse), **organisational** considerations (including management, culture and resource issues), and **individual** considerations (such as the knowledge, values, skills and worldview that each person brings to the job).

Child Welfare – Policies and Comparisons

How societies develop policies to safeguard and promote the welfare of children invokes debates about the interaction between State, family and child, including fundamental questions about the thresholds for State intervention in family life, the extent of a State’s duty to provide universal services to assist all families, and the incorporation of children and human rights in the exercise of such decisions.

Different countries approach some or all of these questions differently to the UK.

Alternative approaches include models of welfare in Scandinavia and other social democratic countries, where care is used as a supportive measure without the finality of ‘adoption from care’, while higher taxes allow the State to provide better universal services for children.

Different approaches to child welfare can be framed as a division between child protection and family service orientations (Gilbert 1997):

Child protection orientation → problems framed in individualistic and moralistic ways; preliminary interventions legalistic and investigatory; relationship between the parent and state is adversarial; out of home care is involuntary.

Family service orientation → problems framed within the social context as well as looking to psychological factors, preliminary interventions are therapeutic and consider needs assessments; the relationship between the parent and the state is one of partnership; out of home care is voluntary.

Current policy context in the UK

Legislation → The Children Act is the guiding piece of legislation. While it seems to follow a family service/support orientation, it has been interpreted with more of a child protection bent.

Government Approaches → The Labour Government was not ideal but did attempt to institute family-oriented, preventative services. For example, the Every Child Matters and SureStart services. While they could have done more, Labour did talk about child poverty and family poverty and sought to put these issues back on the agenda.

In the final two years of New Labour, **after the death of Peter Connolly**, there was a real shift towards child protection models and a dramatic rise in care proceedings. Things have very much continued in this direction under the **Coalition Government**. At the same time, we are seeing **increasing numbers of children and families experiencing poverty and deprivation**, homelessness and reliance on foodbanks; the cutting of family support services, youth services and community resources; and very high social work caseloads.

Family member perspective “I think, especially with the current Government, we’ve become such a responsibilities-led culture that people are immediately assessed on ‘are they meeting their social and parental responsibilities?’ Rather than, ‘anywhere along the line have their human rights been respected? Have they been supported to reach their potential in whichever forum it is, whether it’s parentally, individually or educationally?’”

Care leavers and Poverty → There continues to be a worrying relationship between previously being a care leaver and having your own children taken into care. One family member who has been conducting primary research with parents who have had their children taken into care found that close to 50% of the parents she interviewed had been in care. As she said, “It’s like it’s a taboo to go “oh well if you were in care you’re likely to end up like this” – they don’t say it to them, but if you look at the history, it’s happening. And there’s no cycle break, there’s patterns that are repeating...”

Family member perspective “we talk a lot about families living in poverty but for the many years that ATD’s been doing that, what we’ve realised, the reason we have so much discussion on the link about child care and poverty is the people most likely to lose their children in to care are not just poor families, they’re families where the parents or the mother, particularly, was in care herself. ... Then to take the next generation into the care system - they’re not actually rescuing them, they’re removing them from the immediate situation but long-term, for the rest of their lives, just looking at the outcomes from care, it’s not a rescue very often, it’s a sentence.”

Methods for achieving change

This particular topic will be discussed in further detail **at the next social worker training study group**. However several preliminary ideas were proposed:

Conducting Poverty Awareness Work, similar to ATD Fourth World’s projects (such as the Social Worker Training Programme)

Focusing on **building alliances** for change that bring together various groups, including parents, professionals, academics, anti-poverty activists and NGOs, parents’ organisations, and social work practitioners and their organisations

Develop tangible tools social workers can use to effect alternate practice models – such as a Charter of Rights for parents caught up in the child protection system.

Experiencing the System (from both sides) and Matching Expectations

Analysing single aspects of the social work process from both a practitioner and family member perspective helps **locate gaps** in practice, **identify what works and what does not**, and map where **accountabilities** should fall. Understanding how expectations between different parties could be matched gives us greater insight into potential avenues for change. Meanwhile the methodology creates the opportunity to **bridge misunderstandings**. We used **HOME VISITS** as a case study.

Exercise 1 → Practitioners, academics and family members were all asked to write **one word** to describe how they felt about the first time they made or received a home visit. It was evident that the words written were quite similar across the different respondents:

Anxious, Embarrassed, Interfering, Scared, Nervous, Hopeful, Intimidated

Family member perspective

“I was intimidated with them coming, intimidated while they were there and utterly humiliated when I’d shut the door when they’d gone – I just couldn’t believe what had just happened, it was that shocking.”

Practitioner perspective

“I remember, from memory, being worried, being anxious. Not particularly for myself, but for wanting to do the right thing, you know... in some ways realising that it was a big job and task and I didn’t know what I was going into, wanting to get it all right.”

Exercise 2 → Peer group discussions assisted us in **matching the expectations** of practitioners and family members. Furthermore it raised the following systemic issues, which can be extrapolated out to social work practice more generally.

Working at Cross-Purposes/Mismatched Expectations Practitioners observed that social workers and families frequently seem to be working at cross purposes, from the initial home visit onwards. This partly relates to what all participants noted as failures during home visits to explain to families the purpose of social services’ presence and to ensure that the practitioner’s expectations and those of the family were aligned. Some practitioners felt that attempts to sugar-coat reality during home visits (rather

than frank openness and honesty) not only created false expectations, but also confusion about the nature and implications of social services' involvement in a family's life. This was reflected in one family member's sensation that the goalposts constantly changed, with each visit seemingly raising new issues, even while she had worked towards resolving others, making her feel she never really understood what the process was meant to achieve or what it was for.

Practitioner perspective:
*"I'm the child's social worker,
 I can't do that for you' - you
 bear that sometimes..."*

Mismatched expectations also potentially relate to social services' inability to provide the kind of support that families request because of ideological or organisational barriers. For example, where social workers have a child-focused bent, they may be less interested in responding to parents' needs, even while the parent presumes they are there to support

the family as a whole. As one practitioner noted, *"... you've got your agenda, the family have maybe got their problems that they want to talk about but that's not what the social worker's there for..."*.

As if mirroring this concern about misaligned expectations, all family members made clear that, regardless of whether they had sought a visit from social services or not, what they requested in that first or subsequent home visit(s), or what they felt would have been helpful, was disregarded or subordinated to social services' agenda. In short, 'what they asked for' and 'what they got' did not match. In some cases, this equation looked a lot like 'family member asked for support and instead got drastic intervention'. In other cases, the requested support was only provided after families had fought a formidable battle to get it, or where they had reached crisis point (both circumstances leaving families wondering what the purpose of social services involvement in their life was).

Family member perspective *"Most of us hadn't asked for help, they just sort of turn up and been referred by somebody else and when we got into the dialogue of it we would put forward what we wanted and what we needed help with... and some of us got some of the help but it was a long fight and battle and I think one of us had a reasonable experience of getting support but it didn't really... none of them matched how they should have matched, in the sense of what you asked for you necessarily got... if they'd matched, we would have been able to sit round that table, put it on the table what was needed and they would have been able to work out where they could provide it, but it didn't really work like that, it was very long-winded."*

"Official" Framework/Purpose of Home Visits When asked, family members reported uncertainty about what social workers were looking for during home visits. Others struggled to understand why social workers came to their house at all: *"I didn't even know what social workers were, to be honest. I'd never experienced them, never had any experience of it at all and they come to my door and I thought "who the hell are you, telling me all this rubbish?" I'm looking at them thinking "what? Who are these people?"*

As a starting point, practitioners noted that home visits occur within a larger context, generally following on from referrals. One social worker stressed that we should *"bear in mind, where the social work role sits and how we get involved in people's lives is not because you just want to..."* On a more practical level, practitioners indicated that when social workers made home visits, they were following an assessment framework intended to help them assess the child's needs within the context of the parent's capabilities and the wider home environment.

Despite this explication, practitioners were responsive to families' confusion. One social worker suggested, *"I don't know whether we're very good at telling families why it is that we're in their house."* All the practitioners expressed a lack of confidence that social workers consistently explained the reasons for most of the checks that they might undertake. Practitioners also felt that sometimes social workers carry out home visits in a knee-jerk fashion without any clear purpose in mind. Given this observation, they questioned whether all social workers really engaged critically with the assessments they were carrying out in any given situation.

Practitioner perspective *"... they're really complex aren't they, home visits? I don't know if enough time is given to thinking about the complexity because that's where a lot of that work is done - so there's forming that relationship, agreeing on what you're trying to achieve, there's all sorts of things and anxiety on both parts..."*

Practitioner perspective: “... *the first home visit that I went on with a social worker was a family she knew quite well and it was an unannounced visit but she literally just turned up, didn’t give the family any explanation of why she was there, just started firing questions at them. You could see that she just didn’t make any effort to form a relationship. There was no small talk at the beginning, it was just going in, firing questions... I think in herself she was maybe insecure about why she was doing the visit and I could tell that. It really made me embarrassed and then how is that going to make the parents feel? Then afterwards she was criticising the mother for not engaging with her and I just wanted to say ‘yeah but look at the way*

Looking in cupboards and drawers Practitioners explained how assessments during home visits may include use of forms stipulating ‘things to check’, such as cupboards and bedrooms. However, they questioned the value of these, seeing them as arbitrary in many circumstances and wondering what exactly a social worker expected to learn about a family when looking inside their fridge and their teenager’s bedroom: “*Actually, what is it you’re expecting to see? ... I don’t know if many social workers would be able to tell you what they would think was good enough.*”

Practitioners stressed that in cases where these checks really were necessary, social workers should at least explain *why* they were

Practitioner (case conference chair) perspective “*I think sometimes social workers aren’t perhaps as... purposeful as I think they should be. They kind of rock around and they just kind of have a chat and it’s never quite clear why, you know? To get a view, I’m going in to overview something, how did that connect with the plan? How did that connect with the assessment? Did you explain to the family “actually what we’re doing today is this”? And that’s rarely evident in the write-ups...*”

looking in these places and *what* they were looking for. The practitioners felt there was often a failure to do this. This disquiet was echoed in one family member’s anecdote: “... *my expectation was the person that came to visit me had come to sort out some kind of help to get my son to school and I couldn’t understand how going through the bathroom and checking the back of the toilet and counting the underwear in my daughter’s draw had anything to do with getting... asking me “why did your husband leave?” ... What has that got to do with getting my son to school? Completely confusing and demoralising really.*”

Positive potential of the meeting Practitioners particularly, held the view that home visits had the

Practitioner perspective: “*The first premise is usually to try, if it’s possible, and work alongside the family... I’ve had very good relationships with all my families, even when we’re making difficult decisions, and that brings back the relationship that a practitioner builds. So it’s not so much even the system or this and the other, it’s about the values that we take to the family, it’s about not judging a chronology and a history and making your mind up “this one is already like this” before meeting them. It’s about the relationships you build with the family, even on that visit.*”

potential to be positive - marking the start of a constructive relationship between social worker and family. One social worker said she wanted to be “*hopeful*” that in any given case she and the family “*can work towards some resolution*”. The burden of this ‘potential’ was also the source of anxiety for practitioners (demonstrating that it is not just families that find home visits daunting). As one social worker said “*I was very nervous on my first visit but I think it was about the magnitude of what that means – there’s so much in that first visit – what your expectations are, what the families are going to think of you... they say that people make judgements in the first 7 seconds, so as much as you may be making your judgments about a family, they’re judging you. It’s a huge ask, whatever is going on in that visit, it’s big, and how that goes is the foundation...*”

Questions of space and intrusion While family members described home visits as anxiety-inducing and interfering, practitioners noted that part of the rationale for holding meetings in a family’s own home was to make them feel more at ease (rather than an office that could be intimidating and sterile). One social worker also pointed out that it can be hard and intimidating for professionals to visit families in their own space and social workers can enter visits on the back foot because of this.

Family member perspective: *“But if the meetings in our homes are to put us at ease, we don’t go to a social worker’s office and say ‘can I go through the draws and see how many pens you’ve got? See how many resources, you know, see what books you’ve got? Whereas a meeting at home that would put me at my ease would be where there was a one-to-one conversation... not to have to escort them right through every room of the house and justify why there’s two piles of washing on the floor because I’m sorting out the colours from the whites and I wasn’t expecting you. If people are coming to our homes for a more comfortable environment for us, don’t turn it into a policing situation, don’t become the person that’s trying to... investigating us – that’s not going to make anybody comfortable.”*

Family members accepted that it could be hard for social workers to come to their homes, but disagreed home visits put them at ease, arguing that the intrusive and invasive nature of the visit made them feel as though their space had been violated. Furthermore, the intrusiveness negatively impacted on family life. One family member illustrated the way that discussions with social workers in a home setting can disrupt family relationships: *“I don’t want to be turned into a child and then have to be the responsible adult when the social worker’s gone away having spoken to me in front of my children as if I’m ten.”* Meanwhile, a practitioner spoke of the fear children can have of social workers appearing in their lives: *“We’ve got kids at the moment who’ve been really, really good and it’s only because they’re petrified of their social worker that she’s going to remove them... that’s all they think, every time a social worker turns up...”*

Both family members and practitioners agreed that it was unlikely that any space would be particularly pleasant, if the content of the meeting was difficult. However, as one social worker noted, this difficult content is inescapable *“... it’s distressing, like you say, for a social worker to just turn up on your*

doorstep and it is very intrusive, it’s very true, because it’s a very intrusive process - we’re asking about your relationships and your background. But that’s because [of] the level of accountability and decision-making. We can’t just sort of go and have a look on a one-off and then make a decision, it takes a lot of time and input. But then that’s really intrusive, which makes people really uncomfortable... I appreciate that.”

With this in mind, one practitioner noted that social workers need to be aware of their power when making home visits and its impact on families, in order to offset as much of the discomfort as possible: *“I want to get the information that I need because I’ve got to make a decision, but actually how do I do it without leaving people feeling totally humiliated? I think it’s a really difficult balance, but it’s very much about social workers being aware of self and their own feelings.”* One way of giving this power back, without cancelling visits entirely, is to arrange to meet people on their own terms, at a place they would like to meet. One social worker who was the guardian of a 14-year-old boy who demonstrated reluctance to meet, noted that *“it was all about power and eventually he said ‘I will see you, but on one condition: that you take me to lunch where I choose to go.’ ... it was about negotiating, he was clear - if you want to see me it’s going to be a bit on my terms. And you had to go with that, yeah.”*

Resources and Time Pressure All participants accepted that the quality of home visits and subsequent support offered, like other areas of social work practice, is greatly undermined by resource issues and time pressures. Practitioners spoke of the difficulty of really engaging with a family’s needs when all a social worker may be thinking about is the other four visits they have to complete that day, not to mention the inability to properly build a relationship when they are focused on following a checklist of practicalities. Family members also accepted that sometimes the help that they requested was not feasible because their social worker did not have the power to effect that request within the management structure and resource constraints.

Family member perspective *“I don’t even think it is down to the social worker, I think it’s down to a system that hasn’t got resources where they’re meant to be, which comes a lot higher up... Any sort of support that’s given, like materialistically or funding-wise... a lot of it’s down to money, and they ain’t got it. So they’re limited to what they can offer, or they’re arguing about what they can offer you because their resources are different.”*

Nevertheless, both social workers and family members were clear that resource and time pressures should not be used as a cover for bad practice. As one social worker stated, *“... there are still basic things like introducing yourself and common courtesy that shouldn’t get lost in all of that. And explaining to people what you are doing*

Practitioner perspective “...because it is so busy ... people are doing rather than thinking and so the thinking processes aren't being done and so they're not being translated to the family because they're not being done in the first place.”

and why when you are in their home and looking through their cupboards etc. And warning people if you can't make an appointment.” Another social worker noted that a lack of resources and time pressures can also become hazily intertwined with “*lazy practice*”, including failures to explain things properly, to understand what families want and to carry that through.

Accountability/Responsibility The case study of home visits raised various discussions about accountability and responsibility. The potential for abuse of power with impunity is particularly high in home visits because what occurs goes on ‘behind closed doors’. For example, one family member recounted how the social worker of a mother she knew had, during a home visit, attempted to get the mother to sign a document to receive support for her son, deliberately failing to explain that this was on the proviso that she put her unborn child up for adoption. The only reason the mother realised the content of this proviso was because she decided, in the final hour, to ask someone else to read over the document for her.

There was also a certain degree of sentiment that home visits put families very much under the microscope, yet no equivalent degree of oversight is placed on social workers’ practice, even though this also has the potential to damage family life. One family member outlined the inconsistency and legacy of bad practice and how this can impact unfairly on families even when their social worker changes: “... *often the fate of you and your family depends on an individual person, on their opinion and once it's on, in writing on the file, every subsequent professional reads that file and is influenced by it.*” This led one academic to note that the challenge at hand was to create a balance of accountability, to forge “*the common ground and say that families at the end of the day need to be held responsible within the context of their lives, for the children; social workers need to be held responsible within the context of their stuff, for their actions.*”