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Family experiences of children's social care involvement following a social work change programme

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ABSTRACT

Social work change programmes rooted in a particular practice theory and design are increasingly a fixture of UK local authority social work and the focus of a small but developing body of research. However, in this research to date, there has been a lack of engagement with the perspectives of families. In this article, we detail findings from 23 family interviews undertaken as part of an independent evaluation of a social work change programme in a single local authority. These findings afford insight into the positive influence change programmes can have on engaging families and re-routing practitioners to work in a relationship-based way. They also illustrate the limitations for reshaping practice in the context of rising levels of need, a paucity of supportive provision, and administrative burdens remaining the same as before the introduction of a change programme. As part of the article, we offer some brief reflections on the recruitment of families for evaluative study to assist other researchers and local authority professionals who may be involved in comparable evaluations in future.

KEYWORDS

Child and family social work; family experiences; qualitative evaluation; social work change programmes

Introduction

Social work change programmes rooted in a particular practice theory and design are increasingly a fixture of local authority social work in the UK. They have been represented as advancing compassionate and confident social work practice in the wake of Munro's (2011) recommendations with popular examples such as Restorative Practice and Reclaiming Social Work gaining local and central government funding (Department for Education, 2016). In the small but developing body of research dedicated to change programmes, positive findings have emerged. Notably, two studies on the Reclaiming Social Work (RSW) (Cross, Hubbard, & Munro 2010a, 2010b; Forrester et al., 2013), which deployed a range of methods (including surveys, practice observations, comparisons of generalised outcomes against national indicators, and comparison with non-change programme authorities) found the model contributed to the development of cultures of reflective learning, support and openness, and a renewed focus on families. They also found evidence of improved interactions

between professionals and service users, better decision-making and consistency of practice and a reduction in bureaucratic constraints on practice. To date however, research on change programmes has largely lacked an engagement with the perspectives of families. This is regrettable as understanding families' views and experiences of social care involvement is vital for answering questions concerning the process and meaning of professional support and intervention, and the nature of relationships between social workers and families following a programme's implementation. Indeed, it can be said that any exploration of families' views on children's social care involvement is valuable, in and of itself, given the limited attention that has been given to the lived experience of social work engagement with families in a UK context (Morris, 2012).

This article details findings from family interviews undertaken as part of an independent evaluation of a change programme in a single local authority. The article does not deal with the entire evaluation or issues around practitioner engagement with family ecology (see, instead, Laird, Morris, Archard, & Clawson, 2017a, 2017b). Rather, it seeks to attend in depth to these families' narratives of social care involvement, to offer insight into the influence change programmes have on engaging with and supporting families and service user–worker relationships.

We begin the article by briefly describing the local authority's motivation for implementing the change programme, the overall findings of our evaluation, including the place of the analysis of family interviews in these, and the interview approach used. We then detail and discuss themes arising from the interviews before, lastly, offering some reflections on the recruitment of families in change programme research as a means of assisting other researchers or local authority professionals who may be involved in comparable evaluations in future.

The change programme

The authority for whom the change programme evaluation was carried out introduced the change programme by virtue of a desire to improve outcomes for the children the authority served. Enhanced working practices would decrease the amount of unsuccessful repeat interventions and free up funding for service development. Although a traditionally high performing authority, there were concerns about the rising numbers of children being looked-after, negative feedback from parents, evidence of capacity issues within substitute care and high staff turnover rates.

Such concerns can be said to be relatively widespread in statutory child and family social work in the UK (Ofsted, 2016). A directive and sometimes adversarial style has been described as a default position in practice (see, e.g. Forrester, McCambridge, Waissbein, & Rollnick, 2008), and distrust and suspicion of social workers and criticisms about the lack of meaningful practical support are acknowledged in studies concerning parent and family experiences of children's social care involvement, including those undertaken after the intended reforms of the Munro Review (Dale, 2004; Ghaffar, Manby, & Race, 2012; Smithson & Gibson, 2016; Spratt & Callan, 2004; Whitfield & Harwood, 1999, Wills, Whittaker, Rickard & Felix 2016).

The innovation programme adopted by the authority was derived from the RSW model. This model anticipates that most of practitioners' time is spent with families and practitioners work to 'bring authority for decision-making as close to the family as possible' (Trowler

& Goodman, 2012, p. 21). The model's theoretical framework is systemic and relational in nature, emphasising circular, as opposed to linear causality and the power of language in defining and maintaining problematic ways of relating (see Pendry, 2012 Trowler & Goodman, 2012). Family difficulties are understood as 'embedded within relationships' – as 'interpersonal rather than intrapersonal' – and judgements about families are conceived of as needing to be made in a way that is sensitive to the impact discrimination and social disadvantage can have on people's lives (Pendry, 2012, p. 28).[1] The authority in this evaluation did not adopt what is sometimes referred to as the 'unit model' of RSW. The unit model, which is essentially the 'traditional' or 'pure' form of RSW, involves case management being shared amongst small units consisting of a consultant social worker and social worker, children's practitioner, clinician (a qualified or trainee systemic family therapist who usually works across two units) and an administrator. The unit professionals have predefined roles, but these are broad-based and all are expected to collaborate and if need be, fill in for others. The consultants and clinicians guide an ongoing process of reflection and consultation within the unit and continuity is provided for families with them knowing everyone on the unit rather than having to access a single practitioner working their case (Cross et al., 2010b, p. 12; Mason, 2012; Schiltroth, 2012). The evaluation authority was of the view that area teams were relatively stable and reconfiguring the service for the unit model was undesirable. A systemic approach to practice could be implemented by way of training courses, consultancy, developmental workshops and group supervision sessions led by senior practitioners.

The evaluation

Three years into the implementation of the change programme, the aim of our evaluation was to test the hypothesis that outcomes for children would be improved by requiring social workers and managers to train in a systemic family practice model of social work and by supporting the approach's implementation in practice through supervisory support. The evaluation was commissioned by the authority and undertaken by the authors of the article as a team of university-based researchers. It utilised a practice rubric developed in collaboration with staff in the authority and the RSW advisory group as a framework for gathering and analysing the data as well as elements of the Theory of Change and Realist Evaluation frameworks (Mason & Barnes, 2007; Pawson & Tilley, 1997). Alongside family interviews, we carried out a secondary analysis of quantitative data on child level outcomes provided by the authority (analysing data over a ten-year period 2005–2015), semi-structured telephone interviews with frontline managers, an online survey of social workers, and a sample case file audit. Ethical approval for the study was granted by the Research Governance and Ethics Board of the university department in which all the research team worked during the evaluation, and data collection and analysis strategies were approved by the local authority.

Overall, from these various methods, we found marginal improvements in some areas but mixed outcomes in others. For example, there was a decline in multiple periods of care in any one calendar year between 2009 and 2012, followed in 2013 by a rise in the number of children who had more than one period of care. The decline predated the change programme and increased during it. Similarly, the case file audit found no evidence of a difference in approach between those who had received the systemic training and those who did not and whilst team managers spoke positively of the training, they could only

describe limited changes in working practices. This was, we found, exacerbated by high staff turnover rates, different levels of training amongst practitioners and managers, and workers facing the same time constraints and administrative pressures as they had done before the programme was introduced (see Laird et al., 2017a).

The family interviews

The families interviewed for the evaluation were recruited purposively from cases identified by social workers and managers in the authority. Family members were, in the first instance, asked by their social worker if they would be interested in participating and willing to hear more about the study from a member of the research team. Prospective participants were then contacted by telephone to gauge interest and seek their consent for a member of the research team to visit them at home. Interviews were conducted with whoever a family decided it was appropriate to have present and the composition of interview groups varied from one participant to four participants. Twenty-three families were interviewed, with 36 family members participating in total including grandparents (9), fathers (5) and mothers (14), and partners without biological connection to children (4). We did not seek to exclude children from taking part and contributing to interviews alongside other family members and four children (three girls and one boy) aged between nine and 18 were involved, most often for part of an interview. Consent to participate was obtained from all family members prior to interview, including in the case of children, their own and their parent or guardian's. Participants were informed they were free to withdraw at any time during an interview and if participants appeared upset or particularly sensitive matters were broached which could potentially distress them or other family members present, their willingness to continue was clarified.

We sought to ensure a range of presenting needs were represented as part of our sample: families with disabled children, parents who had been subject to child in need and child protection involvement because of safeguarding concerns, and family members with whom children had been placed following their removal from their parents' care. The local authority was county based, with a spread of deprived and affluent, urban and rural areas, including some pockets of considerable deprivation. The families that participated were predominantly white working class and living in circumstances of socio-economic deprivation. The vast majority had complex needs arising from family violence, substance and alcohol dependence, mental health and family breakdown. Moreover, most had experienced previous social care involvement which they were able to compare with their current experience. Aside from two families, all had worked with social workers who had undergone the RSW training.

Interviews were carried out by three members of the research team and involved a series of questions aimed at eliciting experiences and changes participants perceived in their encounters with social workers, narratives of their involvement with children's social care services and aspects of this involvement experienced as helpful and unhelpful. Questions were covered in an order contingent upon the flow of the emergent narrative, following an opening request that each member of the family introduce themselves and describe, in their own words, how they had become involved with children's social care services (that they could answer in as much or little detail as they wished). Towards the end of interviews, family members were also asked to scale their responses to a short set of questions aimed at

capturing whether the practices of RSW were evident (and drawing on the practice rubric developed with the authority). Scaled responses were completed by 27 participants.

The interview data were analysed using a 'framework' analysis (Ritchie & Spencer, 1994) – a methodology widely used in health and social care research for systematic engagement with key stakeholders' perspectives around a policy or practice issue, including changes in professional practice and service organisation (Gale, Heath, & Cameron, 2013). Interview transcripts were, firstly, read and re-read and short memos made regarding initial impressions of the data. They were then coded on a line-by-line basis. This coding was used to create summaries on each family's views/experiences from which commonalities were sought to develop a set of themes addressing the meaning and experience of social care involvement for the families. Thereafter, these themes were discussed and refined amongst members of the research team with reference to the interview transcripts and memos to ensure they were representative of the data generated.

In the summary report of the evaluation for the authority and resultant journal article (Laird et al., 2017a), we noted the family interviews illustrated that social workers appeared to be building relationships as a principal focus of their practice with parents and children, and a perception of staff as accessible (workload permitting) and approachable. Furthermore, whilst there was evidence of the quick removal of children in cases where family care was deemed to have failed by the authority, a number of families spoke about social workers' building plans aiming to retain a child within the family. However, there was only minimal evidence of social workers using a systemic framework and displaying well-developed knowledge about particular family needs. A few examples were given of social workers mapping family relationships with parents and working with families to take ownership in meetings but this tended to be patchy and the data indicated effective use of core social work skills rather than systemic practice specifically. Moreover, although support provided by children's social care was perceived by participants as helpful, it could be limited, particularly in terms of the time social workers could dedicate to families and it being more a case of signposting to other services than providing it directly. There were narratives of families struggling to cope in adverse situations with limited support. Family needs and problems were commonly ongoing, and input from children's social care appeared, at times, to reduce the level or intensity of these needs, yet rarely did families feel these needs had been fully met or problems resolved.

This summary account does not, however, provide an in-depth impression of the families' accounts, that is the particularities of what was perceived as helpful and unhelpful in social worker involvement and the nature of worker–family relationships, and it is to this that we will now turn.

Getting support and continuity

Families expressed views that helping families is a complicated business and referred to different factors bearing on a social worker's ability to do so. Observations were made about the number of cases workers held when involved with them, the aggression they could be subject to in practice and the scrutiny they were under to manage risk, including in the public eye.

> You do feel sorry for social services after all that Baby P thing. I do because if they make one mistake … one mistake and they know that is their job. They are being watched continually. (Mother, interview 3)

Families tended to have the impression that there was a decreasing range of community provision available to provide practical help, for example, in arranging for help with housing or financially, and appreciated when this could be put in place either by children's social care directly or other agencies social workers liaised with. Although in the case of most families it was rare that individual needs were fully met, families who lived on the edge of the authority boundary and in rural areas spoke about feeling particularly disadvantaged because, as one father put it, 'we're backwater'. They were, they said, uncomfortable about not accepting the support offered, even if it was geographically a good distance away or had been experienced previously as ineffectual. They felt this could be held against you in terms of access to other provision. The same father for example recounted how social care 'just push and try to give ultimatums, "you either have these or you don't have it"'. 'Fighting' to get suitable help for his son who had autism seemed to be the only option but went against his better nature.

> I really had to get aggressive because that was the only way to get anything done. That hurt, to be honest. It changes you; it really does. You are not good enough, I want to go over your head. You had to dump people to get what you wanted to do. It was a tough time, but after that, I was scared to go out. You had to build your energy back up again, for the next fight. (father, interview 21)

In this context of a scarcity of supportive provision, the attitude and skill workers brought to help families get support was seen as important by families. The four families with disabled children, who had greater involvement with coordinating provision through direct payments, spoke at length about valuing workers' proficiency in brokering access to other agencies and advocacy to secure services. A worker would, ideally, be well informed about what services were available, including those that wouldn't necessarily help, and assist in reducing some of the considerable administrative demands that could accompany seemingly convenient arrangements such as employing family members to provide care. This was not about being able to 'work wonders' just 'actually trying to solve the situation' rather than doing 'the minimum 'to tick the boxes' with 'no real commitment'. One mother, for example, described a 'turning point' in her case as being when the family's social worker had made it clear what social care were obliged to provide after her son had been due to lose his short break (respite) fostering placement (interview 8). She had been struggling to sleep and 'crying a lot', anxious about what might happen following this and how she would cope. Her social worker explaining their 'legal obligation' to provide this, left her 'able to sleep that night, thinking "That's okay, if they don't sort it out, I am going to take them to court"'. For her,

> … just a weight had been lifted, absolutely. I knew then that I had still got the power, if you like, of knowing [son's name] wasn't going to lose his care plan. I wasn't going to lose my respite. Things were going to be in the same place for [son's name].

Across the sample, families spoke about how it was better to work with someone who knew you and your situation well.

> You should have the one [worker] you are assigned to because they know you and have dealt with you … It is more ideal really. You can't just swap them around as you then have new people coming in who you then have to go through everything with because they have only read through your notes. (mother, interview 15)

There were a few examples of long-standing relationships with social workers where a family and worker had worked together for a number of years. However, there were also

descriptions of disruptive worker changes during cases, and how this absence of continuity led to being 'put right back at the beginning' with a new worker or 'dropped' by social care after children had been removed or placed. For instance, a grandfather and his partner, who took on the care of his daughter's children, recounted how their social worker 'took more of a back step' after the placement was finalised when 'we actually still needed him' (step-grandmother, interview 5). Caring for the children had been 'a big learning curve' and his remaining involvement, even if it was in a more low key manner, would have given them an avenue to return to when they were struggling and required more expertise than universal services or the children's schools were able to offer.

The worker–family relationship and professional understanding of families' lives

Families talked in detail about the nature of relationships with social workers and other social care professionals. These qualities of 'good' and 'bad' relationships, respectively, were conceived of as multidimensional and interlinked. For example, a social worker being gentle or easy to get along with was helpful, but did not necessarily translate to them being a 'good' social worker. It could feel disingenuous if the matters to be addressed were serious. Good relationships involved, it was said, being able to put people at ease and relate to people regardless of their background. 'Everyone is different and I think they should be … the same with you whether you are a millionaire or a tramp' (mother, interview 3). Workers needed to be able to empathise with caregivers' experiences of frustration and ambivalence without wanting to 'jump in' and 'fix' the situation, whilst also being able to 'read' when families were in distress or reaching crisis point. They should develop plans collaboratively, 'between us' (grandmother, interview 18), and explain the processes they follow in clear terms 'because we are not all social workers' (mother, interview 3). The past had a role to play, it was said, in assessing risks and concerns. At the same time, people should not be typecast because of what had been read in their files, especially when this preceded their working together. A more collaborative way of working did not necessarily mean an absence of disagreement between the family and social worker (particularly considering the difficulty and sensitivity of issues that were addressed), but a sense of freedom for inevitable differences of opinion and candidness, and expectation that conflicts would be worked through.

Though time to invest in relationships was hard to come by, there was material to suggest that many workers did work in such a way and service users benefited from this. For example, with regard to not shying away from constructive disagreement, there were comments such as 'We've had some right set-tos me and her but we've always read off the same page' (grandmother, interview 3), and '[social worker's name] has always been upfront. She has never held back, the same as we have never held back with her. We have told her how it is, and she has been the same with us. That is what I appreciate' (father, interview 23). Likewise, concerning social workers not typecasting, there were observations of social workers being clear they wanted to start with the family. 'She [social worker] came in and she said straight away, I have got a file here about you, but I am not interested. She sat down and found out, the here and now, not what happened five years ago' (grandmother, interview 17). There was also positive comment on workers who took time to engage with children in a meaningful way, including disabled children who were visually or hearing impaired, and children who participated stated that they appreciated how their social workers had been 'fun to play with',

'kind' and able to talk to them 'in a nice way that we can understand'. In response to the scaled questions, 80% of the participants who completed them agreed with the statement 'I am satisfied with my social worker', 85% that 'my social worker can see the things that I can do well', and 69% that 'I trust my social worker even when I don't agree with them'.

Whilst these ratings represented both male and female social workers, comments were made by a handful of participants that workers who were older, female, and mothers themselves tended to be more capable due to the life experience they had and distinguished this from the 'academic' knowledge workers would be exposed to during their training. 'Life isn't like a standard text book. You can't say 'she should be doing what is in chapter 3 on page 22' (grandmother, interview 13).

The qualities of poor working relationships were, most often, defined in contradistinction to the qualities of good relationships. They included workers behaving in an inconsistent way and turning up in different moods, for example, sometimes grumpy and sometimes happy and this not being consistent with the family's situation. Reference was also made to a worker 'not being able to talk to different people', 'hav[ing] made their minds up before they get in what they are going to do or say' and coming in 'gung ho', 'barking orders'. This sort of attitude and the 'bullying tactics' that went along with it would compound worries about social care involvement and were unnecessary when there was no immediate danger to a child. Involvement could feel shameful enough.

> I don't mind him (the social worker) popping in, that is not the inconvenience. It is the meetings and stuff … I feel like I am being interrogated. I feel like, 'Here we go, it is judgement day'. Am I going to keep my kids? Am I a good enough mother? I feel interrogated. I feel a failure … I am not glad they are involved. (mother, interview 19).

There was talk amongst parents who had children removed about double standards in expectations of parents vis-à-vis those of professionals, particularly concerning contact arrangements.

> Going from seeing your kids every day to only at certain times, and the fact that you are there and they are ringing you just then, telling you they are not coming, it is a piss take really. If we were to do that, they would be fuming at us, because you are letting the kids down. There was another visit and she didn't even tell us that was cancelled until the day before. (mother, interview 11).

Comments were made by families who had been subject to child protection involvement about the professional understanding of a family's situation. This could be too narrow and concentrated on the parent and their ability to make changes over the wider context. It was, for instance, important to think about *why* a mother would be depressed rather than just that she was depressed and this negatively impacted her caregiving ability. It could also be driven by what professionals thought, especially around what constituted 'good enough' parenting, and fail to recognise the knowledge families themselves possessed.

> I have been bringing kids up since I was 15. I had my own when I was 15. I looked after my sister's kids, so I know the ins and outs. I am not having anybody coming in my house telling me how to look after my kids. (grandmother, interview 10)

There was also concern for how an admission of distress or anxiety and conceding of past difficulties could be taken as a sign of vulnerability or risk, the 'system' would latch onto, leaving them feeling more defensive and less willing to cooperate fully.

In the beginning, she (social worker) said, 'Have you never been to the doctors?' I said 'No'. I was down and I wasn't out and I wasn't depressed. A week later, she said, 'Have you been to the doctors about your depression?' I thought that is where it is leading. I said No … I thought to myself, that is where it is leading. I always lock that door. I never used that front door until social care got involved, it has only been the back door. There is usually shoes behind the front door. I just automatically lock it when people come in. Bear in mind, I have got a restraining order against my daughter, and the kids can open the door anyway … I automatically lock the door. I lock it anyway. It was dark nights and she said 'People with mental health problems lock their doors and lock people in.' We aren't locking them in; the back door is open all the time for the dog to go in and out. It was scary because I didn't know where it was all leading. (grandmother, interview 4)

Discussion

The small sample size coupled with the specific sample of families interviewed and the fact interviews were conducted at a single point in time mean the views expressed should not be taken as representative of the experiences of families in other authorities implementing comparable change programmes. The analysis does, nonetheless, provide a point of comparison for other studies which address the way relationships with families are approached and sustained by social workers, and have examined family experiences of children's social care involvement following Munro's (2011) review of child protection (Smithson & Gibson, 2016; Wills et al., 2016). The families interviewed comprise a more varied sample of families involved with children's social care services than those of Smithson and Gibson (2016) and Wills et al. (2016) who interviewed, respectively, those identified by their local authority as requiring targeted support or subject to child protection involvement (and for whom, Smithson & Gibson, 2016 note, some degree of dissatisfaction may be thought inevitable given the involuntary nature of such work). All the families taking part in our study were or had, though, been recently open to social care because of complex needs and needed workers whose practice was skillful and sensitive. In this sense, the families' satisfaction with the social workers they worked with offers a more a hopeful portrait than Smithson and Gibson (2016) and Wills et al.'s (2016) impressions of the continuing proclivity for directive and adversarial practices in statutory child and family social work. Our analysis points to the need for practitioners to avoid confusing transparency and clarity about the procedures they work to with an overbearing style where families' voices become sidelined and for workers to reflect on the sense of shame social care involvement can generate for families. At the same time, it also indicates, positively, the role change programmes can play in rerouting social workers to relationship based skills and engendering the core or 'essential' interpersonal qualities of warmth, empathy and genuineness (see e.g. Howe, 2010; Lefevre, 2008; Millar & Corby, 2006; Platt, 2008). This echoes the findings of Forrester et al. (2013) and Cross et al. (2010a) in their evaluations of RSW who observed a better quality of interaction and 'warmer' and more open relationships between workers and service users in the RSW authorities they were involved with (Forrester et al., 2013, pp. 159–160; Cross et al., 2010a).

However, like the families in Smithson and Gibson (2016) and Wills et al.'s (2016) studies, the participants' narratives also attest to the filtering out of practical and material support and the limits of external supportive provision for families. In so doing, they highlight tensions around what systemic training and relationship-based skills introduced through change programmes can achieve for the wellbeing of families in the context of rising need and

highly bureaucratised practices with diminishing scope for face-to-face work and long-term engagement (Featherstone, Gupta, Morris, & Warner, 2016; Featherstone, White, & Morris, 2015; Hingley-Jones & Ruch, 2016; Howe, 2010). Smithson and Gibson (2016) comment that change programmes offer some promise in terms of new directions in working, but these innovations 'still have to fit within current arrangements that provide the administrative and organisational burdens that make it difficult for social workers to focus on providing practical help and emotional support to families' (p. 9). One can, for example, acknowledge the concerns some participants raised about family problems being viewed by workers in a de-contextualised way (for instance, in not asking why a mother was depressed just acknowledging she was depressed and that this impacted on her capacity to parent) and link this to Forrester et al.'s (2013) finding that the 'unit model' of RSW was influential in helping professionals to understand family situations more holistically. The 'blaming' of a particular person or persons was, Forrester et al. found, circumvented by the unit framework and presence of clinical consultants providing a space for discussion, formulation and exploring different perspectives on a situation. On this basis, it may be assumed the unit model would have reduced the opportunity for families to feel their situations were viewed in a narrow way or that they were being blamed. Yet, clearly some authorities will be better placed than others to reconfigure services to adopt the model in this form. Furthermore, whilst a context-sensitive approach may help service users to feel their problems are viewed in a less narrow way, without practical and supportive engagement for families, it is going to be challenging, at least in service user eyes, to claim that social work is context-sensitive in application and they are better served as a result. Indeed, in the article in which we addressed the findings of the evaluation in their entirety, we suggested that the focus on issues of implementation and fidelity around change programmes should be broadened. We highlighted the relationship between risk saturated systems and particular working cultures and rising need linked to the impact of austerity measures and growing poverty and inequality, and questioned whether it was 'fair or feasible' to expect changes to social work practice in an authority to reduce levels of need amongst families. We advised that changes in the quality of relationships and style of practice be understood in a wider analysis of the material, social and economic circumstances of families and suggested that future research on change programmes 'pay particular attention to the context of any practice change' (Laird et al., 2017a, p. 15).

Involving families in evaluative study

We were perhaps fortunate in the number of families we could interview as part of the evaluation study. By comparison, Cross et al. (2010a: 28) note in their evaluation of RSW that 'extensive efforts to gather data from families' secured only 'a very small data set' confined to 'anecdotal examples of eleven families' experiences from their interactions with units'. In order to complete 23 interviews with 36 family members for the evaluation, families were called at different times of the day, with evening and weekend visits arranged so as not to inconvenience families. One member of the research team taking responsibility to contact families and coordinate interview arrangements for others enabled families living in relative proximity to one another to be interviewed on a specific day and more interviews to be completed than if members of the team had taken responsibility for particular areas or groups of families individually (though we still had to carry out a number of one day-one interview visits to ensure some families' participation).

While there are clear benefits to services facilitating research with children and families as a form of consultation in the development of provision, many challenges remain (Mirick, 2016, Munro, Holmes, & Ward, 2005, Roesch-Marsh, Gadda, & Smith, 2011). These include the amount of time it can take for decisions and plans about access arrangements to be made. Services unfamiliar with research and institutional ethical review boards can, mindful of the need to safeguard service users' rights, opt for indirect methods of recruitment in research concerning service users (such as public flyers and posters) to avoid the suggestion of coercion, but in doing so, create low response rates and small sample sizes (Mirick, 2016). What is more, as gatekeepers to participants, workers may not invest in research. They can perceive it as detracting from direct work, having the potential to negatively impact on their relationship with service users and confuse it with audit or service inspection. Mirick (2016) observes that researchers often incorrectly assume that because a service has agreed to facilitate research, staff will value it highly. Instead, she suggests, researchers need to work hard to maximise 'buy in' at the levels of agency, professional and service user, and consider carefully how and when to address the apprehensions different parties may have about a study.

Studies of change programmes, which are solicited and commissioned by an authority, allow researchers to start from a more secure footing, when compared to approaching a service to facilitate research of their own conception (see, for example, Roesh-Marsh et al. 2011). However, there are other reasons for professionals within a service to be uneasy about involvement, such as anxiety about their portrayal in the research in the midst of a training and organisational emphasis on the 'new' – in other words 'improved'– way of working being introduced. Reflecting on our experience in this study, we would concur with Munro et al.'s (2005) recommendation that working with a designated research facilitator within an authority restricts the potential for researchers to unwittingly 'antagonise' staff by failing to appreciate other work pressures or approaching them at inappropriate times. We found it was advantageous to liaise with designated staff at the authority when more prospective participants were needed, who took responsibility for communicating on our behalf with social workers who could, in turn, broach with families the possibility of taking part. We would also stress that whilst striving to maximise the sample size, researchers do not lose sight of the 'active' nature of consent to participate (see Hingley-Jones, 2016, p. 122). They should not underestimate the need to remain sensitive to their interactions with families and the potential for expectations around participation to be misconstrued when visited at home and the right to 'withdraw at any time' to become merely a passing sentiment. In this study, consent was sought at different times when interacting with prospective families, including during each phone call and home visit, and we strove to reflect carefully on the potential for families to assume that it was expected of them to share their experiences with us. In seeming contrast to practitioners, families may consider research following 'changes' in ways of working a duty or obligation as beneficiaries of the service.

Conclusion

The family narratives explored in this study reveal some of the scope RSW and other change programmes may have in rerouting social workers to the core relationship-based skills that contribute to effective and humane practice with vulnerable families and children. Yet, they also draw attention to challenges concerning the role change programmes can play in

impacting family needs and changing the experience of social care involvement for families amidst local authority cuts and a challenging economic climate. The narratives of families involved with children's social care are an important medium through which this change should be understood.

Note

1. Pendry ([2012](#)), for example, represents RSW as following a fashion of concern for context evident in the 'relational frame' of the *Framework for the Assessment of Children in Need and their Families* (Department of Health, [2000](#)) and encouragement of 'joined up' support between adult and family services in Think Family approaches.

Notes on contributors

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