Stepping Up, Stepping Down.

How families make sense of working with welfare services.

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Introduction

This report presents the empirical research carried out with families as part of the *Your Family, Your Voice* Alliance, a national initiative that seeks to change approaches to highly vulnerable families and to develop humane evidence-informed policies and practices.

The initiative is funded by the Lankelly Chase Foundation and led by Family Rights Group and aims to:

- Counter the stigma, negative presumptions and judgemental approaches to families whose children are subject to, or at risk of, state intervention;

- Influence how such families are perceived by the public and portrayed by the media and politicians;

- Influence law, policy, practice and service design and delivery so that our child welfare, child mental health, youth justice and education systems promote effective human functioning and healthy relationships;

- Enable families to have a voice in policy and decision-making circles.

The research project sits alongside a wider body of work by the Alliance, including developing Mutual Expectations* — A Charter for Parents and Local Authority Children's Services and a Knowledge inquiry** into children who come into the care system under a voluntary arrangement. The study was informed by a literature review exploring partnership and a background review examining innovative approaches to researching families.

The study also benefited from a Family Advisory Panel made up of family members who have experience of state interventions in relation to their children. The panel provided input into the design, analysis and dissemination of findings.

*The Mutual Expectations Charter http://www.frg.org.uk/involving-families/your-family-your-voice/mutual-expectations-a-charter-for-parents-and-local-authority-children-s-services

**Lynch C (2017) Cooperation or coercion? Children coming into the care system under voluntary arrangements, Family Rights Group http://www.frg.org.uk/involving-families/your-family-your-voice/knowledge-inquiry-children-who-come-into-the-care-system-under-a-voluntary-arrangement

Summary report

Background

As part of the programme of work undertaken by the *Your Family Your Voice* Alliance, a research project was undertaken with the following aims:

- To capture the experiences of families with children involved with multiple welfare services, in order to inform the current and future work of the Alliance;
- To present experiences of services and policies using methods co-designed by families:
- To develop materials that could be used to inform and influence policy and practice.

The study recruited 20 families from the following services:

- A Post-adoption support project
- A Family Intervention Project focused on families with multiple problems including anti-social behaviour
- Three Local Authority (LA) Children's Services working with highly vulnerable children and families
- A service working with sexual exploitation and abuse
- A support group for survivors of domestic abuse and their children
- A national advice and advocacy service for families whose children were involved with children's services
- Two self-help organisations involving families with multiple needs.

In total 37 family members participated in the study (27 adults and ten children). The adults included mothers, fathers, grandparents and extended family members. The majority (15) of the families were white British. Every family had encountered or used a minimum of nine services – excluding universal services (e.g. schools or health services).

The research methods adopted by the study (with guidance from a Family Advisory Panel) included:

- Semi-structured interviews exploring perceptions of problems and needs and barriers to, and supports for, helpful engagement with services;
- Visual methods of data gathering such as mapping service involvement over time, taking photographs of items families identified as symbolic of their experiences and needs, and genograms to identify family networks.

The full report can be found at **www.frg.org.uk/involving-families/your-family-your-voice**

Key findings

1. Services: Multiple but scarce, fragmented and siloed

Understanding how services were organised, who they catered for, and their entry and exit points, was often frustrating and a source of stress in itself for families. However, the outcome of this extensive experience of service use was also a unique level of proficiency held by families in negotiating boundaries and assorted access criteria.

Multiple services, with often shifting service eligibility criteria, were staffed by what appeared to be an ever-changing cast of workers. Repeated changes in workers caused high levels of frustration among families. A dance of responsibility occurred with families caught between agencies seeking to determine who should provide the service. Services that tried to avoid professional silos and worked collectively with the family were appreciated. Those families that had experience of Family Group Conferences (FGCs) valued the whole family approach.

For families working with services where vulnerable adults or children were living out of the home (as a result of safety or treatment issues connected with mental health, child protection, and domestic violence) maintaining connections was problematic and the cause of flash points with services. Working together as a family with services was very difficult when considerable amounts of time and family resources were being spent on simply trying to see each other and keep in touch. Often services created an additional layer of complexity, causing the family further stress.

Working actively beyond the household was rare. Key family members, such as fathers, fell off the radar when circumstances changed or needs changed. Services and systems fragmented families by working with individuals or exclusively with only one section.

> **Key messages:**
>
> Fragmented services divide families and can create a dance of responsibility that is demeaning for them and costly to the public purse.
>
> Services should be designed to reduce avoidable silos and aim to work with multiple needs simultaneously from a limited number of delivery points.

2. Money matters

The availability or otherwise of funding for services was woven through the family accounts. Families struggled to work positively with services when they were constantly being reminded in actions or words of the limits of any resources. Services were cut, reorganized, threshold criteria changed and workers moved.

Family finances also mattered. Finding the money to undertake contact visits, support vulnerable family members, access respite care or travel to different schools / health provision was repeatedly a challenge. Practitioners who demonstrated they understood the impact of family finances and limited resources were positively valued.

> **Key messages:**
>
> Recognise the common experiences between professionals and families when faced with diminishing resources and form alliances for change
>
> Develop everyday practices that acknowledge poverty and the impact that has on family life and work with families to try to address their financial and economic

3. Time, time, time...

Concerns about time ran through all the family narratives and could be loosely grouped into three themes:

a) Time limited services: resulting in families feeling abandoned or set up to fail

b) Rushed procedures: causing families to feel misunderstood or key information being overlooked

c) Time spent waiting to access services: problems become a crisis and resentment is fuelled

On an individual practice level, families repeatedly described the poor time keeping of professionals, and the impact of this on families' perceptions of the ability of the service to provide help cannot be underestimated. Cancelled or late arrival at appointments were negatively experienced as giving messages about the respect attached to the family.

> **Key messages:**
>
> Make sure assessments and practices appreciate the consequences of extended waiting times for services, or repeated time limited interventions on subsequent family behaviours.
>
> Demonstrate respect for families through good timekeeping and where timeliness is difficult recognise that can also be the case for families.

4. The importance of interpersonal skills and ethical behaviour

For all the families it was the interpersonal skills of workers that were most valued and these were not the preserve of any one professional group. Families felt able to work productively with professionals who were courteous, respectful and empathic. Honesty from workers was vital; this encompassed honesty about concerns, possible outcomes and service limitations.

Family accounts revealed multiple cold hearted encounters with professionals. Such behaviour or responses by professionals had resulted in demeaning and hurtful experiences, and these encounters often infused the families' subsequent responses to working relationships. Ironically, such professional practices built up the resistance and levels of non-cooperation in families that then informed judgements about risk and family capacity to care for their children.

Competent workers were valued. Competence included the ability to engage with, and understand, the systems the family was enmeshed within, and to build confidence and capabilities.

> **Key messages:**
>
> Ethical and humane practice is challenging for practitioners when faced with complex and at times conflicting needs in families. Being able to reflect on practice and access good quality supervision is critical.
>
> Utilise the knowledge of families to inform professional development and to support the development of humane practice.

5. Working in partnership with services

No family interviewed had the experience of being invited to take an active role in service design. They were not asked to influence the commissioning of services or the arrangements for delivering services. Some were able to contribute to service evaluation or training but high level service design was remote and distant from family involvement.

For families the feedback route was largely negative, only by complaining were they able to provide managers and practitioners with their reflections on the services they had used. Challenge was experienced as problematic behaviour by services, and families described professionals struggling to accept that challenge was a mutual responsibility and part of working well together.

Key messages

Construct positive routes for families to inform service design and delivery that don't rest on dissatisfaction and complaints.

Involve families in thinking about the commissioning of services , and use the expertise of families who have experience of the child welfare system to develop and evaluate the services.

Implications

The study found many themes that are common to other national and international studies of family experiences. The use of multiple services simultaneously or sequentially made some experiences harder. But it also gave families a wealth of knowledge and learning that could inform and improve service design and delivery. Finding ways to positively engage with the knowledge within families will offer new opportunities for working in partnership. Service design needs to be actively informed by the experiences of those who use such services with recognition of the complexity, and fluidity, of need and vulnerability over the life course.

Advice and advocacy in navigating complex and contradictory systems is needed with peer–support schemes playing an important role in this landscape, thus building upon the existing knowledge of service users. Families cannot work in partnership with professionals when they are unable to navigate complex child welfare systems, when they have multiple needs and when they are consistently asked to prove that their needs fit the criteria for service provision.

In order to 'do no harm' leaders of organisations need to nurture cultures that promote the flourishing of interpersonal skills of practitioners and they should ensure any barriers and supports for such skills are routinely audited. Humane practices thrive best in just and caring organisational cultures. This study reveals the consequences of practices and system design that periodically cause harm to families. The costs for families and for services are considerable but avoidable.

Finding help in a landscape of reduced resources and pressurised services can be almost impossible at times, and, as the family narratives describe, this has long term consequences for all concerned. The family accounts illustrate the impact of inadequate system design and scarce resources and poor professional practice. They also provide an insight into how positive working relationships can be established and what can make a positive difference to outcomes for families.

The Study

The purpose

The study had the following aims:

1. To capture the experiences of families with children involved with multiple welfare services, in order to inform the current and future work of the Alliance;

2. To develop material from families that could be used to inform and influence policy and practice;

3. To present families' experiences, using methods co-designed by families, given the noticeable absence of family voices in existing UK policy debates and developments, about services and policies for families with multiple complex needs.

In order to achieve these aims the decision was made to develop a small number of rich 'family studies', rather than a larger scale study using surveys and questionnaires that may not have captured complexity and nuance.

Research design and methods

The study was approved by the ethics committee, Faculty of Health and Social Care, The Open University. The differing agencies, engaged with in the course of the research, also assessed its ethical implications in line with their specific procedures. Full information about the study was provided in advance to all participants so that informed decisions could be made about participation. Families were given a guarantee that none of the documentation produced would contain any information that might identify them, and, therefore, changes to descriptive information have been made to ensure anonymity in this report.

The fieldwork design

The Family Advisory Panel worked with the researchers to develop tools to capture the experiences of families. Within these meetings we discussed the possible use of:

- Family mapping/family life lines to identify service involvement and significant events;

- Family narratives of turning points (positive or negative, shared or disputed);

- Family photographs of symbols/motifs to elicit interpretations of significant experiences;

- Vignettes to provoke discussions about specific themes;

- 'Blue sky' questions to gain insights into hopes and aspirations for helping services.

These tools and methods also emerged from the initial literature review conducted prior to the research proposal being developed and funded. The Family Advisory Panel 'tested' the schedules and tools being developed and helped modify these where necessary. It was finally agreed that a semi-structured interview with families would be used, alongside a visual mapping exercise, and the gathering of other visual data such as photographs.

Agencies approached families to ask if they would participate and shared their details with researchers once agreement was obtained. Researchers then contacted the families to discuss the project and their

involvement. One extensive meeting was undertaken face to face with each family and visual data were also collected from them. This included:

a) Working with the family to map the involvement of agencies using visual techniques such as timelines for involvement, genograms to set out the family network and maps of involvement;

b) A conversation with the family using a small number of trigger questions to gather data about perceptions of problems and needs, turning points (if any) and inhibitors and promoters for helpful engagement with services;

c) Taking photographs of items families identified as symbolic of their experiences or needs.

A series of principles for the family interview schedule were adopted:

- The interview should occur with the family members nominated by the family – essentially we interviewed who was present rather than pre-determining the respondents;

- The interview built on the notion of a conversation with a purpose, so was semi-structured with prompts to encourage whoever was present to engage with the questions as appropriate;

- Where agreed the interview was recorded for transcription (this occurred in all family meetings).

Initially, families were offered a phone number unique to the project and asked to send the researcher photos that symbolised their experiences. Families were asked for permission to use the photographs in final reports so they were urged not to take pictures of people. Families were offered a follow-up phone call to share emerging themes with them from the research and seek their reflections. These two strands of the fieldwork were unsuccessful, despite families showing enthusiasm for the idea of photographs, none of the first set of families followed up with these, and none sought a follow up phone call. These outcomes were discussed with the Family Advisory Panel in December 2015 and a decision was made to cease offering follow-up calls and to take the photographs whilst with the families so that the request did not get forgotten.

The researchers undertaking the majority of the interviews were qualified social workers, and their knowledge of the services and prior working experiences proved invaluable in supporting families once they engaged.

Sampling

This was an exploratory study using a purposively selected sample. We adopted the following criteria:

1. The families should have sustained past or present engagement with a number of the following service areas:

- Child protection

- Care proceedings

- Non- school attendance/school exclusion

- Mental health (adult and/or child)

- Family violence (including domestic violence, child to adult violence)

- Youth offending/anti-social behaviour

2. The families should be working with the agencies supporting the research project, to ensure on-going support was available to them.

3. All families must have expressed a wish to participate and there must be full informed consent to participation.

4. Families should have a diverse range of **primary reasons** for engaging with services.

Given this design it was the agencies that were the primary conduit to families and, therefore, the onus of selection was on them. We recruited the following agencies (from across the UK and including a mix of urban and rural providers):

- A post-adoption support service

- A Family Intervention Project focused on families with multiple problems including anti-social behaviour

- Three Local Authority (LA) Children's Services focused on highly vulnerable children and families

- A service for families where there has been sexual exploitation and abuse

- A support group for survivors of domestic violence and their children

- Families that used a national advice and advocacy service

- Families working with two self-help organisation.

We struggled to access services primarily concerned with juvenile justice and/or educational problems However, narratives about these services are evident in the family studies we were able to complete.

The data

We asked each service to nominate three to four families and it was anticipated this should result in 20-25 families and, indeed, the final sample involved 20 families in total. The exact profiles of the families are not provided, as it is considered by the researchers that this could put families at risk of identification. For some families there were very serious risks attached to identification as they had personal safety concerns.

All the interviews occurred with as many, or as few, family members as wished to participate when the researcher visited. All the interviews (except one which occurred with one adult family member) involved a family group (with family members moving in and out of the research time). In total the number of participants was as follows:

- 37 family members involving ten children and 27 adults.

- Adults included mothers, fathers, grandparents and extended family members.

- Fifteen of the families were white British.

- The primary reason for involvement with services included difficulties with mental health (adult and child), violence, adoption, sexual exploitation, care and protection issues, youth offending and disability (adult and child).

- Over 80% of families had involvement with welfare services lasting longer than five years.

- Of families involved with services for longer than five years over 40% had worked with services for more than a decade.

	Participants	Reason for contact
Families 1, 3, 4	Mothers (x2), fathers (x1) and older child from one family (x1)	Adoption, post adoption support
Families 2, 7, 11	Mothers (x3) adult child (x2) younger child (x1)	Domestic violence
Families 12, 15, 17, 19	Mothers (x3), Fathers (x1) Male partners (x2), Grandmother (x1)	Child protection
Families 5, 13, 14	Mothers (x2), Grandmother (x1) Father (x1) Child (x 2)	Mental health
Families 6, 9,	Grandmother (x1), Mother (x1)	Sexual exploitation
Families 8, 10, 14	Mothers (x3), Step father (x1), child (x2)	Early help (family support)
Families 16, 18 20	Mothers (x2), Adult sibling (x1), Step grandparent (x1) child (x2)	Care proceedings / youth justice

Each family produced the following data: a mapping of services (sometimes several maps), interview data and photographic data (ten of the 20 families produced photographs). Interviews, service mapping exercises and meetings occurred in the family homes, and the photographs were usually taken in the immediate locality.

Accessing families

The process of trying to identify families to take part in the study was at times frustrating and the difficulties appeared to be multi-layered. When contacted senior management in LAs were initially very happy to offer to ask families to participate. However, with the exception of three LAs, few families were reached via this source. When the senior managers were re-contacted, resistance was often encountered with calls not returned and emails not answered.

In discussions with service managers, a different set of concerns emerged. They appeared anxious about the questions that would be asked and a number asked if they could have feedback on what service users said. When told it was a confidential process they declined further involvement. For other LAs, agreement was forthcoming at a management level, but frontline workers were reluctant to propose families, in part, it appeared because of their fears about what families might say about them and possible repercussions. Social workers who did provide families' names and details, expressed a great deal of concern about confidentiality and gave the impression that they were anxious about negative comments from the families. However, once reached, a majority of families whose details were provided via the social workers agreed to participate in the study.

A different set of experiences emerged when seeking to access families through third sector organisations. Voluntary/private agencies were much more willing to participate and to provide names and contact details. However, the number of families who subsequently did not reply to messages, decided not to participate after a discussion or cancelled on the day/in advance was high (we estimate over three quarters of those identified by some voluntary agencies).

The experience of accessing families was also counter intuitive; we anticipated families facing the most serious interventions by the state in their lives would be the least able or willing to respond, and families

using less formal, more negotiated services would be in a better position to respond. In fact the reverse was true, with families who experienced significant state intervention being the most willing to discuss their experiences.

It is worth also reflecting on the fact it took 24 months to gather the data from families, and the implications of this for future studies. The researchers had extensive prior experience of research with families in highly vulnerable circumstances and had negotiated access in the most difficult of circumstances and yet this study proved particularly challenging. The barriers encountered in relation to access are worth noting, not least because of what they reveal about the context for practice and the learning for further studies:

- High levels of anxiety about scrutiny and negative consequences

- An absence of any pre-existing arrangements for family feedback (the LAs that did have in place family service user forums provided very ready and easy access to families)

- The disconnect between senior management commitment to participate and frontline staff reactions

- The marked difference between the responses of families working with statutory services and those working with voluntary services.

Limitations of the study

The study faced a number of challenges:

- The difficulty in accessing families experienced in Wave One continued and delayed the fieldwork significantly.

- Limits to the sample. Whilst we had not intended this to be a representative sample (it was always designed as an exploratory study to shape future studies and the work of the Alliance), the difficulties of access reduced the spread (for example, we had hoped to include greater numbers of families using youth justice)

- Arriving at methods for presenting the findings without identifying the families has been unexpectedly time consuming. Families shared deeply personal and intimate information that could readily identify them if used in any report, and this applied to both the visual and oral data. For some families being identifiable could be potentially harmful and so this has limited the extent to which we could use some of the data

- This is a small-scale study so the opportunities for generalizability are limited. However, sufficient commonality in experiences could be identified to arrive at valuable themes for further exploration.

- This study did not reach all family members - we only interviewed those that decided to participate and were invited to do so by the family members with whom we made initial contact.

Wave One

An initial wave of ten family studies was completed,

The transcripts were thematically coded, using an open coding structure that allowed themes to emerge from the data. The research team used the transcripts of the family meetings, coupled with the mapping of service use, to arrive at a summary of themes. The degree to which commonalities were evident across the family studies was striking. Despite differences in service use, needs and problems, the data analysis generated remarkably similar themes.

An Interim Report was produced and this was then shared with members of the Alliance and with the Family Advisory Panel. This shaped the second wave of the study and allowed early verification of the themes with families and practitioners.

Wave Two

In light of the above, the following aims and activities were suggested for the second wave of the research:

- To develop visual and oral data capturing family experiences of services.
  It was considered this offered a longer term output for the work of the Alliance and could be used for training and dissemination purposes;

- To develop a fresh approach to equipping families for participation rooted in the empirical data.
  This meant asking some detailed questions about experiences of involvement, and fewer questions about wider experiences.

- A focus on the factors that promoted and inhibited active, meaningful involvement in services

- Researchers would take photographs with the families whilst present with them – this avoided non-returns and generated illustrative material for use by the Alliance.

The same access and consent processes were adopted for Wave Two. We ensured a mix of primary reasons for services was present, and, as with Wave One, we captured a mix of urban and rural families from across England. The focus of the questions changed, but the overall design was replicated and a further ten family studies produced.

Seeking and securing help

1. Help in the context of complexity

Families were asked about who and what helps. For all the families the concept and reality of 'help' were problematic in the context of using multiple services when there are complex needs.

Seeking help was often the start of a difficult and, at times, traumatic journey around and through services. Families that sought help (rather than those who had services imposed) rarely knew what was needed initially, but knew they were struggling and, tried various services and agencies.

'...also, because some people haven't got a clue and have not been in that situation before, so they don't understand where they need to go or what they need to ask...'

The conditionality attached to receiving help proved a stumbling block for many families. They regularly described what were experienced as hurdles to accessing help (were they living in the right place? did they have the right referral? had they got the right diagnosis?).

Rarely, if ever, were families able to describe initial points of contact that simply asked the family to talk about their needs and then dealt with any inter-agency matters 'behind the scenes'.

'How the hell did I manage to get my daughter the help in the first place'? It was so bloody difficult. It was a total nightmare and I think that is the thing that all of us keep coming back to. I know the system, I have worked within the system, and it practically destroyed me'.

Once some form of help was secured families had a common experience of the help (whatever it might be) being conditional upon them complying with pre-set requirements. These included attendance at clinical appointments, signing agreements specifying certain domestic arrangements or behaviours, attending particular classes or courses. At times such requirements made accessing the help almost impossible, or limited its value. Agencies also imposed rigid conditions on the provision of help (this included the length of time certain help could be offered, the age(s) at which it could be provided, standard start and finish dates and lengths of time on waiting lists). Those that approached their work with families differently, with few conditions and limits, were greatly valued:

'They are brilliant with me; they have got all the time in the world. Sometimes you go in and if you have had a core group thing and you're a bit upset and that, she will take to you to one side. The liaison officer ...She has never not got time for you. Do you know what I mean? She will say to me, "I know where you are coming from, I know how you feel". She is really good.

Experiences of being helped were not the same as receiving a service, and this was often an important distinction drawn by respondents.

We felt it was a bit pointless, but because it was the only help on offer, we sort of persevered with it. They have got a very good reputation, so we persevered with it. There was nothing else coming up. I had a big thing in my head about not wanting us to be labels. I quite liked the idea, he has got attachment difficulties, he is adopted. It was an explanation you could give to people for his crazy behaviour. Do you know what I mean?

Help sometimes came from everyday sources, with professionals (such as youth workers and head teachers) coming to the aid of the family in various ways:

> *I think in terms of engaging parents, he is a brilliant Head, and that does filter down to a lot of his staff as well. I think the management was really good. That was our stability amongst everything else that was absolutely chaotic... If that hadn't been there, my daughter wouldn't be alive today.*

Families also described seeking help but instead repeatedly getting an assessment, investigation or, in some circumstances a far more extensive service than they envisaged when asking:

> *'By seeking help, I made things worse'*

> *'Over assessment is really stressful... it raises your hopes – you can spend a whole week managing the assessments'*

Endless assessment visits to the home could be deeply frustrating, and indeed harmful, especially when these involved children who might associate professional visits with traumatic earlier episodes of removal.

> *Help is not a fixed, quantifiable event*

The need for help regularly clashed with the manner and arrangements for providing services. Family experiences of their problems and needs were multifaceted and changing as some issues flared up and others died down. Few services had the capacity to 'roll with' family needs and to be flexible and responsive. Those services that could work alongside families and change the shape and focus of their responses as needs required were experienced as helpful, and hugely valued:

> *The practical stuff (provided by the service) and she would liaise with the police, she would liaise with Social Services. It was that advocating bit as well, if you want to call it advocacy. I don't even think it was advocacy. It was more than that, in effect. It was the telephone support and the advocacy... Then the parent network day, to actually find, "Oh my God, I am not alone". There are so many other parents in the same place as me. Actually, it happens to all types of families. It was really quite nurturing, a different type of support...*

Help and the experience of being helped is not a static or specific experience, 'help' is a complex mix of knowledge, skills (including importantly inter-personal skills) flexibility and reliability.

2.   Negotiating the mosaic: proficiency in the context of frustration

The case studies revealed a mosaic - every family had encountered or used a minimum of nine services – excluding universal services (e.g. schools, GP). The outcome of this extensive experience of service use was a unique level of proficiency in negotiating boundaries and assorted access criteria but this was accompanied by considerable frustration. Families had developed expertise in navigating their route through the services but often only after a series of bruising encounters with gate-keepers and eligibility criteria:

> *The service is more short term, like six to eight weeks... Now what is going to annoy me is that if I am not even on the waiting list because they are waiting for this information from my GP, and they haven't got back, when they do finally get back to them, if I have to go on a waiting list, just for an assessment, and then I have the assessment and I don't even need their services, then they will shove me back to the other service. It is longer and longer and longer and longer.*

Family narratives demonstrated that agencies and their staff invest significant resources in working out whose service the family 'belong to' and whether the family is their responsibility. A 'dance of responsibility' occurred between the agencies. This was displayed through the professionals making various attempts to work out the primary problem and to then hold the family within this category,

regardless of changes within the family circumstances. This approach, for families with multiple and complex needs is problematic:

> *CAMHS recommended it and XXXX offered it. My eldest son did come for a while. Because it was centered around my daughter's needs, it didn't meet his needs. He has never been offered anything and he is only just beginning to come to terms with the fact that maybe he does need to talk to somebody about what has happened to him.*

> *'The first time they gathered information about us all but from each of us individually and then they used it against each of us, saying what we could and couldn't have'*

The use of service categories to cope with the complex needs of the whole family resulted in family fragmentation, with different family members referred into separate services that were often unconnected. This fragmentation also placed a not insubstantial burden on the family to try to coordinate the services intervening in their lives. Families were forced to join what we termed 'the dance of responsibility' – working hard to justify their eligibility to and for different services:

> *They were saying they couldn't do the work because he is not at home now and they can't do it in a foster care place, because it is family based with parents, siblings and stuff like that. So they said they can't do it. One man in the meeting said that was ridiculous. He still needs the services for his emotional well-being.*

When this experience of categorisation was overlaid by the application of formal interventions that were not negotiated the families' experiences became particularly chaotic:

> *'Could have tipped us over the edge, with her coming in and out, bailiffs at the door, it were all just too much, too much'*

Indeed for at least one family services became considered as 'toxic' as multiple services came and went in a bewildering and traumatising fashion.

The family maps (examples on the following page) offer an insight into the web of services families were seeking to manage and work with, and practitioners that act as a navigator were greatly appreciated, but relatively rare.

Each map demonstrated the range and volume of services families were seeking to manage, and how few of these services were joined together. As the maps illustrate the family formed the focal point, hubs that brought together and coordinated services were absent. What the maps also demonstrate is that services provoke feelings within families, encounters are often highly charged emotional processes.

Family maps

3. Cold-hearted encounters

'She saw me sobbing in reception and she walked past me twice and then said there were nothing wrong'

I said to the social worker I wasn't prepared to leave because XXX was being sick, he was alone and somebody needed to be with him. But it seemed that nobody wanted to listen to what we had to say ...It was horrible. All I wanted to do was hug him and I couldn't hug him, I had to sort of hold him here because he was covered in sick; his clothes were covered in sick. It was crusted where they had not changed his clothes.

The widespread number of accounts of cold-hearted encounters suggests a need to pay attention to inter-personal skills and humane practices. In many cases humane practice may not have changed the particular problems being addressed, but may have reduced the level of antipathy generated and ensured families did at least feel they mattered to some extent:

I don't feel like she had any time for us at all. I didn't feel like she wanted to listen, she had made her mind up before she had even got here. I think the thing is, because XXX's dad has got a history of drug use and prison, she formed an opinion before she met me. I have never taken drugs and have never been in prison. What happened was she came into the meeting, a child in need meeting at school, and me and (my partner) had an argument. She sat there and said, "I was driving here today in the car and I was thinking, 'shall I put this on child protection or shall I just kick it out? No, I think I will put it on child protection' ". That is exactly how she said it, in front of all the other people. I thought, 'How can you make that judgement on one...?' She met me once. Then she has made a judgement coming to work in her car. That put me off her straight away.

The gap felt by families between their highly charged, emotional experiences and detached, and what were seen as dismissive, professional responses caused a ripple of difficulties and not least a sense of frustration that their feelings were unworthy of recognition. Such experiences of engaging with services resulted in families assigning emotive and emotional labels to agencies ('cold', stand offy' 'jobsworth') that permeated the families' use of the services. On occasions careless practice caused long-term problems, exacerbating already difficult situations:

They released her sedated after midnight without letting anyone know, she got attacked trying to get home, staggering around with the tablets and we didn't know.

What is also of interest is that the narratives occasionally included accounts where professionals had sought to clarify with the families exactly what occurred, and more importantly what feelings were provoked. Where practitioners did seek to work reflectively with the family and established shared understandings of their encounters, family members recounted being able to invest more actively in the working relationship.

4. Money matters (both in terms of family income and professional resources)

Financial concerns formed a common thread within the family narratives, and in the development of the visual data. The data concerned with finances can be grouped into two sub themes, and these are not mutually exclusive:

a) Family concerns about how their own resources and funding limited their capacity to work with services. This was often reflected in accounts about the costs of accessing services (examples included travel, missed work) or the ways in which they (the family) felt that they couldn't meet the needs of vulnerable family members (examples included day care, house moves)

b) Family recognition of the restrictions on services and the finite nature of many services and resources (for example discussions about cuts to early help and informal support, concerns about worker caseloads).

There is common ground between these two stands of financial concerns. Family narratives recognised both the limits set by their own finances and the limits set by the funding of services. Families rarely held individual workers responsible for the limited resources of their services, however they described considerable frustration when service arrangements failed to adequately reflect the limits to their own family finances. Appointments with therapeutic or clinical services were commonly given as examples of help being offered, but in such a way families struggled to access the help. Clinics that were held out of the area, appointments in working hours when jobs were precarious were all cited as points of frustration, and at times despair.

5. Time, time, time...

Temporal concerns ran through all the family narratives and could be loosely grouped into three themes:

Time limited services: the use of targeted services for brief periods (often six to eight weeks) provoked consistently negative responses. If such services were experienced as helpful families needed longer to embed the change, and felt abandoned. If the service hadn't had the anticipated impact, frustration developed about inadequate time to achieve change. None of the family case studies included family accounts that explained or justified short term interventions, suggesting systemic problems with explaining and managing with families pre-set time limited services.

Timelines for interventions: professional narratives about avoiding delay infused family accounts of some services, often in child protection and care. Families felt rushed and prematurely judged, arguing that, in some circumstances, professionals had arrived at final decisions before any meaningful work was completed with them:

> *But I was quite happy to do all the courses they advised me to, but I couldn't physically finish them in time, as they wanted me to. When we finished court, they told me before I was having supervised contact with XXX, they wanted me to do a course that didn't exist. They wanted to do a Freedom Part 2 course and it doesn't exist. I phoned one day, I phoned three different Women's' Aids in the area. Every single one said it doesn't exist.*

Time spent waiting for services: repeatedly families talked about meeting the criteria for a service (which can be a difficult process) and then finding that they had to join a waiting list, even when needs were acute. But there were also interminable waits once services commenced, with families recounting stories of hours of waiting in receptions, in wards, in police stations. Nothing productive was felt to occur whilst waiting, rather it was considered that it eroded confidence, co-operation and tolerance:

> *We were watching her fall to pieces in front of our eyes, no one would do anything until she was sectioned...*

> *You then wait hours, for A&E to get somebody, a consultant psychiatrist to see you. There you are, feeling suicidal, and you are there for about 24 hours, often. No bed offered; you are on a chair, and you are waiting to be seen by a consultant psychiatrist. Consultant psychiatrist comes to see you and then confirms that you have to be hospitalised. You then have to go into a children's ward... You then have to wait in the children's general ward until a psychiatrist from the paediatric team, i.e. CAMHS. The consultant on duty comes to see you to assess what they think should happen to you. That whole process is traumatising for a young person... The staff were lovely, but the whole process and the waiting was just horrid.*

6. Tipping points?

The interim analysis had suggested that there was a theme emerging concerned with 'tipping points'. The data from the first wave of case studies indicated that families were identifying a point in their experiences where things became radically better, or indeed, worse. We wanted to explore this further in the second wave of interviews to establish if there were commonalties that could inform future research and policy and practice. Whilst the second wave of case studies did produce data about factors that made a significant different, the notion of a tipping point was difficult to verify. Families experienced change in a more incremental manner, particularly when matters were becoming more difficult. Small changes (such as a new worker, a change in service location, a change in procedures) often compounded family problems and built up the difficulties being experienced. The single change may not have seemed important to the service but for the family (already coping with multiple problems) any change for the worse made all the problems more intense. The message here is that families may respond in what is considered a dramatic way to what looks like a minor matter, but it is the context that is critical and must be understood.

The data does suggest some factors that merit specific attention in terms of levering change:

The miracle worker: wave one analysis had already identified the shared experiences of a worker who stood out as particularly helpful. The wave two case studies reinforce this:

> *He is just really good with XXX. Really really good. "Come on mate, let's see your dad". He makes it not… It could be quite stressful to a kid, to say goodbye to their dad. Do you know what I mean? I don't know, he has just got a nice thing about him, aura about him. Kids like him.*

The qualities of the workers that are picked out as uniquely helpful are largely interpersonal; empathic, honest, timely, confident and kind. They are also competent, able to understand the systems the family is enmeshed within and to build family confidence and capability. There was not a typical profession producing the praised worker, they were police officers, teachers, counsellors, psychologist (in one case), family support workers and social workers. What they had in common was a skill set and an approach to practice, rather than specific knowledge or training.

The service that met the need and was fit for purpose: the data from families suggested that it was not enough to simply be a service in the right area, the service must also be able to perform to the necessary standards. So, accessing (for example) a domestic violence service is not enough, the service must be able to make sure the woman is kept safe and protected and can start to rebuild her life. Families described their experiences of finally securing the service that they required, only to find the service was inadequate and could, as a result, make matters worse. (This was a concern voiced by families seeking mental health services, adult and child). The families described extensive waiting times to access the service, but once they did so the service was too little, or focused on only one family member to the exclusion of the wider family group:

> *They didn't work with no one else, XXX was in the house, I was in the house but they didn't work with any of us, how could we help her if we didn't know what was needed?*

Poor service quality compounded the problems because the family was then seen to fail to respond positively to the input and families felt they were judged to be non-cooperative or resistant. A significant difference was made to families' experiences once they encountered a service that both connected with their needs, and offered a high quality response. Some families (three in all) had accessed Family Group Conference services and identified this approach as a positive opportunity to develop plans that had made a difference. Four families had been able to access peer support (either local or national

voluntary organisations) and finding that they could turn to others who had similar experiences made a real difference.   One family established a charity themselves to support others and indeed themselves and were very creative in their use of a range of spatial, social and therapeutic resources to establish a community of care:

> *Everybody's journey is different and we needed to steer our journey in our own way. I think it was more to find out how people have dealt with it, just to feel that you weren't alone.*

Three families had used social media to access other families and experienced both helpful and unhelpful responses:

> *I joined everything when XXX was in care, because I needed to understand this, because I have never had this before. There were a couple of sites I removed myself off because there were nasty comments. They were going to court and writing 'stop forced adoption'. Grow up, you don't save your children if that is the way you are going to behave. Then there were a couple of people I ended up making friends with.*

One of the three families had made extensive use of social media to connect with others both sharing his experiences and seeking out advice. Overall the use of social media was not widely commented upon, but this may be a product of the timing of the research, or it may be that families are reluctant to declare and discuss this aspect of their experiences.

One family had found respite for a couple of hours a week was absolutely vital when the child concerned was younger. Later, a psychologist who designed her appointments so that there was both family and individual time proved a life-saver for a family in severe distress. While they had a strong network of support from family and friends, this family was keen to emphasise the importance of having professional support when there are high levels of trauma.

The passage of time: for some families the tipping point was simply connected to time, children aged out of particular systems and involvement in sites of problematic encounters came to an end (schools, nurseries, CAMHS).

Partnerships and participation: Working with or against or on?

In the second wave of family studies we placed an emphasis on working in partnership and family experiences. To some extent this was a false divide as all the data had connections into how partnership is conceived and enacted, and as a result this section draws out some critical messages that were common to all the family experiences.

As the literature review had highlighted, the concept of partnership is underdeveloped and takes many forms. The data reflects its shifting nature. There are 'partnership-lite' versions where families have simply had an experience of consultation about professional plans, or been asked to contribute information to the professional decision making processes. There are also examples of a more robust approach, through the use of FGCs or the involvement of an advocate to propel forward family involvement.

No family had the experience of being invited to plan an active role in service design, they were not asked to influence the commissioning of services or the arrangements for delivering services. For families the feedback route was largely negative, only by complaining were families able to provide managers and practitioners with their reflections on the services they had used:

> *Their lack of communication was dreadful. I tried to get hold of the manager for about four weeks and I phone one week and say, "Can I speak to XXX' "Sorry, she is not in the office, I will get her to call you back". A couple of days go by, I phone back again, the same thing, consecutively, a good couple of weeks and then it was a long haul over Christmas, where I phoned before Christmas and after into the new year, when everything had died down, still nothing back. Then I get this other worker phoning on behalf of XXX, and it wasn't even (my child's) worker. I wanted to make a complaint. She tried to resolve it and shush me over the phone. "You don't need to make a complaint now, I hope we can resolve this, because we do not need any further complications, by a complaint." I thought, 'Well, I will go to the meeting on Monday and if I am not happy, I will make a complaint'.*

Frustration about the absence of opportunities for shared learning were also evident:

> *At first, you just think it is all dangerous. At first, you think you have got to find him. You never find him, the police never find him; nobody finds him. It is real practical… You have to keep adjusting what you are doing. We have licked it virtually, the running now. That has been successful, with the help of XXX but also with our own knowledge. Your own knowledge builds up. That is another thing that agencies need to understand, is that parents build up knowledge of what they are doing as well, so that you get to use every day things differently…*

It is paradoxical that families have a vast knowledge of services (what works well, what hinders, who is helped, who is destabilised) but can only share this expertise by complaining. This deficit model of service involvement results in an untapped set of expertise and fraught feedback arrangements. Eligibility is a critical lens through which to understand this paradox. Families feel services are consistently engaged in working out what they are entitled to, and what can be refused. In this context it would appear very difficult for professionals to see families as having a positive contribution to make to service development. The relationship between families and services is preoccupied by concerns about entitlement and worthiness, driven by the services' eligibility criteria. If services start from a premise of reducing access and limiting resources then families inevitably are problematized. The photograph of a brick wall chosen by a family to represent their experiences is one that would resonate with all the families who contributed to this study. Getting a service that helps (rather than assesses) is a testing and sometimes demeaning experience. It is not therefore surprising that partnership fails to flourish in this context.

The following themes emerging from the data must be considered in this wider analysis. The possibilities and limits of different experiences are only one part of a much larger and complex picture.

What hinders working together?

1. The maintenance of family relationships had become bureaucratic undertakings

For families working with services where vulnerable adults or children were living out of the home (mental health, child protection, and domestic violence) maintaining connections was problematic and the cause of flash points with services. Working together as a family with services was very difficult when considerable amounts of time and family resources were being spent on simply trying to see each other and keep in touch. Contact was a recurring theme in the family discussions about services. Multiple barriers exist: visiting times, funds to travel, distance between placements and the family home, changing professional arrangements for supervision. Staying in touch is critical for family members, the absence of strong professional commitment to supporting this everyday family practice was cited repeatedly as a barrier to the family wanting to work with the services.

The reverse experience was also evident, family members were also trying to deal with unsafe adults and were struggling to keep everyone safe because of the arrangements adopted by services for multi-agency working, often played out in decisions about information sharing:

> *Yes, how can I protect him if you're not telling me; you have got a duty to my kids as much as me. The reason we had the argument was because I knew he had taken something and I wouldn't let him take XXX, so the police removed him*

Indeed multi-agency working is a problematic matter for all families, and the weaknesses in co-ordination of services are particularly played out when families have complex needs and individuals 'fit' different service criteria. The resulting communication problems can result in family members becoming invisible, with families working hard to keep connected.

2. Repeated resource problems and changing workers:

The issues generated for families by restricted resources are discussed throughout this report, but it is worth emphasizing that families struggled to work positively with services when they were constantly being reminded in actions or words of the limits of any resources. Services were cut, reorganized, criteria changed and workers moved. Service and personnel changes fragmented and interrupted family relationships with professionals, alongside relationships within the family. Changing workers was a particularly acute problem for families, making trust and confidence difficult to build. Staff would move at critical times for families, and the absence of careful planned handovers resulted in families mistrusting services.

> *'She came out with adoption set in her mind to do the assessment, did one visit after the baby was born and we never saw her again. She left social care, went off to do something else and so we got a new worker, but our team didn't have enough workers so they got one from another team over the other side of the city. They just saw our background, took a negative view from the start, didn't even ask us half the questions they could have"*

The turnover of staff is symbolic of a wider malaise for families, and when a practitioner stays alongside the family for an extended period, families describe the building of a working relationship that is greatly valued, some certainty when so much else is changing within and outside the family:

> *He is just amazing. He is like... He is my paediatrician. He is supportive, he is a friend, and he goes above and beyond his job. He is just brilliant. That is all you can say about him. He is a fantastic man.*

One family had a psychologist who stayed with them for five years and, indeed, they still feel she 'keeps them in mind' in a range of ways. The continuity was vital for a family where trauma and chaos were everyday realities.

3. Lost family members

Working actively beyond the household was rare and critical family members fell through the net when circumstances changed or the needs changed:

> *'When Dads move out, they (the professionals) don't tend to have much to do with them, everyone round here just leaves them alone. I tried to stay in touch, to be involved but it wasn't easy'*

Services caused turmoil for families because of rigid boundaries including age limits, geography, and legal status. Family members became invisible to services if they left the family home or, most commonly, if they ceased to meet the criteria for the service. Remarkably little flexibility was shown by agencies, and transitions between services were clumsy and difficult to navigate. Families did describe rare occasions when a member of staff stepped over boundaries because of a commitment to patient or client care:

> *Dr XXX's cut off point is 18. My son is 20 this year and when you come out of the hospital, you go on to Blueside for additional support. Blueside have been... I haven't even seen anyone at Millbrook. You normally go there and the appointments are cancelled. They are absolutely useless so Dr XXX is setting it up for my son to go back to him until we can get additional help.*

4. Challenge by the family was experienced as problematic behaviour

Families described professionals struggling to accept that challenge was a mutual responsibility and part of working well together. Families were clear that if they did challenge it caused difficulties:

> *So all the positive work that has happened up until now, the positive relationship I had with them has now, because my son is not talking to me, and I have taken it upon myself, to challenge the fact that everything is okay and I am saying I don't think it is. I am suddenly the problem again*

Families described feeling that professionals were determined to sabotage plans when they (the professionals) had been either challenged or directed to change. Families recounted episodes where courts had made plans but social workers had deviated from these, or FGC plans had been poorly supported. Considerable suspicion was held about the motives of staff who were part of agencies that had been required to change the help they offered the family, sometimes as a result of court orders but also as a result of internal management decisions.

> *'The court had said she (the IRO) wasn't to work with them, she was to be independent but they might have well skipped down the path together, going off for lunch giggling to each other'*

For the families that contributed to the research multiple encounters with multiple services almost inevitably led to situations that were the basis for complaints or concerns. Families had asked for changes in workers, gone to court to seek adjudication, used formal complaint systems or informally raised concerns. Some of these actions had led to changes in the services the family received. In the family narratives there was no evidence of services accepting with good grace decisions that criticised their work, and for some families the absence of what they felt to be a sincere apology was keenly felt and influenced their willingness to work collaboratively in the future.

What strengthens working together?

1. Working with all the family

Services that tried to avoid professional silos and worked collectively with the family were valued. Those families that had experience of FGCs saw their whole family approach as a critical difference. The inclusion of all family members and the demonstrated faith of the co-ordinator in the family's capabilities made a real impact on the families' willingness to work collaboratively. Such approaches also levitated the need for families to manage multiple interventions and to spend time focused on the needs and problems rather than processes. There was evidence of other services also seeking to work more holistically:

> I found them incredibly supportive. I think they go above and beyond everything that is required of them really; they go out of their way to help you and support you, and they also help family members. So when I went to them when XXX left home, they helped me kit her new house out. They took the children away when we weren't able to. They don't look at you as an individual, they look at you, they look at the package that comes with you, they look at the circumstances and they go above and beyond what they need to do to help you. They are probably the best service that I have ever worked with.

However, such accounts were rare, the common experience was of services that struggled to find structures and practices that worked beyond the individual.

2. Timeliness

Time, as discussed earlier, plays a critical role in all the family narratives. Issues of waiting lists and delays have already been considered. There are other, more prosaic concerns about time. Families repeatedly describe the poor time keeping of professionals, and the impact of this on families' perceptions of the ability of the service to provide help cannot be underestimated. Staff that turn up on time are noteworthy, and often this is described a mark of their professionalism and commitment. Time to spend with families is of equal importance:

> She seems as though she has got a lot of time for me and she spends time, as long as she needs to be here. If the appointment was an hour and it was more than an hour, she wasn't bothered, she stayed. She wasn't like, "Sorry, I've got to go". She stayed as long as she needed to. That was the same with my support worker. She was like that as well. It is time as well; time makes a big difference. It does to me, anyway. From personal experience.

Time as a resource is a theme that runs through the data. Family accounts repeatedly present a picture of rushing professionals completing rushed tasks. Time is a luxury: time to talk, being on time for appointments, unlimited time with the family was a rare but welcome experience. The impact of unconditional offers of time cannot be underplayed in the positive effect on working relationships.

3. Excellent interpersonal skills

The family narratives did not identify particular knowledge or services that stand out as uniformly helpful or accessible. Local volunteer and community services were appreciated, as were family support staff but for all the families it was inter personal skills that were most valued and these were not the preserve of any one professional grouping. Whilst good inter- personal skills could not have solved the many complex problems, families felt able to work productively with professionals who were courteous and respectful. Honesty, clarity, empathy, politeness were all valued. An appearance of confidence and competence also mattered, families needed to have a sense that professionals would be able to help and would be confident in their work with them.

It is mainly XXX who has been my support worker from education – he has just been brilliant. As a person, he is nice and obviously doing his work and supporting us all, he has been there. I know he has got to go by some procedure or guidelines, things like that, but he doesn't make it feel like that. He comes around, comes to the house, does whatever with me and the children and doesn't do it in a way that it feels so formal. He is the only one who has been there more times than all…

4. Growing knowledge and skills within the family

Often borne out of complete frustration a number of families had equipped themselves with knowledge and skills that might make them more able to secure the help that they needed. This had taken a number of forms:

- Identifying an advocate that could work alongside the family to secure necessary services (lawyers, paid or unpaid advocates, family friends with relevant knowledge);

- Developing their own knowledge of particular issues (aspects of the law, medical diagnoses, treatment options, rights to services);

- Learning the skills necessary to negotiate with services or mediate where there were conflicts

- Establishing a working knowledge of their rights to complain, challenge or object to service decisions;

- Developing peer support networks to share knowledge, experiences and coping strategies and reaching out to academics and others they perceived as knowledgeable in the area they were concerned with.

These developments were argued by families to be, on occasion, critical in securing the help they or their family members needed. Some family members reflected on the limits to this, in particular acknowledging that not all families would be able to marshal the resources needed to become skilful in intervening with services:

'It's alright for me, I'm not being rude but I am intelligent and can read all this stuff, make sense of it, I'm feisty and can take them on. You've got no chance if you can't do these things'

Family images of experiences

Hitting a brick wall

The mother of a child who was self-harming was seeking a service to support her child and the family, and prevent escalation of his behaviour. Various services were recommended and referrals made. However, the needs of the young person did not seem to meet these thresholds so the family continued to be passed from one service to another. The mother felt that every time she accessed a service she was '*hitting a brick wall*'.
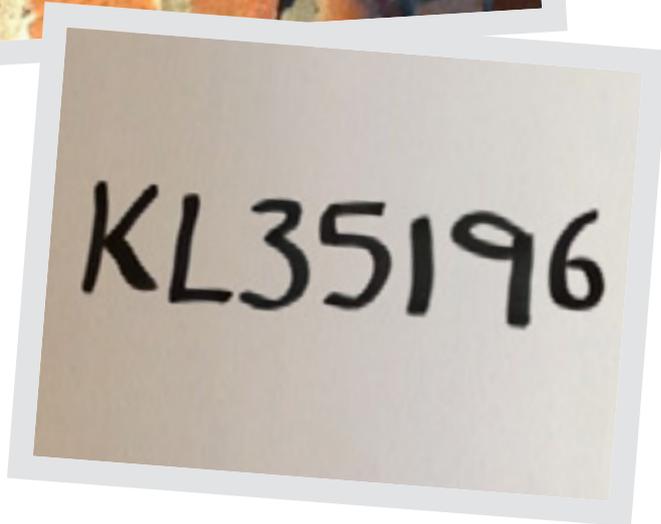
Becoming a number

When ringing children social care a father was asked for his child's number rather than name as he could not be found on the system. The parents discussed feeling insignificant and shocked at not being valued enough to be seen as a person and just 'becoming a number'.

Stepped up and stepped down

The family spoke of being passed from one service to another and being 'stepped up and stepped down'. They queried whether anything had changed in their circumstances and felt that it depended on the person that was working with them at the time as to what they wanted to see and what judgments were made.

Family images of experiences

The experience of being watched

The uncle and grandmother described supervised contact and stated ' *it is like you are being looked at through a spy hole - the experience of being watched.*' They stated that they would act as they thought they should rather than naturally as this is what being looked at made then do.

These two are going nowhere!

This was a mother discussing her two children who were being placed back in her care. The mother stated that she would do everything to ensure that they would never be removed from her care again and was adamant that 'these two are going nowhere'.

I am not a case!

A mother discussed an occasion within a meeting with mental health services when a professional advised her that there were many similar cases that were being managed. The mother had reacted by stating 'I am not a case!'

Discussion

Re-thinking relationships between services and families

As we indicated earlier in this report, we undertook a targeted literature review on partnership partly in order to locate our work and develop a conceptual underpinning. Our review found that that the literature on partnership had become very sparse, and that the conceptual and empirical work connected with interrogating 'partnership' was underdeveloped. On completion of this study we wonder now whether partnership has fallen foul of key themes within dominant and oppositional thinking about the state, and relationships between the state and families. It has proved too challenging for those seeking certainty in an expert led and risk driven paradigm, and thus morphed, as the literature would suggest, into rather fuzzy notions of 'engagement' or 'participation'. But it has also proved too timid for those seeking to re-think the relationship between the state, welfare services and citizens in a context of inequality and influenced by a range of diverse ideas from philosophy, systems theory, sociology and psychology (see Featherstone, White and Morris, 2014 and Featherstone, Gupta, Morris and Warner, 2016).

This small study is located within, and makes a contribution to, the wider re-thinking we note above. It documents high levels of need and shame inducing encounters but it also identifies families as the source of a great deal of knowledge and wisdom about their needs and also about services and family journeys. It highlights the importance of exploring and engaging with differing meanings and opens up possibilities, embryonic to be sure at this stage, for those with complex and difficult concerns to become recognised as experts by experience. It suggests the opportunities to engage in co-production in areas of social work and social care that have not historically been associated with co-production but rather with a great deal of stigma and shame.

These possibilities can be located within a small but growing literature. Hilary Cottam (2011), for example, has highlighted how the notion of relational welfare has emerged as a counterpoint to the 'transactional' welfare model that has dominated for at least the last four decades. This rested to a large extent on the idea of welfare as a business involving transactions between customer and service provider as evident, for example, in care management approaches with older people.

Cottam (2011:134-35) argues that market reforms have intensified a transactional relationship where what is actually wanted is something more human, caring and time rich. Concerns about risk have added an extra toxic twist with time limited encounters and services adding to the anxieties of workers and families alike: '*The child must be seen, the fridge must be inspected, the bedroom checked', 'Rush, rush, rush*'!

Cottam explores what a relational model might look like. She notes that key features include an emphasis on collaboration and the role of personal values and offers a particularly pertinent example from the work carried out with Ella and her family. This work was located in a period of immersion by workers in the family's world. They sat on the sofa alongside the family as the various officials visited, they walked around the neighbourhood, they went to the local shops and were afforded understandings that arguably differed in texture and richness to that afforded to those who dropped in briefly to assess, intervene or prescribe.

Ella was a mother within one of the 'troubled families' targeted by the Coalition, this current government and previously by New Labour. Cottam argues that the family manifest the breakdown between the state and the citizen – visited by an endless stream of different workers who are both called upon by the family to help as well as intervening at the behest of a wide range of agencies:

> *The constant visits and delivery of messages do not constitute a conversation, and the family do not feel properly listened to or understood. Asked to change they have no lived experience of what this might feel like; and, worse still, they know that these commands are accompanied by the dead weight of expectation that they can't change- 'this family will never change', it was explained to us*

(Cottam, 2011: 138).

Furthermore from the perspective of the workers, the system constraints were devastating. Eighty six per cent of their time was spent on system driven tasks with only 14 per cent in direct contact, but even that percentage was problematic with dialogue dictated by the forms and their need for data and information:

> *'The system is a costly gyroscope that spins round the families, keeping them at the heart of the system, stuck exactly where they are'*

(Cottam, 2011: 139).

So what was done? Families got to choose their worker and decide who was actually in a position to support them and the ratio of 86 to 14 was reversed. In choosing those they wanted to work with them, mothers such as Ella chose professionals who would neither be 'soft' or those they saw as dehumanised – they chose those who confessed they did not necessarily have the answers but who convinced them they would 'stick with it'. What they offered was driven by human qualities rather than rule books and there was a lack of reliance on jargon. A small amount of money was made available to the families themselves to identify which services they would find helpful.

Cottam draws from the work on capabilities developed by Amartya Sen. The Capability Approach (CA) focuses directly on the quality of life that individuals are actually able to achieve, and proposes that we consider not just resources but rather the valued things people are able to do or to be as a result of having them – the capabilities they command. Core concepts central to the approach are: the resources available to a person (means); what she is and does (functionings); the personal, social and environmental factors that affect her ability to transform means into functionings (conversion factors); and the combination of being and doing that she has the real freedom to achieve (capabilities (see Gupta, Featherstone and White, 2014).

CA starts from a position of asking what does this family need in order to flourish and how can we ensure their human rights are promoted? A person's capabilities represent the effective freedom of an individual to choose between different functioning combinations and between different kinds of life that she may value and has reason to value. The relational aspect of an individual's well-being is stressed, but not simply in terms of inter-personal relationships, but also in terms of community and wider social structures. There are close connections between adequate social opportunities and how individuals can shape their own lives and help each other (Sen 1999). In terms of the relationship with practitioners, this approach would recognize the power of the professionals to promote strengths and enhance capabilities, but also to diminish and destroy (including the power to 'shame').

CA recognises that people are not equally placed to realise their human capabilities arising from structural inequalities, such as class, race, gender and disabilities, and tackling these is central to the CA's theory of social justice. Poverty is regarded as a capability depriver because it interferes with a person's ability to make valued choices and participate fully in society (Sen, 1999). Thus, it is not just about

material resources, poverty leads to the deprivation of certain basic capabilities, and these can vary, as Sen has argued, 'from such elementary physical ones as being well nourished, being adequately clothed and sheltered, avoiding preventable morbidity, and so forth, to more complex social achievements such as taking part in the life of the community, being able to appear in public without shame, and so on' (Sen, 1995: 15).

Developing different types of service engagement increasingly co-exists with thinking beyond families as the recipients of services but rather also as the producers and co-producers. For example, parent advocacy projects in New York described by Tobis (2013) offer inspiring examples of parents, who had children removed from their care as a result often of drug addiction, working within the system to reform how it worked with families and to support those in similar situations to keep their children safely. The practices that were developed placed an emphasis on helping families through the provision of a wide range of services and supports and led to a significant reduction in the number of children in foster care. Parents with experience of the child welfare system were involved in the design and delivery of services, for example, as advocates working alongside families; and linking with other rights-based organisations to advocate for broader social reforms to address structural inequalities (Tobis, 2013).

Concluding remarks

'Being involved in a process is not equivalent to having a voice. Voice needs to be nurtured. People need to feel able to express themselves without fear of reprisals or the expectation of not being listened to or taken seriously. Translating voices into influence requires more than simply effective ways of capturing what people want to say; it involves efforts 'from above' and 'from below''

(Cornwall, 2008, p,278).

This small study contains some very rich accounts from families of their struggles and successes. It identifies serious system constraints and inhumane practices but it contains the seeds to suggest that 'another world is possible'.

Crucially it identifies the large amount of knowledge and practice wisdom carried by families and opens the door to possibilities of reforming our services from the 'bottom up'.

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