

# Troubled families: vulnerable families' experiences of multiple service use

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**ABSTRACT**

This paper draws on a small-scale study examining the experiences of highly vulnerable families with complex and enduring needs. The previous UK government and the current government have sought to develop policy and service initiatives that target families who present high levels of need and require high cost services. However, to date remarkably little is known about family perspectives and experiences. In this paper, family accounts of their experiences are presented and it is suggested that from these come some difficult practice questions. The family data reveal evident gaps in existing practice and challenges social work to 'think family' in new ways. The paper explores how families understand they are understood at the point of engagement, the assumptions that are made about family knowledge, and how families share and withhold information about their needs and experiences. In the discussion, the argument is made for the development of nuanced practice capable of recognizing and working with the ways highly vulnerable families 'do family', and the processes that support and inhibit professional interventions.

**INTRODUCTION**

This paper draws on a current study examining the experiences of highly vulnerable families with complex and enduring needs. The previous and current UK governments have sought to develop policy and service initiatives that target families who present high levels of need and require costly services (Morris 2011). However, to date remarkably little is known about *family* perspectives and experiences (Clarke & Hughes 2010). In this paper, family accounts of their experiences are described and it is suggested that from these come some difficult practice questions. The family data reveal evident gaps in existing practice and challenges social work to 'think family' in new ways. The paper explores how families understand they are understood at the point of engagement, the assumptions that are made about family knowledge, and how families share and withhold information about their needs and experiences. In the discussion, the argument is made for the development of nuanced practice capable of recognizing

and working with the ways highly vulnerable families 'do family', and the processes that support and inhibit professional interventions. Notions of 'family practices' form an important strand within this discussion. Developed by Morgan (1996), conceptual understandings of family practices allow us to consider how families 'do family' and to extend the analyses from debates about family composition (who is in the family) or ideologies concerned with the role of families (are families good for children) (Silva & Smart 1999). As Neale suggests:

What is important, however, is how these relationships are conducted on a day-to-day basis and how different practices are managed and supported. By focusing on practices rather than structures a wide variety of personal relationships can come into the picture and assume equal validity. . . . It is the 'doing' of family life that becomes important rather than who is doing what or within what organisational or institutional framework. (Neale 2000, p. 9)

The ensuing discussion does not suggest that issues of power, structure and disadvantage are not vital to contextualizing and understanding family experiences

and children's long-term outcomes, but it does suggest that by analysing and responding to family practices, the children's lived experiences can be better understood and, where necessary, appropriate interventions developed. It also suggests that families' lived experiences can and should be recognized, and that the focus on the individual components of family life has limited value.

## THE STUDY

The study examined the experiences and shared narratives of families using multiple services (the research was concerned with families who had experiences of using numerous welfare and protective services, both as voluntary and involuntary service users). This is a research in progress and as such these are first reflections on the emerging issues, and not, as yet, a full report on the findings. The research was commissioned by a local authority to better understand how services for complex families might be configured and developed. A further two waves of the research with two further authorities are planned. The literature review, completed as part of the research design, revealed the absence of comparable empirical work that grounded the lived experiences of families. There are established studies exploring the aspects of child and family life in adversity (Ridge 2002; Power 2007; Power *et al.* 2011), but the search found few studies able to report directly on the accounts and experiences of families using multiple services. Although there is work that considers the outcomes and trajectories of children whose families are surviving adversity (Spratt & Devaney 2008), remarkably little is known about how families reflect on their lives and experiences and the implications that this may have for social work practice. The development of research exploring family group decision-making (FGDM) in care and protection has some relevance (Morris & Connolly 2010; Morris 2011) but this body of work is primarily focused on evaluating the experiences and effects of FGDM; the day-to-day lives of the families are rarely the subject of the research. The funding of policy and service streams concerned with vulnerable families with multiple and complex needs have raised the profile of these families (Morris *et al.* 2009) but, as with FGDM research, the voices of the families are largely absent. Service-user perspectives are now commonly gathered in studies exploring interventions, but this research was concerned with collective meanings held and displayed by families, as opposed to the

individualized approach adopted in other examinations of child and family services.

Thus, the research described in this paper was concerned with examining *family* perceptions of their family life and how families used and experienced multiple interventions. The profile of the families participating in the research echoed the characteristics described by Spratt & Devaney (2008) in their examination of families in adversity. These were families with high levels of need who at various times presented a risk to themselves and/or to the communities in which they lived. All the families had behavioural management problems, and mental-health services, care and protection services, and domestic violence services were commonly used. The cohort of families was primarily white, and presented a range of long-standing needs and risks. Interestingly, all were long-term residents of the geographical area they currently lived in and were living in areas of high need and low resources. Poverty was a stark reality of family life – but was rarely, if ever, given by families or professionals as the primary reason for service intervention. Despite geographical stability, they were families in flux with children living away from home or returning home, and adult family members experiencing various forms of formal and informal exclusion from the home.

In total, 15 family members from seven families participated in the initial round of interviews. This included mothers, fathers, adult and child siblings, stepparents and grandparents. The services used by the families included: police, probation, social work, mental health, health and midwifery, leisure and play workers, housing, education and behaviour support workers, and various targeted services including family nurse partnership (FNP) and family intervention projects (FIP). In-depth qualitative family interviews were conducted, and the analysis of the family accounts used a form of grounded theory (Glaser & Strauss 1967; Becker & Bryman 2004). The process of content analysis adopted allowed categories of evidence to be built and a system of coding to be applied to the data produced by the interviews. The process of commissioning the research meant that some predetermined categories needed to be adopted drawing from the interview design, but the coding of material within the categories was data driven and it was possible to capture unanticipated themes. The family interviews were transcribed to provide illustrative material for the analysis. In all but one family, the interview included two or more family members, with interviews at times including up to five family

members. In some interviews, older children joined and then left the interviews and some family members whilst present only partially engaged (appearing to not listen but then gradually becoming drawn into the conversations). The family decide who should be present – no limits were set by the researcher, and there was no advanced knowledge of who would be present. Family dynamics and representation did, of course, impact the information shared but it was not possible for the analysis to arrive at any conclusions about this, given the small-scale nature of this first wave of the research.

Accessing the families was extremely challenging; relevant agencies were identified by the commissioning agency (social care, probation, FIP, health visiting, FNP, youth offending teams and children's centres). The aim of this strategy was to ensure that a spread of referring agencies avoided individual worker or service bias. The commissioners used their mapping data to identify services and areas with high level of need families. Services were asked to approach those families they worked with who were engaged with multiple services (in all cases, families were working with a minimum of five services), the intention being that the service key worker would offer the family the opportunity to participate in the research. The researcher then followed up the initial contact directly with the family to reduce the extent to which workers mediated the research relationship. The resistance by agencies to approaching families was considerable. Staff were anxious about the following: destabilizing existing engagement, the difficult conditions the researcher might face, the revealing of inadequate practice and, interestingly, a potential lack of co-operation by families (and using this assumption they then withheld the invitation). These are complex themes that in themselves reveal a great deal about existing family-minded practice, but are not the focus of this discussion. The dearth of comparable research meant that this was an explorative study that used relatively unstructured interviews to capture in-depth data. Two methodology themes are worthy of note: the adoption of a design that enabled a 'conversation with purpose' (Burgess 1984) was critical – families had up to five members present in the interviews and the range of experiences presented required a highly responsive interview style. Secondly, the need for the researcher to hold significant knowledge about professional roles (particularly social work), services and interventions was essential in order for the interviews to be experienced as respectful and meaningful by the families and for family accounts to be understood. The research also

presented ethical and safeguarding challenges; families were informed of the responsibilities of the researcher to alert the referring practitioner to any safeguarding issues that might arise, and issues of researcher safety were carefully addressed.

The dangers of 'naïve interview studies' (Silverman 2001) are acknowledged but the absence of comparable data and the underdeveloped nature of existing knowledge about family experiences justify the exploratory approach adopted by the study. The analysis benefited from two strands of existing empirical and conceptual work to assist in understanding the themes raised by the initial analysis of the family interviews. The understandings of 'family practices' (Morgan 1996; Finch 2007) and the emerging work examining complex high-risk families (Thoburn 2009; Ferguson 2011) were drawn upon to situate the family experiences and narratives in a broader analytical framework.

## FAMILY-MINDED PRACTICE AND COMPLEX FAMILIES

The development of a body of work concerned with families where there are multiple needs with challenging barriers to professional interventions has a limited empirical base. Recent reviews of the literature have suggested that the overarching theme is, in fact, an absence of knowledge:

There is no published research focusing specifically on effective services for 'resistant' families where children are suffering or are likely to suffer significant harm. Rather, studies have tended to examine case records or practitioners' and parents' perceptions of the effectiveness of different aspects of services among families experiencing maltreatment recurrence, families with complex problems and families who kill or seriously injure their children. It is not possible, however, to determine whether these families were actively resisting services or were not receiving the services and support that they needed. (Thoburn 2009)

In the UK, the concerns about children who have died in circumstances where their immediate carers refused help and sought to deceive practitioners has led to a renewed focus on the roles and capabilities of social work, with practice being scrutinized and new approaches being explored (Ferguson 2011; Munro 2011). Alongside this specific set of developments for social work are broader government policy concerns and new strategies for working with families who are presenting multiple and ongoing needs. The recognition by the then UK Labour Government that families with the greatest need were not accessing and using

preventative services led to the 'Think Family' policy stream and more recently initiatives such as Total Place and Community Budgets (Morris & Connolly 2010). Within this flurry of policy activity, various models and approaches to supporting long-term change in multiple need families are being considered and piloted (Department for Education 2009; Big Lottery Fund 2011). The families that are the focus of these various interventions are argued to present high costs, and policy analyses suggest that a cohort of families with entrenched problems can be identified:

Around £8 billion a year is spent on around 120 000 families that have multiple problems, with funding only getting to local areas via hundreds of separate schemes and agencies. Despite this investment, these families' problems continue. Services need to join up and intervene earlier so that families are given the chance to turn their lives around. This integrated, early intervention approach will also drive down costs. (Department for Communities and Local Government 2010)

The extent to which this political analysis is a helpful lens through which to understand family needs and realities is not the focus of this paper. However, the policy context generates for families a series of contradictory experiences which impact the relationships that they may build with professionals and services. The policy drive to harness family resources in meeting children's needs (for example, the use of family group conferences and kinship care) is set alongside the targeting of services on families that are deemed to be problem families with implicitly or explicitly inherited dysfunctionality. The existing knowledge about the profiles of family need suggests that it is likely that the same families are the focus of both policy streams. For families, the reality is that they may simultaneously be both problematized and resourceful. They may be subject of multiple interventions concerned with changing family functioning, whilst being asked to care within the network for children who are unable to live with their parents. This complex policy territory is discussed elsewhere (Morris & Connolly 2010; Morris 2011), but the following discussion of family experiences must be set within this difficult and fast-changing context.

### FAMILIES IN MIND?

The analysis of the interviews revealed that families had a strong awareness of who they saw as part of their family – describing family members who, although relationships had broken down at times, were still seen as part of the kinship network. Families resisted definition by household:

'Do you mean who is in my family or who lives in this house?'  
(Family member)

Family descriptions were not bounded by household membership; extended family members played significant roles in family life and were presented at times as having the same value and importance as those that lived together in the same household. This contrasts starkly with the existing approaches to practice with families. As has been noted elsewhere:

The term family is used indiscriminately in much of the relevant policy and practice literature emerging over the past decade, with various implicit assumptions about meanings. The review of literature used to inform the early work of the UK Government's 'Think Family' policy stream (SEUTF 2008) established that at the point of provision many 'family initiatives' were in reality concerned with parents and children or with vulnerable adults, with little reference to extended family networks. (Morris *et al.* 2009)

A common example in the family descriptions centred on fathers who moved out of the household and were not included in routine practice; likewise, social workers for children living away from home were rarely perceived to be working with the child's extended network. As a result, household and non-household family members needed to create ways of keeping the family members living outside the household connected to the services and plans.

'Because I wasn't living in the family home they didn't contact me, I didn't know what was happening. If I wanted to speak to someone I had to phone them up.' (Stepfather)

These additional pressures on communication generated by professional practices should be understood within the context of a family life that was already often chaotic and where missed appointments and keeping to service arrangements presented ongoing challenges. The requirement to compensate for practice that had failed to identify and include significant family members placed an additional pressure on family life. But alongside the necessity of developing strategies to try to keep in touch with professional plans, the absence of wider family engagement in routine practice also meant that family members could mediate professional messages, at times to protect a particular relationship but also, on occasions, to avoid confrontations that might be hostile and difficult. This is an interesting area of avoidance. Ferguson (2011) suggests that professionals construct practices that allow fearful situations to be avoided, and the family experiences suggest that, in part, professionals are asking family members to deliver difficult professional advice or guidance to family

members who might pose a risk. This double avoidance of difficult encounters (by professionals and by family members) results in the child's environment being unchanged, with only partial understandings of professional interventions and expectations held by family members and professionals. One mother talked about the absence of any contact by social workers with either of the fathers of her children, and the advice she was given by professionals (but avoided disclosing) whilst her current partner was in prison:

'They didn't say XXX had to go, but they were saying the best thing for me to do and for the kids was for me to get rid of him, but I never told XXX that.'

These processes of sharing information are situated within a broader framework of how the family is 'doing family' is understood (or not understood) by professionals and by families. Family descriptions of how knowledge about services and care and protection plans were shared were situated within the context of family practices. The interviews with families sought to understand how families understood and portrayed family life and how families anticipated a professional would describe their family life. The intention was to explore the extent to which there was a shared analysis of family practices and the implications for caregiving and caretaking. These are three quotes, but they reflect a general trend:

'We're really close, strong family. We stick together and that. And if we've got a problem we try to sort it out between us all . . . . . They just see us as a family falling apart. . . . whose got problems'

'Health visitor would probably say family of need, if you asked my family they'd be like we're top notch, we're just an ordinary family . . .'

'XXX's side of the family is okay, it's brilliant. My side of the family is weird and comes crashing down basically. . . . they'd probably say dysfunctional.'

Families saw a significant difference between how they understood their way of 'doing family', and how professionals assessed their ways of being a family. The interviews revealed at times profoundly different perceptions with little common ground. Professional descriptions focused upon need and adversity, whilst family descriptions focused on seeking to display their bonds and care. Professionals described family life concerned with hardship, low aspirations, poor role models and turbulence, and, whilst families understood professionals held this perception, they focused in their descriptions on caretaking and caregiving. There may well be a process of manufactured display occurring in these responses – families describing

what they believed to be 'family life'. However, the subsequent descriptions of traumatic episodes and responses to interventions consistently included extended family members in active caretaking roles and reinforced the sense of a family ethos and collective response to adversity (albeit helpful or unhelpful). This sense of collective family activity was rarely evident in professional reflections on family life.

Inevitably, the reason for intervention determines the focus of attention in the assessment. As Parr (2008) suggests, families are often defined by their original point of engagement (be it safeguarding, anti-social behaviour or family violence). Moving beyond this in practice to a broader analysis of family life is difficult. However, the gap between family analyses of their family life and that offered by professionals is considerable and suggests that, at the very least, practice may need to be developed to better understand a child's lived experiences within his/her family life. This is markedly different from therapeutic assessments of family functioning; instead, the focus is on routine understandings of how a *family* responds to and deals with daily stresses and challenges.

#### HOW 'KNOWING' IS MEDIATED AND MANAGED

Closely linked to the discussion about professional understandings of routine family practices are the assumptions made about knowledge held within the family and about the family, and the processes for sharing information. Families with multiple problems presented complex accounts for their disclosure, and non-disclosure, of full accounts of their needs and problems. As this quote illustrates, the foregrounding of the responsibilities and powers of safeguarding professionals closed down the willingness of families to reveal the true extent of need:

'I said I'm not going to let you put him in residential when I've come all this way and I've worked for like nine years on my own, I said because you've done nothing for me, and what happens with people like that when they say stuff like that to parents, parents stop telling them what's going off at home because you don't want to lose your kids.'

But the family narratives suggested that this 'withholding' of information and the acknowledgement of need are set within a family analysis of the capabilities and responsiveness of previous services/practitioners. Families did not assess the potential value of a service in a vacuum. Instead, the family narratives revealed that one by-product of the experience of multiple service use was repeated opportunities to reinforce a

negative or positive 'family story' about a service. Families described building a response to interventions that drew in part on their collective assessment of the relative worth or impact of previous interventions that were judged to be targeting the same need or problem.

'I think it's because . . . if somebody else helps and it doesn't work you're still left, you're left with double the amount of work really, you can't do that anyway, why should you do that now, why should you let them.'

This building of a shared family position about how to react to specific services was directly linked to the professional processes for multiple service use. Family accounts revealed a common professional practice of 'making a fresh start'. But families were not, according to the evidence gathered, seeking a fresh start as each new professional began his/her work. They disliked multiple episodes of information sharing about their needs and their family.

'It was just going from one agency to the next, to be told . . . it's like . . . you keep going on, repeating yourself, and they say the same things, and then you're like whoa, I've been in this situation before, but you're a different person. And it's just the same thing and in the end you think might as well . . .'

Families articulated their frustration at the lack of any sense of continuity of provision, and what they perceived to be the unwillingness of professionals to openly share information – not only with them but with each other. This mother described the difference achieved when a multi-agency plan was finally agreed about her son's behaviour:

' . . . like all these four different agencies come into one, so one agency, a, or b and c and d, they actually got to know everything instead of keep repeating yourself to one, then repeating yourself to the other and then they say but we don't talk, well if you lot don't talk why should I talk, because everybody knew, everybody . . . . .'

There are evident links to be made here to learn from the biannual review of reports where children have died/suffered serious injury as a result of abuse and neglect. Brandon *et al.* (2009) pointed to the dangers of professionals seeking to 'start again' in the belief that such an approach would support change. Likewise, this study suggests that families using multiple services are resistant to professionals who seek to make a fresh start, and that the family expectation is that information will be shared. This is not a simple message, as families also described their unease when information sharing was occurring but not being disclosed:

'But whereas social services they never come and said school's phoned me, or someone's phoned, or the health visitor's phoned, they never did that. Because a lot of time they were secretive, that's what I didn't like about it, whereas XXX (Children's Centre Worker) I feel she's open, if she's got anything to say or anybody's said anything as well she'll come and tell me, and we'll take it from there.'

Thus, families were resistant to services being provided in isolation, but also resistant to covert sharing of information. These responses are then set within a judgement about the potential power held by the professionals and likely efficacy of the service. Professional practice that requires new internal information-sharing arrangements within the family adds another layer of complexity. A difficult picture emerges from the tensions that surround the sharing of information and the arrival at a common understanding of 'who knows what'. Unfortunately, careful handovers that sustained a planned approach to family intervention were rarely described by families. The discussion later will explore the practice implications of this complex set of interrelated responses, but the established empirical evidence of the negative impact of 'starting again' coupled with the families' dislike of professional fresh starts suggests that this is an area for significant policy and practice development.

The analysis of the family narratives also revealed the stage management of 'routine family life' to present a false account to professionals. This is a different process of curbing what a professional might know about family needs and problems by simply withholding information. Whilst families may hold back in revealing their needs, fearful of the ensuing interventions, as this quote suggests there is also evidence of intentional withholding of an honest account of needs and problems.

' . . . And they came round, well they wrote a letter that they was coming round on a certain day, and so we scrubbed the house, we done all the house, and when they come they just looked at it like it was normal. . . . and they didn't come back, they didn't come back, and then obviously XXX's mum, because she was worried about us towards the end, she phoned social services . . . Came out again, caught us a bit off guard because the kid's rooms was a mess. . . . I said this isn't my fault, if they're not going to tidy up I'm not going to do it, and I said I'm not on drugs, whoever is ringing you are lying, and they just kept taking our story, until eventually we told them, we said you know what we are on heroin, and we said we do need some help.'

As this quote illustrates, families required complex, sophisticated practice responses if a common

understanding of need and risk was to be built. The families sought to withhold information about the acute problems they were experiencing, fearful of professionals powers, yet, in so doing, continued the harmful environment that children were living within – whilst maintaining that they wanted their child to remain in their family. We struggle to develop a practice that can deal with these contradictory messages. As Ferguson (2011) suggests, understanding resistance is central to effective practice in complex, risky conditions. The family accounts revealed the tangle of experiences and influences that mediated the extent to which families were willing or able to share their knowledge of their needs.

‘... when social services were involved. ... we just told them everything, said yeah we’ve had troubles, der de der de der, and it was like they was using it against us, we was telling them that so that they could help us do you know what I mean. When we first was involved with them we wanted to go to relate or something like that, you know, where we can both sit down and talk it out, we wanted to do something like that, but they was more bothered about me leaving XXX, not keeping us together as a family, and it just felt very judgemental, so me and him put our guard up to them really, it was just like, well ok if you don’t want to help us because you’re not really listening to us.’

The practice message here appears to be one about the limited value of assumptions about knowledge, and the value in seeking extended understandings of what is ‘known’ as we seek to support and work with children and families with multiple needs. It also suggests an intricate picture of different perspectives and expectations about who holds what knowledge, that cascades beyond the immediate carers and is influenced by a wider set of family practices and assumptions. As such, it indicates the meticulous, transparent practice that is required as we seek to build an understanding of children’s lives, their safety and well-being.

## THE PRACTICE IMPLICATIONS

The preceding discussion has considered the complexity of engaging *families* and challenges of understanding family practices where there are multiple and complex needs that mediate the knowledge held and shared by the family. Whilst a body of literature has developed examining parental engagement in care and protection and child welfare (Kemp *et al.* 2004; Forrester *et al.* 2007), little is currently known about shared family responses to multiple needs and interventions. The analysis of family descriptions suggests

that there are at least three interlocking themes to consider in developing practice: how ‘family’ and family practices are understood and how that understanding is displayed in practice, the processes by which professional knowledge about the family and the child is developed and shared and, finally, the ways that knowledge about needs and problems is mediated by complex family processes and established narratives about services and the impact on planning and interventions.

Conceptual understandings of family practices present the means by which professional practice could be extended to assess and understand the lived experiences of the child. The focus in almost all reviews of family services remains on parents and practice relationships are built in this context with interventions evaluated using parental and child measures. Families are not ‘thin’ experiences, and practice that engages only with those family members within the household discounts the complex influences that broader family practices have on the capacity of the intervention to support change. Families were able to articulate the components of practice that were experienced as supporting change:

(Mum) ‘Like the things that she said ... She done it. She didn’t let you down. It wasn’t all talk like most agencies you do all that talking and they promise you the world and you don’t get nowt. And then like they make up an excuse like oh I forgot all about that.’

(Child A) ‘And with her as well she used to like sit down and listen to what we had to say, and then she’d go and do her work on what we said, not just on what she thinks it should be.’

(Mum) ‘Yes, she’d listen to the kids, she wouldn’t let the parents pull the wool over their eyes, she’d ask the kids.’

(Child B) ‘Yes she used to speak to us lot more and ask us how we would want things to go, and how do we want it to change and stuff.’

(Mum) ‘Yeah. She saw us loving didn’t she?’

This echoes the analyses that consistency, reliability and responsiveness are important ingredients in building relationships that can achieve change (Pinnock & Evans 2008; Thoburn 2009). But the context is a complicating factor, which means that individual relationship-based practice can only in part support change. The families interviewed could recount extensive individual focused input, some of which was highly valued, but it was always presented as separate to family life and instead was seen to belong to the family member who was specifically engaged in the intervention, rather than any transferable family learning occurring. However, the practitioners that took

time to understand the rhythm and membership of family life were positively responded to:

'With (XXX the worker) a lot of it was to do I had to do, at first, it's not because I liked her at first, because I knew she could help, a lot of it at the beginning was because I had to, and then it got to that every time she said . . . she always told me what she was going to do, she always said who she was going to contact, and she'd say it doesn't matter whether you like it or not at this point, because they were solely going to try and find where the break . . . all the fractures was in our family, and fix these fractures to make it a whole family, so she was going round there, she took the time to find out all of you lot (the children who were also present in the interview), personality wise and stuff, and everything, and in one way doing the ordering, even though she was ordering, it didn't seem like that, it was like she showed you respect and she knew what . . .'

The skills necessary to build trusting relationships with a family – as opposed to individuals within the family – is an underdeveloped area of practice. Models and approaches elsewhere (most notably within practices concerned with family resilience [Walsh 2006]) do offer some insights into the conceptual and skill knowledge required, but the focus in this analysis is upon understandings of routine family life rather than interventions based on particular presenting problems. Evidence from studies of family support hint at the practices needed for family-minded responses (Featherstone 2003; Grey 2003), but more work is needed to establish how such practices might inform services for high-risk, complex-need families. The development of family-minded assessment skills and knowledge is limited; existing models and methods often hold to the parent/child focus and demand little of the practitioners in terms of developing a nuanced understanding of routine family life and family practices. There are examples of 'toolkits' and methods that seek to broaden the professional understanding of individual needs and service use within a complex family, or to represent the families' needs and service use in new and imaginative ways. Again, little is known about whether such toolkits can support the nuanced practice being discussed. Despite these various practice and service developments, there is little evidence of the emergence of approaches that seek to understand and work with the family's way of doing family, a gap noted in the earlier review of literature concerned with whole family approaches (Morris *et al.* 2009).

As the analysis indicated a direct consequence of the narrow focus on only part of a child's family life was that professional responses did not always match

need. Families described the value of practical, sensible help that connected families with services and alleviated anxieties (e.g. co-ordinating appointments, providing transport and avoiding placing demands at points of high stress [e.g. pre-school and late evening]) and thus changed the *family* narrative. Again, links can be made here to the earlier work exploring family support services (Grey 2003) and the value of understanding and working with family narratives. Families described not just complex needs but also complex lives, with the inevitable ensuing chaos. The multiplicity of needs and problems meant that simple tasks were difficult and professional interventions that did not display a broader understanding of family life were problematic. Families relished the help that built bridges for them to services, and understood, for example, that missed appointments may be a symptom of need and not simply a cause of problems. Where extended understanding of the family and family life was evident and resulted in engaging more family members in services (e.g. an adult sister joining in parenting classes), families valued this approach. When workers acknowledged and worked with family life, the families described experiencing enhanced support – but also that family roles and practices were being understood and were informing professional responses, which in turn increased the willingness of families to work productively with their key workers.

'They never actually spoke to any of the family before, so yeah, whereas this time you feel like because my sister has been in here and they did ask if she wanted to come, and I asked her and she said she would come, and she inputted in the last . . . not the last one but the one before, she inputted in the meeting and that, and it did, yeah I felt like I didn't have to say everything, and someone like understanding from my side like trying to tell them what I need, so yeah I did feel like, yeah.'

## SUMMARY

Sophisticated assessment that enables family practices to be understood in such a way that informs routine professional practice is an obvious future practice development emerging from the family narratives. Families wanted professionals to understand their realities and had a sense that the fleeting professional visits not only meant they could mask risks but also that the challenges they faced were unrecognized – despite what may often have been intensive input with individual family members. Future practice development should therefore be concerned with how families manage and negotiate their day-to-day reality, with better understandings of family practices where families have multiple and complex needs. Family



practices are not as Morgan notes, necessarily benevolent or benign; families with multiple and complex needs may display family practices that are both helpful and unhelpful to the well-being of children and vulnerable adults. But, by considering families' day-to-day realities using the notion of family practices, a deeper understanding of how services are understood and responded to by families can be developed. As a result, professionals can connect with and respond to these ways of 'doing family' and support change that enables better outcomes for children. This is a challenging requirement for assessment and intervention. Professionals will need to be confident in encountering and working with family groups rather than individuals, and have the necessary theoretical and practice frameworks to develop an extended understanding of 'family'.

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