

## **Child welfare, key worker roles and intensive family support**

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### **What is Intensive Family Support (IFS)?**

There are many approaches to intensive family support, which vary in their child-centred, family focused aims and objectives. In addition distinctions can be made between:

- Mainstream IFS (i.e. routine intensive family casework delivered by social workers) and structured IFS programmes (i.e. structured time-limited family intervention programmes such as Family Nurse Partnerships (FNPs), Family Recovery Programmes (FRPs) or Family Intervention Programmes (FiPs)) (Morris et al 2009).
- Early intervention approaches (i.e. FNPs) and 'later intervention approaches' (IFS can incorporate short-term intensive crisis intervention approaches or longer term multi-agency support targeted at high need families (Davidson et al. 2012).

Some common features of IFS, however, include:

- A dedicated family key worker who, with a relative small caseload, provides family support, family advocacy, case management and lead professional roles – although the scope and nature of these roles can vary (i.e. whole family support);
- Relatively 'intense' provision of family support in UK context (at least 6 hrs a week)
- Some attempt to better tailor, integrate and coordinate support and services (Morris et al 2009)

### **The broader policy and practice context**

There has long been a tension between 'child protection' and 'family support' in the UK. Initial studies into the operation of the Children Act 1989, found that a narrow, investigative, focus on child protection intervention was adopted which often alienated parents (Turnstill and Aldgate 2000). This was compounded by limited investment in universal and targeted early intervention and family support services and initiatives. The 1990s 're-focussing' initiative sought to re-orientate child protection practice more towards a family support orientation, albeit with limited impact, particularly in the context of limited investment in social work, family support and community services (Parton 2014). To some extent developments in intensive family support and family intervention programmes, under the former Labour Governments and current Coalition, have continued to marginalise child abuse and neglect prevention initiatives. Social worker roles have become primarily concerned with needs and risk assessments, Child In Need and Child Protection Plan case management, support and casework for Looked After Children and support for disabled children and parents. Social Care Family Support tends to be short-term and over-prescribed; with social workers making the most of referrals to specialist children's services (Parton 2014). FiPs, under Labour, were targeted primarily at families in which there were youth anti-social behaviour concerns and the 'Troubled Families Initiative' under the Coalition, targeted families with co-occurring problems of school exclusion risks, anti-social behaviour and welfare reliance. The focus on reducing 'welfare dependency', including engagement with children's social care services, has problematic implications for child welfare and child protection interventions – it implies these are a burdensome costs on the state, rather than interventions which seek to safeguard children and young people. However, 'intensive, longer term, multi-agency family support delivered by a highly skilled workforce' has been found to improving parenting, family relationships and circumstances, and child welfare (Long et al 2014, p. 1359). And to some extent there have been some important developments. Post-Laming's Baby P Inquiry, local authorities increased investment in 'edge of care' intensive family support. FNPs have also sought to improve child welfare and health among young children raised by low income young parents. The new Extended Troubled Families Programme further aims to provide intensive key worker family support to children engaged with children's social care.

## **Child Neglect, Intensive Family Support and the Key Worker role**

The latest version of Government child protection guidance, *Working Together*, defines neglect in the following way: “The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.” (HM Government 2013,p.86). It goes on to provide examples of ways in which a child can be subject to neglectful care. Practitioners face many challenges in making judgements about the nature, severity and impact of child neglect. Because the harmful effects on children are often cumulative, resulting overtime in detrimental health and development problems – social care interventions need to be timely, effective and remedial. Children at risk are often growing up in families with multiple, complex and compounding psycho-social and socio-economic problems. If family problems and adversities can be reduced, parenting capacities improved and children’s needs better met, then research studies are providing increasing evidence that intensive, longer term and specialist family support delivered by a dedicated and highly skilled family key worker and lead professional can facilitate these transformative changes, leading to better outcomes and prospects for children and young people within their families (Long et al 2014). Alternatively, when child neglect is severe and parenting capacity/family circumstances fail to reach a ‘good enough’ standard for children - short-term family interventions may improve the quality of decision making about social care and adoption placements. The Rotherham Family Recovery Programme included many features of integrated child protection and family support practice: good links with social workers, good links with health visitors, good links with voluntary services, a wide-ranging key worker role in terms of ‘support, advocacy and challenge’, relationship-based practice, longer-term support, lead professional case management and service coordination, small staff caseloads and staff support, supervision and training.

In our study of the Rotherham FRP several features of the key worker role were emphasised which allowed the FRP to facilitate changes in families where chronic neglect was an issue. These included the key worker being there at times of crisis for the family, the key worker’s intensive support providing a delicate balance of practical support, emotional support and challenge around parenting practices; the key worker being able to access additional financial support for families in some cases (both through one off ‘rewards’ provided by the FRP and in helping families claim all benefits to which they were entitled and manage debts more effectively); and key workers co-ordinating a range of other professionals and effectively challenging them if they were not providing the support agreed in support plans.

The current Troubled Families Programme (TFP), while keeping the same basic structure of family intervention, does not recognise the multi-faceted nature of the key worker role or promote the key features of good practice identified above. While there is a focus on the importance of ‘relationships’ there is little concrete development of what this means and the specialist skills and services required. Perhaps, most problematically, the Troubled Families Programme is based on ‘turning around’ the lives of ‘troubled families’ in a very short periods of time and the construction of a ‘payment by results’ system which encourages local authorities to orientate around easily measurable changes rather than family relationships, child care and parenting. Will this lead to the undermining of the key worker role? Will the impact of intensive family support in addressing chronic neglect be undermined by the short-term focus of the TFP?

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