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The nature and culture of social work with children and families in long-term casework: Findings from a qualitative longitudinal study

Abstract

Social work in the UK is preoccupied with what social workers cannot do due to having limited time to spend with service users. Yet remarkably little research has examined what social workers actually do, especially in long-term relationships. This paper draws from an ethnographic study of two social work departments in England that spent 15 months observing practice and organisational life. Our findings show that social work some of the time has a significant amount of involvement with some service users and the dominant view that relationship-based practice is rarely achieved is in need of some revision. However, families at one research site received a much more substantial, reliable overall service due to the additional input of family support workers and having a stable workforce who had their own desks and were co-located with managers in small team offices. This generated a much more supportive, reflective culture for social workers and service users than at the second site, a large open plan 'hot-desking' office. Drawing on relational, systemic and complexity theories the paper shows how the nature of what social workers do and culture of practice are shaped by the interaction between available services, office designs, and practitioners', managers' and service users' experiences of relating together.

Key words: Child protection. Home visits. Organisational culture. Social Work. Children and Families. Family Support. Ethnography

For a profession to understand itself - and to be able to explain itself to others - it should be able to set out its aims, everyday routines, practices and their effects. Knowledge that counselling and psychotherapy sessions last 50 minutes, and that they go on in the setting of the consulting room, is central to the very definition of what those professions are and provide. However, while social work is well informed by professional ethics and methods (Payne, 2016), in the UK at least it is unable to give a similar account of itself because it has no equivalent knowledge base about what practitioners actually do. Narratives about social work in the UK are preoccupied with what social workers *cannot* do, because high caseloads, extensive case recording and tight timescales for completion of work limit contact with service users (Broadhurst et al 2010; Munro, 2011). The dominant impression given is that service delivery is based on following procedures (Department for Education, 2015) rather than assessed need and that social workers are usually only able to meet the statutory requirements to visit children and families on child protection plans to a minimum standard of at least once a month. Yet little research has been done that examines the core practices of social work, especially in long-term work, such as how frequently service users are seen, where and for how long they are seen, and the effects these practices and relationships have. The aim of this paper is to contribute to filling this gap in knowledge by presenting the findings from a qualitative longitudinal study of social work and child protection practice.

Fifteen months were spent doing ethnographic research on two sites in different parts of England, observing practice and organisational life. At one site, which we will refer to as the 'small team office', social workers were co-located with their team managers and family support workers in small rooms and all had their own desks. At the other site, the 'hot-desking office', staff did not have an allocated

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desk, team managers were located in a separate room and the family support service was located in another building. The central research questions were, how do social workers begin, develop and sustain relationships with children and families over the longer-term, or not do so? And what is the influence of organisational cultures, office designs and forms of staff support and supervision on social workers and their relationships with children and families? This paper presents findings that relate to both those questions. It will be shown that the dominant view of social work as rarely achieving relationship-based practice is in need of some revision. Social workers at both sites did broadly similar amounts and types of work with families and with some families this was a lot more than the statutory requirement. However, the level of the overall social care service (rather than just social work) provided at the small team office was significantly greater than at the hot-desking office. The organisational and practice cultures, the nature of help provided for families and levels of job satisfaction and staff turnover differed significantly between the two sites. Drawing on relational, systemic and complexity theories (Munro, 2005; Ruch, et al, 2018; Urry, 2003), the paper shows that the making of social work practice and organisational culture is a product of the interplay between the availability of social work and family support services, the physical design of offices and proximity of managers to social workers and the effect practitioners and service users experiences of relating together have on the organisation.

After reviewing the literature and outlining the methodology of the study, the paper sets out the findings concerning the nature and frequency of contact between social care and families. We then analyse similarities and differences in the practice of the two social work departments and explain and conceptualise the variations between them.

Researching practice and long-term relationships in social work

Several valuable ethnographic studies of social work have explored what social workers do by focusing on the office environment and raised concerns about how the demands of 'paperwork', high caseloads, managerial targets and preoccupation with audit reduces the time available to do face to face work with service users (Broadhurst et al., 2009; Leigh, 2017; Jeyasingham, 2016; Saltiel, 2016.) The changing nature of work environments is evident in the estimate that 60% of social workers in England are now working in hot-desking environments without an allocated desk of their own and have to sit wherever is available on the day, typically in large call centre type environments (Social Lives, 2016). Jeyasingham's work (2016; 2018) is particularly important in showing the potentially isolating and stressful effects of hot-desking and 'agile' working in child protection, due to the increasing separation of practitioners from each other, but also how some staff experience this office design as providing some pleasure, convenience and freedom. Team identity has been shown to be fostered more effectively through assigned desks, rather than open plan offices and 'agile' working (Halford, 2004).

Glisson and Hemmelgarn's (1998) pioneering work found evidence that organizational climate, by which they mean the attitudes shared by employees about their work environment (p.404), is a major predictor of the quality and outcomes of children's services. Many social work agencies in the U.K. have engaged in strategic attempts to redesign their organisational structures, culture and ways of delivering services, several under a government funded 'innovation programme' and researchers are increasingly placing organizational issues centre stage (Sebba, Luke, McNeish, and Rees, 2017). Antonopoulou, Killian and Forrester (2017) explored the links between the wider organizational restructuring of social work and employee stress and work engagement in child protection services in five local authorities across the United Kingdom with different organisational designs. Low stress levels

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were related to workers having a sense of job clarity and control and being provided with the necessary administrative and social support by their managers and their peers to deal effectively with their daily job pressures. Forrester et al (2013) examined the connection between organisational structures and systems and what occurs in practice with families and found that an organisational design where practitioners and managers were co-located in small 'units' of staff who had shared knowledge of cases, managers did some casework and acted as case 'consultants' and admin workers reduced bureaucratic demands on social workers enabled a more supportive environment for staff and for families. This has led Antonopoulou, Forrester and colleagues to conceptualize organizational support as a framework of nine key organizational prerequisites for enabling practice, i.e. 'the things the organization had to do to allow workers to get on with the job' (Forrester, et al, 2013, p. 107; Antonopoulou et al, 2017). This paper develops the insights from the above studies by focusing on finding out what the 'job' entails and how social workers carry it out with service users. Forrester et al's (2013) methodology, like that of Wilkins and Whittaker (2018), did involve some observation of direct social work practice with families, but what research has not investigated in a sustained way is the effects of office designs and other organisational factors on relationships and actual practice with service users, especially in long-term casework. Our findings extend the boundaries of knowledge even further than that by showing how organisational routines and culture are also made from practice and the effects of social workers having resources like family support to draw on and co-working with colleagues and their managers.

Our study was the first to use participant observation to inquire into long-term social work practice and relationships. By also focusing on organizational routines and cultures and their effects on practice, sought to break new ground by connecting the ways in which the experiences and spaces of home, office and practice intermingle to shape child protection practice. So we chose research sites that had different office designs: at the hot-desking organisation /office (HDO) 60 staff were all accommodated together in the same large room, organised into teams of six to eight social workers, a team manager and admin officer. Staff did not have an allocated desk, there was no on-site family support service and social work team managers were located in a separate room. In the the small team organisation /office (STO) staff were organised into units of two or three social workers who were co-located with their team manager, an administrator and a family support worker in small rooms and all had their own allocated desks.

During the 15 months of fieldwork we conducted in these two Local Authorities in England we were based in long-term social work teams whose primary role was child protection. Encounters between service users and practitioners were observed, and audio-recorded. Social workers were interviewed prior to and after the encounters – most often in the car on the way there and back. We also observed how social workers and managers worked and interacted in their offices, including in supervision. We spent the first three months building the sample of 30 child protection cases (15 at each site) that were then followed for as long as social work were involved for up to 12 months. Twelve of the 30 sample cases stayed open and were shadowed for the full 12 months, two for 11 and a total of 28 for at least six months. This provided a sample size that was big enough to include a broad range of cases and small enough to enable the depth of qualitative inquiry over time that was needed. This enabled us to draw out how relationships were made, or not, and the processes of 'change in the making' (Neale, 2019), or its absence. We also sought to interview at least one parent in each of the 30 cases

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up to three times over the year. A case study method provided a way of capturing what happened over time by assembling all the data that had been gathered on each family/case into a chronological narrative. We also gathered data from casefiles on total amounts of work done with families over the year and discovered that practitioners do not record the amount of time they spend with children and families on home visits, or elsewhere. So observing practice proved even more vital than anticipated because it revealed how much time was spent with service users.

In total, the research observed 271 encounters between social care staff and service users, of which 146 were home visits. 54 staff supervisions were also observed and 54 interviews took place with families. The data was inputted into QSR NVivo 11 software, coded, and thematic analysis and standard techniques of constant comparison were used to produce findings (Bryman, 2012). The research was ethically approved by the social work agencies who took part and the ethics committees of the participating universities. Professionals and families were only shadowed and interviewed if they gave informed consent. In the cases referred to in what follows details have been changed to protect the anonymity of the families, professionals and the sites.

In collecting and analysing the data we drew on relational, systemic and complexity theories (Munro, 2005; Ruch, et al, 2018; Urry, 2003), which oriented us to how the nature of social work practice and organisational cultures cannot be reduced to single influences, such as whether or not staff have desks of their own. We follow Munro's argument that child protection is best understood as a 'systems' phenomenon in how 'Judgement and decision-making in child protection are best seen not as discrete acts performed by individuals in isolation but as part of a constant stream of activity, often spread across groups, and located within an organizational culture that limits their activities, sets up rewards and punishments, provides resources, and defines goals that are sometimes inconsistent' (Munro, 2005, p.382). Through adopting an ethnographic, longitudinal and comparative approach we tried to capture the complexity of these 'streams of activity' and how they were spread across groups – such as social work and family support services – and roles - such as managers and front-line workers. This involves being open to how organisations and practices are not just created by governments, policies and managers from the top down but also by the actions of practitioners and service users from the 'bottom up'. This means understanding social work in term of the countless 'iterations' of practice that go on and in the complexity of the relationships between them that lead particular organisations, systems, offices, and cases to flow in particular directions and take recognisable cultural forms (cf, Urry, 2003, pp.47-8).

Findings: Organisational structures

While we chose the sites because we knew they were organised differently in terms of office designs, we had limited other knowledge of what they were like, so we will begin by presenting some findings about organisational structures and cultures. At the STO referral and initial assessment was done from another building and social workers picked up new cases that were referred into them, while also holding cases they worked with for months and even years. At the HDO site while the 60 or so social workers in the large room did not have an officially allocated desk because they were supposed to be hot desking, our observations showed that the majority sat in the same place every day and effectively claimed a desk. They were organised into a number of smaller and specialised social work teams: a 'safeguarding hub', 10-day assessment team, 35 day assessment team, long-term team, a court team and a looked after children's team, each designed to work with families within specific timeframes and defined tasks. There were tensions at case transition points between all teams and in both sites we observed multiple examples of push back against new referrals via discussions of thresholds (see

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also Platt, 2006). This meant that at the HDO site changes of social worker were built into the system, meaning that if families did meet the threshold for the long-term child protection team they arrived there having already had a minimum of three previous social workers. This required families to repeatedly disclose often difficult information, adapt to changing perceptions of risk and requirements for change and to build relationships and trust with multiple workers. In contrast, at the STO once families were referred by the assessment hub into the long-term team the social worker was usually the second to be involved and they remained with the family throughout their journey through the system. Although not without its own challenges, the STO system limited repetition and did not systemically inhibit the building of relationships and trust between families and workers.

The two organisations also had very different structures of additional professional support built into them. In the HDO admin support officer role was created to provide family support to families. We found however that what they actually did was only admin, such as organising meetings and booking rooms and they did not do any casework with families. There was a specialised family support team that was located in another building, who only undertook specific, time-limited pieces of intense work. and their threshold for accepting referrals was incredibly high and most requests were denied. Moreover, the location of social and family support workers in different buildings inhibited opportunities for informal reflections and case discussions. At the STO site not only were the family support workers co-located in team rooms alongside social workers, team managers and admin staff, they could also call on an external intensive family support service in high risk cases that could if needed visit families daily. This resulted in differences in how children and families were worked with and created distinct organisational cultures. We found a remarkable difference in the retention of social workers at the two sites. During the 15-months of fieldwork 42 social workers left the HDO, compared to only five in the STO. This very high turnover of staff meant that eight out of the 15 families we observed at the HDO had between two and five changes of worker during their time in the long-term child protection team, which was on top of the minimum of three social workers they had before entering the long-term team.

What social workers do in long-term casework

During the 12 months we shadowed the 15 cases at each site, the STO did considerably more casework than the HDO: 617 interactions with families compared to 371 – 60% more (See Tables 1 and 2). A great deal of this difference is accounted for by the family support services provided by the STO. When only the activities that social workers undertook are included, they carried out 201 home visits at STO and 189 home visits at HDO. The HDO used the office slightly more as a site of practice (32 times) than the STO (25), while their use of case conferences and core groups that included family members was similar. The HDO saw children in schools (39) more often than STO (9), in part because a lot of school visits were done in one HDO case in particular. Generally, workers liked to see the children on some occasions away from their families and home. The key overall finding here is that when all the places where social workers saw children and families are counted, over the year their contact with children and families was almost exactly the same, but when family support work is factored in families at the STO generally got a much more substantial service.

[INSERT TABLES 1 AND 2]

In the STO site seven of the 15 sample families received either input from the family support workers employed by the local authority, or from the separate intensive family support service, while some families received both – in addition to social work. In contrast, just one family in the HDO received any family support service. Social workers in the STO almost certainly did fewer visits because family

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support services were also visiting. In some cases they purposefully alternated their visits, while sometimes they visited together, particularly when it was anticipated to be a complex or potentially dangerous encounter. While the availability of family support workers relieved the workloads of social workers at the STO to some extent, they had more to do because they kept on cases where children were taken into care, whereas the HDO did not. The STO did 27 visits to children in care over the year, compared to 4 at HDO and many more parenting assessments. While the rhythm of visiting varied depending upon the situation and need, the data suggests that generally in high risk or complex need cases social workers saw children and families on average every two weeks, and in some cases weekly.

Tables 1 and 2 represent the activities carried out by social care in a manner that enables recognition of the variety of work that is done and the different purposes of interactions with children and families. For example, parenting assessments may have some therapeutic impact but their primary purpose is to assess capacity to care for children. They could have been included in a global category of 'home visits' but we have separated them to make visible the distinct activities undertaken. This means that the category of 'home visits' does not merely represent activities that took place in family homes but is used as social workers in the study mostly did, to refer to encounters in domestic spaces that had an intent to establish the safety and well-being of children and work with parents and other carers to create change. The family home emerged as by the key location where social work and family support work are carried out. The home visit is by far the most significant methodology used in long-term child protection social care work, accounting for just over half (51%) of all kinds of encounters between workers and families. The next most frequent interactions were at case conferences and multi-agency 'core groups' (14%), meetings with families in the office (8%), and visits to schools and nurseries (6%). Overall, 78% of interactions between social workers and families involved visits to the home or other places, while 22% of interactions were at formal meetings in office type settings. These figures were remarkably similar across the sites, 80% and 20% in the HDO and 77% and 23% in the STO.

The length of individual home visits varied from case to case and often differed from week to week, month to month, depending on the purpose of the encounter, usually falling between 28 minutes and an hour (see Tables 1 and 2). When calculated as an overall average, social workers' home visits at both sites lasted exactly the same amount of time: 42 minutes per home visit. While once again we acknowledge that this is a small sample, it does provide the first systematic information on the amounts of time social workers spend with children and families both on individual encounters and in the frequency with which they relate together over time and where those encounters go on.

Social work in practice

We will now illustrate how these organisational dynamics, cultures and casework appeared in practice by providing a typical example from each research site. At the STO, the Fisher family had 68 interactions with children's social care over the course of the year: 21 home visits by social workers, 37 home visits by family support workers, two child protection conferences and multi-agency 'Core Group' meetings. Of these, the research observed eight home visits, two conferences, one Core Group and the mother, 'Beverley', was interviewed once. The family had been known to social care on and off for many years due to drug abuse, domestic abuse, 'chaotic' home conditions and child neglect. A few months before the research began the two children were almost taken into care, but with help from addiction services as well as social care Beverley managed to stop taking drugs. Over the course of the year we observed a relationship between Beverley and social care that was generally cooperative, but there were occasional outbursts from Beverley when she got to

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the end of her tether with life and felt overwhelmed with too much professional involvement. If she was being challenged about possibly taking drugs, or not being allowed to see relatives who were deemed too risky by social care, Beverley got angry. Children's social care showed their trustworthiness and reliability by always going back and trying to understand and empathise with her. Home visits to the Fishers lasted an average of 38 minutes and on all of the eight home visits we observed the social workers and family support worker immersed themselves in Beverley's and the children's lives. They helped her with housework, child care and to learn parenting skills, gave her lifts in their cars to appointments and contacted agencies like housing and benefits on her behalf. When interviewed at the end of the fieldwork the social worker said: 'The practical stuff is important to Beverley because she doesn't get it from her family.' They listened to her and helped her process her guilt, shame and other feelings about the past and present. They regularly related to all the children, using play as well as talk, and touch, including holding the baby. At the time of the case conference in month nine of the case being shadowed Beverley had been drug free for a year and the Chair called it a 'magic moment' and told her to be proud. The children came off the child protection plan. When interviewed for the research in month 5 Gemma said of social care: 'they're supportive and very helpful. And like I said, they helped change my life really for the better. And my kids are happy. My kids are a lot happier.'

Because the family support worker, social worker and team manager shared the same small team office they were often observed having impromptu discussions about the case. At one of these half way through the year they came to recognize differences in how they saw things. The family support worker had been feeling depressed about the family and said she felt 'dreadful' when she leaves the home because she is so worried, although she cannot put her finger on what it is that is distressing her so. This raised anxiety in the social worker that she doesn't have the same level of concern and thinks she is probably missing something. The social worker wonders whether because she has worked with Beverley for a very long time and has a good relationship with her, if her 'good enough' has been distorted by how serious the family problems were before, but feels that things have improved a lot. The family support worker questioned whether she over-identifies with the family and stressed how she feels 'sad, helpless and hopeless – worried that it's just teetering on the edge' and that Beverley is only just coping and there is little left for the children. All three of them talk about 'instinct', a kind of a 'sense' of how things are in families. The discussion seemed to help them to realise that the sadness, helplessness and hopelessness they were feeling were probably Beverley's feelings that she had projected into them. The team manager suggested the social worker and family support worker do a joint visit and then take some time to reflect on what they have seen, which they did that same day. She tells them to keep discussing it and acknowledging how they are feeling and also offered to do a joint visit with them if this would help.

While this level of reflection was by no means achieved in every case and although family support workers were only involved in some cases, it typifies the culture of the STO and the gains in having family support workers, social workers and team managers physically working so closely together. At the HDO site, because there were no on-site family support workers and virtually none off-site either, nearly all of the face to face work with families was undertaken by the social workers. The Singh family had 51 interactions with their social worker over the course of the year: 28 on home visits, 3 at case conferences, 6 core group multi-agency meetings, 7 visits to the office (father only) and 7 school visits by the social worker. Of these, the research team observed: 5 home visits, 2 office visits, 2 core group meetings and a case conference. The concerns surrounded domestic abuse by the father and its effects on the three children (aged 9, 7 and 4). The parents had moved from India and initially the mother, Shirin, did not want anything to be done about her husband's abuse of her due to his coercive control and expectations that the man is the head of the home. The social worker devoted a lot of

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time to the family, her regular home visits lasting an average of 75 minutes. Through this regular visiting pattern and a challenging but empathetic approach the social worker built a relationship of trust with Shirin, who disclosed more and more about the father's abuse, poor mental health, gambling addiction and heavy drinking. He moved out of the family home in month one and the social worker met with him regularly at the office, doing work around gender roles and the effects of his behaviour on his wife and children. The work she did with Shirin focused on her safety, healthy relationships and the effects of witnessing domestic abuse on children. When she saw them on their own (usually in school), the children repeatedly told her they did not want their father to return home, which the social worker shared with Shirin. By month 7 the mother's confidence had grown to the extent that she got a part-time job and she now accepted that her husband's abuse of her was harming the children. In month 9 when interviewed for the research Shirin said she was "very nervous when [social worker] arrived, we had a problem to sort out, she's good, always helping. We are happy with her. She teaches me how to help the kids". In month 10 the parents briefly trialled getting back together (while living apart) and as a result the child protection plan was extended. Shortly after, Shirin decided that she did not want to resume the relationship, but she was keen for the father to maintain a relationship with the children.

The social worker undertook all this work on her own, but did discuss it with her manager in monthly supervisions. She was initially based in a team of workers who connected well together, but during month three was moved to another team. She liked the original desk she had claimed in the hot-desking environment, so did not move to where the rest of her new team sat. During our extensive observations we did not see the social worker having any discussions about this case with other workers. While this social worker – like others in the study - developed meaningful relationships with some families that made a difference, by month seven she was really struggling with the pressure of her job and only remained at the office because she liked her manager. She stayed for another year and then left. This typifies our finding that social workers at this hot-desking site did some meaningful relational work, but due to the highly individualised way in which the work was done and the fragmented and individualistic organisational culture, this was rarely sustainable over the long term. The longest any worker had stayed at this office was 5 years; most left within a year and we saw several agency workers walk out after a day. At the STO meanwhile, most social workers had worked there for at least five years and some for between 10 and 20 years.

Discussion This paper has sought to contribute to filling the gap in knowledge about social work's core practices, by providing original data on where long-term social work is done, how long social work encounters last, and the kinds of relationships and organisational cultures that both shape and arise from this work. The study has limitations. The samples are small, which was necessary to enable us to gather and manage the large amount of detailed data such longitudinal ethnographic research requires. Future research could choose to incorporate larger samples of cases by reducing the numbers of observations of office interactions and encounters with service users, but this would compromise the depth of the data gathered. Research based solely on a large sample of case-files of long-term cases would produce valuable insights into the regularity of contact with families, but would also sacrifice acquiring deeper knowledge about organisational climate, culture and how practice is performed and experienced. Comparisons between the two research sites are in some respects quite crude in that the cases at each site are not all alike. Yet the findings do reveal some significant similarities and differences that enable us to reach some broader conclusions about the nature and culture of social work.

Social workers at both sites did similar types of relational work with families, the home was the key place where children and families were seen, they visited them at least once every two weeks and

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sometimes more, and typical visits lasted around 42 minutes. However, families in the STO received 60 per cent more of the broader social care service than at the HDO, largely due to the significant input of family support work there. This means that the weight of responsibility on social workers was greater and more individualised at the HDO because, while elements of risk assessment and management were shared by other professionals, social workers largely worked with families on their own. The pressure this brought was a factor in why so many social work staff left the HDO site.

At the STO on the other hand, because social workers were co-located with their team manager and family support workers and in high risk cases also could call upon other intensive family support services, this created a shared experience of working together with families. While it was a scarce resource, social workers knew that the option was there to visit jointly with their family support colleague should they need the help. This generated a supportive culture for social workers as well as families. Having a co-worker also meant that the families and the workers' experiences of working with them were regularly discussed, which we witnessed happening continually in the small team offices, generating a culture of reflection and on-going dialogue about the work. And because team managers also shared the small room, they were constantly engaged in discussions and giving 'live' supervisory support. However, this model should not be idealised. It brought challenges, such as some workers feeling that being constantly visible to their managers was sometimes uncomfortable and the latter sometimes felt hemmed in because they had no space away from their staff. While we saw social workers at the HDO site sometimes talking about their cases with colleagues and managers, generally levels of dialogue and thinking together about the families and the work were lower. This was a product of the lack of intimacy imposed by the large call centre type room, hot-desking (and when they did claim a desk whether it was actually located with their team) and the distant location of the team managers in a different room. Viewed as a complex system (Urry, 2003), this shows how social work and child protection and the culture of individual teams and offices are made through the interactions between organisational structures, policies, office designs, practice models, workers' knowledge and skills and service users actions. These findings are supported by other research that found that while individual factors (like worker's skill levels) contribute to the development of resilience and burnout in child protection social work, organizational factors are major predictors of staff retention and turnover and that generally smaller teams work better (Antonopoulou et al, 2017, p. 44). But we have gone further by showing how culture is also made from the 'bottom up', or at the 'front-line', in how the availability of resources such as family support services, social workers co-working with such colleagues and the proximity of managers makes a vital contribution to how reflective, sustaining and effective organisational cultures are.

Conclusion

These findings both confirm and disrupt the existing social work knowledge base. They challenge the dominant impression given in the literature that due to a managerial and audit culture social workers generally are only able to visit children and families as often as statutory procedures permit - about once a month. As has been shown, at both sites visits and other meetings were in some cases much more regular than prescribed by statutory rules, and their frequency was set between the social worker, manager and often the family, according to how often it was thought they were needed and the average was every two weeks. This should not be taken to mean that this occurs for all families all of the time when the need for it is established. Both sites were significantly affected by the audit culture and the austerity measures and budget cuts local authorities across the UK were experiencing and the social work departments were under huge pressure to prioritise cases and it was not possible to provide the same level of contact and high support to all the families who needed it. These findings support the argument that how services are provided needs to be rethought and shifted to a more

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social model of child protection, which have family support services at their heart (Featherstone, et al, 2018). In some long-term cases we observed, the child and family only received one visit a month and this was intentional, planned and acceptable to the family. But in some others where this low level of involvement occurred it was not well thought out or intentional, but was reactive and a consequence of workers losing sight of families due to pressure of work, their distance from the office, workers going off sick or leaving and delay in transferring the case, or avoidance of the family because they did not want involvement or were difficult to work with. This fits with Jeyasingham's ethnographic study of an 'agile' social work team that found they spent significant periods working outside the office, in cafes, cars and their own homes, yet there was 'no evidence of social workers engaging in more community-oriented work, working in places that made them more accessible to families, using a wider range of communication strategies with children and their families or even just spending more time with them' (Jeyasingham, 2018, p.15). However, that valuable study, like so many others, did not observe practice with service users. Our observational and other data has shown that decisions to see families regularly were not simply influenced by office designs or crude external performance indicators. Drawing on relational, systemic and complexity theories the paper has argued that the creation of organisational cultures and how social work is done are not reducible to single influences. When meaningful long-term social work goes on, how it is delivered and experienced and the culture of the organisation varies and is shaped by the interaction between the presence or absence of resources like family support, office and service design and practitioners', managers' and service users' experiences of practice. Social workers' experience of working relationally with families and colleagues makes a vital contribution to the culture of the organisation, how reflective and helpful it is, how much individual responsibility social workers carry for sustaining relationships and creating change and how well supported workers as well as families feel.

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