

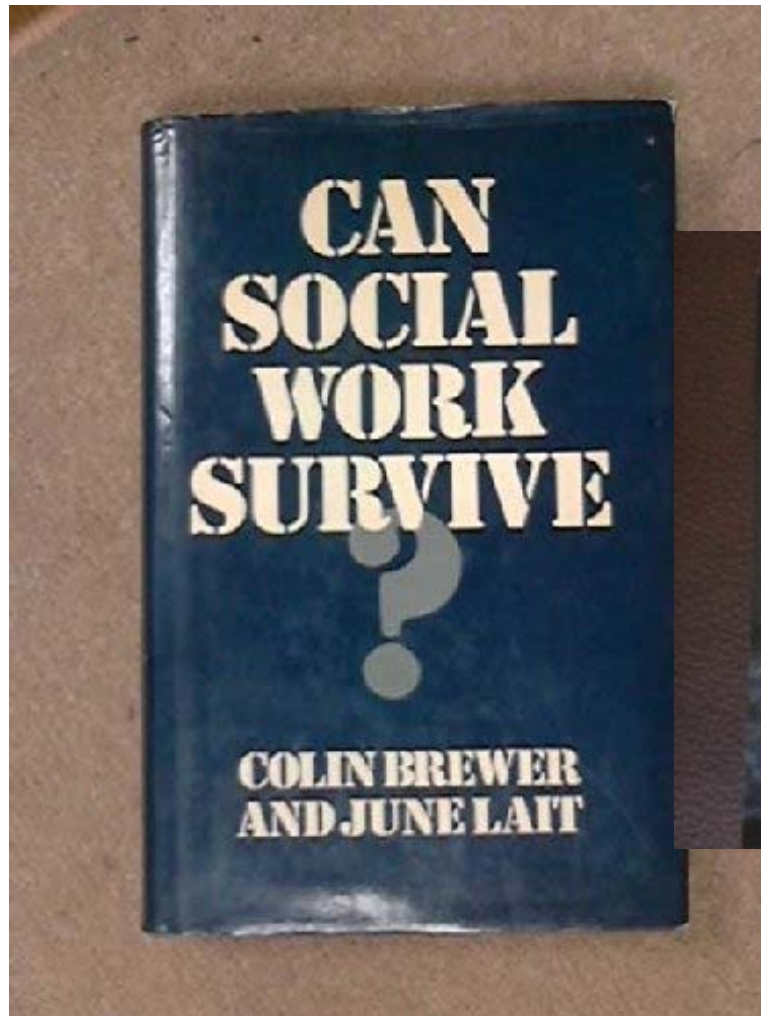
Putting the *social* back into work with families. Where did the relationships go?

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# Can we think differently by looking back....?

[W]hat the Seebohm Committee want is that these different services shall be amalgamated into one. They want this for the sake of every household: not only the families with children, but the childless couples, and individuals, often old people living on their own. As the family or household is one, so they maintain that the social services designed to meet its needs should be one... I think there is compelling force in the decision of the Committee to recommend that this new, unified family social service should be the responsibility of the local authorities. They are much nearer to the family needs and requirements than some remote area-based board selected and directed from Whitehall could possibly be. We want personal decisions and actions taken by committee members and officers and field workers who live on the spot, or near enough to it to be in touch. We want to avoid long-range examination of impersonal paper problems, and instead to have human contacts which will convey the human's needs.

1980 water under the bridge....



Brewer and Lait 1980

‘we conclude that social work is currently in such a muddle and is so confused about its functions...that the situation merits an urgent and energetic enquiry... (p10)

Remedy: ‘Science’ (Brewer) or common-sense (Lait)

Current settlement: (prevention) SCIENCE  
(dominated by drug metaphor and economics)  
dislocation in space and place and challenges in  
providing ordinary help

If we want to make services **work for families**, we need to stop looking in the wrong places! Three potential sources of severed relational practice

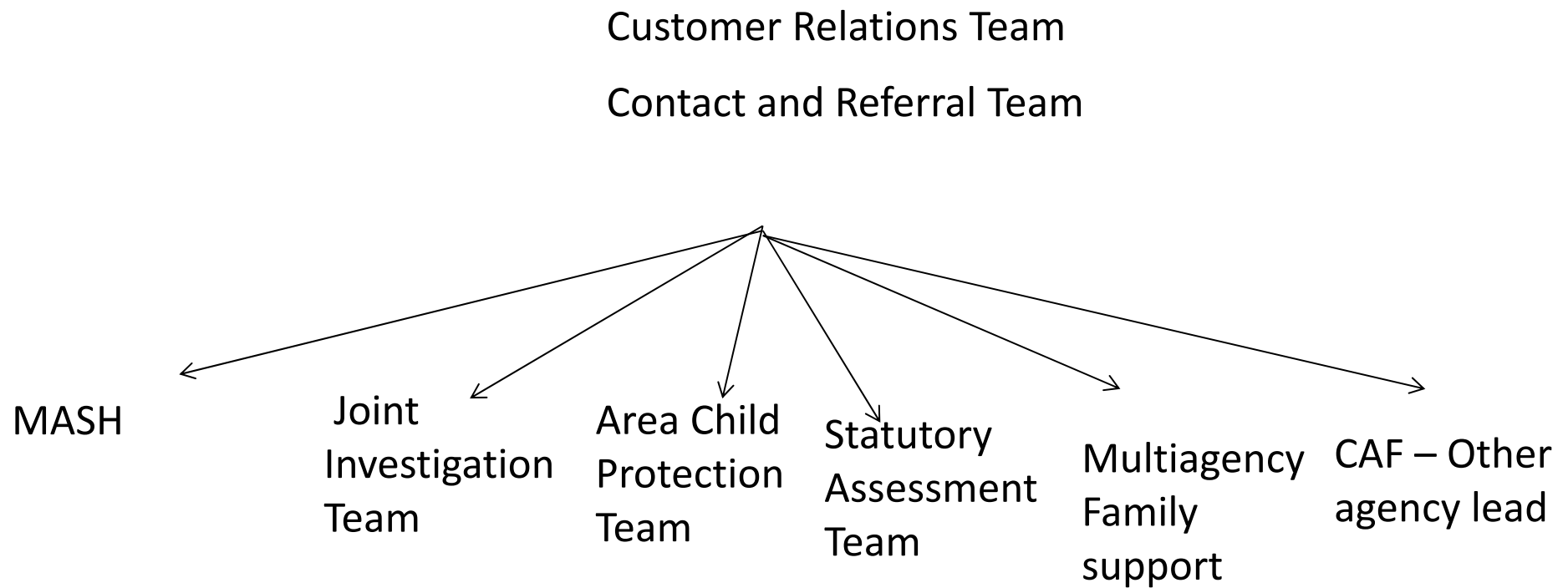
3 examples

Systems

Evidence

Expertise

# Family complexity meets service complication



# Knowledge sharing in complex organisations

Social hierarchy, accessibility, psychological safety and trust

Knowledge is both **‘slippery’** (difficult to codify) and **‘sticky’** (difficult to share across cultural or institutional barriers)

**This will not respond to simple exhortations to ‘share information’**

**Jigsaw practices, or spiders’ webs?**



# Complicated systems take us away from what families want and need...

## **Families' top five priorities**

- Compassion and understanding
- A team that joins up services for children with services for parents and that provides support if and when needed.
- Services developed in our local community which are available for when families ask for help e.g. using older experienced members of the community to “foster” and support the whole family unit rather than children being taken into foster care.
- To NOT have to live in fear of having our children taken away. We need honesty and clarity about what needs to change in order to keep our children safe and the right help to make these changes
- An honest and equal trusting relationship with one main professional.

**The good news is that what professionals say they want is quite compatible with this...**

Katrina Robson, Alison Tooby & Robbie Duschinsky **Love Barrow Families:  
A Case Study of Transforming Public Services**



So, that's about systems....

What about the distancing effects of evidence  
and expertise?

Let's take a look....

# Expertise, Evidence and Research

Ethical engagement with the professional task involves two primary imperatives:

1. 'do no harm'
2. 'do some good'.

These have been joined increasingly by a third 'show you've done some good' and a fourth 'show how much it cost'!

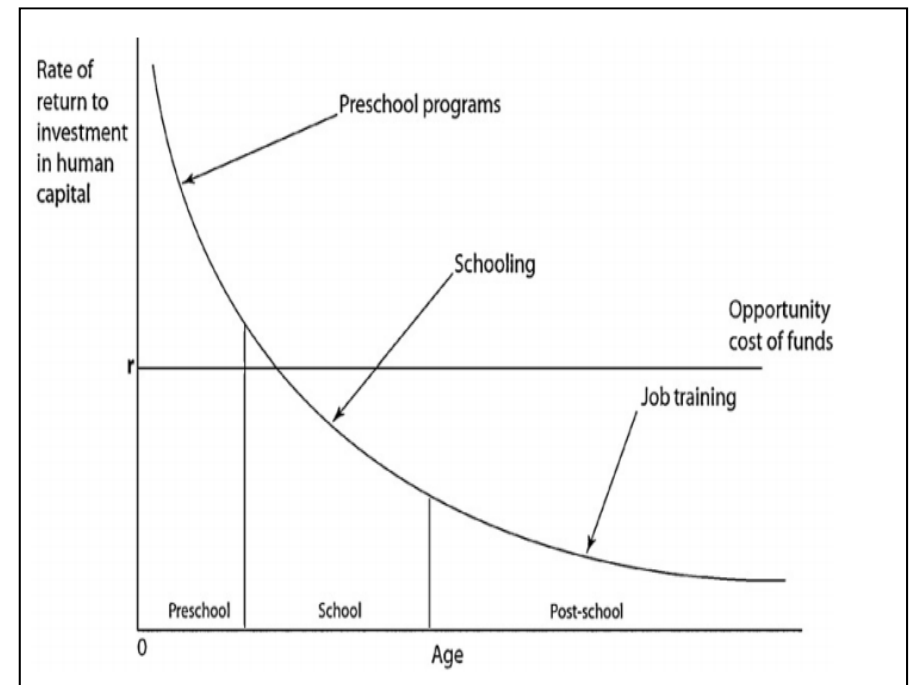
# Tyranny of Economics...

‘Like many UK Early Intervention programmes, Nottingham Life Skills has been evaluated many times, always with promising results, but it will need to use a method, such as **randomised controlled trial**, to meet the standards of evidence used in my review, devised by internationally renowned practitioners such as Delbert Elliott and Steve Aos.... This evaluation would produce the specific estimate of impact on children’s social and emotional health that is fundamental to the kind of economic analysis required for public and private sectors to feel confident about investing. **What the Nottingham Life Skills programme currently lacks, in common with many other excellent UK-designed Early Intervention programmes, is an ‘effect size’, which the economists can plug into their models used in advising investors about where to get the best return of their scarce resources** (Allen, 2011: 77)’

# Who decides which outcomes count & at what point?

With money, parental supervision improved and there was greater parental engagement. In this natural experiment, income improved parenting, but it was the changes in parenting that reduced disruptive behaviour (Heckman 2013:26)

**‘We should not repeat the mistakes of the war on poverty’**



# The problem with modest effects...

*[A]n assessment against standards of evidence of the quality and weight of evidence of impact for interventions cited in this review is ongoing as part of the work of the EIF Evidence Panel, so it is not possible in this report to give interventions a firm rating. Instead, a simple distinction has been made between interventions with comparison group study evidence of impact and those with formative evidence of impact from pre-post studies or other non-comparison group methods (Dartington Social Research Unit, 2015, p107).*

# A cautionary note on ACEs

There are diverse ways in which we can respond as a society to children's needs

Legitimate clinical concerns with prevention and treatment lead to investigation of neuro-biological explanations with the hope of improved efficacy

But.... In a policy context some consequences may ensue from translating findings from laboratory science into policy and practice

Some research is more likely to get funded than others e.g. mothering and infant stress response – HPA axis (170,000 hits on Google scholar)

Technical vocabularies obscure moral debate...We might need to attend to where ideas come from and where they might go...



# Policy translation...

Broer and Pickersgill (2015), interviewed policy makers in Scotland. Opinion formers use science to give authority to policies which they feel are politically and morally right:

*Well you know, if you tell a society that the way in which they nurture children changes the way their brains develop, and you show them pictures that corroborate that, it's pretty compelling. No one wants to damage a child's brain, or to deny a child the opportunity to develop their brain properly. It's emotive, and it's powerful (p 55)*

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FrameWorks Institute


frameworksinstitute.org/early-childhood-development-and-adversity.html

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Early Childhood Development and Adversity

The FrameWorks Institute has expanded its longstanding work on children's issues with new projects in the United Kingdom on early childhood development and adversity. In collaboration with the UK's foremost child welfare charity, the National Society for the Prevention of Cruelty to Children (NSPCC), FrameWorks has conducted research to identify how the public thinks about child abuse and neglect and what reframing strategies hold the best potential for deepening public appreciation for solutions to these issues. Additional research, funded by the Big Lottery Fund as part of the A Better Start Initiative and conducted in partnership with the Dartington Social Research Unit, has focused on developing effective strategies for framing the ways that adverse experiences affect child development.



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\*\*NEW\*\* Communicating Connections: Framing the Relationship Between Social Drivers,

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# All the cards are ACEs

The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up. ACEs range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration). A Blackburn with Darwen study found that almost half (47%) of adults across the Borough have suffered at least one ACE, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs. The study has shown that the more ACEs individuals experience in childhood, the greater their risk of a wide range of health-harming behaviours and diseases as an adult... **ACEs can therefore have a negative impact on development in childhood and this can in turn give rise to harmful behaviours, social issues and health problems in adulthood.** There is now a great deal of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body's system for defending against diseases. The more ACEs a child experiences, the greater the chance of health and/or social problems in later life. <https://www.blackburn.gov.uk/Pages/aces.aspx>

# May be applied benignly....

“The presence of caring adults and stable environments are a necessary component for a child’s healthy development and for building resilience. Safe, stable, nurturing relationships between children and their parents or caregivers act as a buffer against the effects of toxic stress and other ACEs. **In fact, research is now showing that the presence of supportive relationships is more critical than the absence of ACEs in promoting well-being.** If parents are struggling, other adults – like teachers or coaches – can be present to provide the safe, stable, nurturing relationships that a child needs. **We can also invest in supports and promote policies that strengthen families and set them up for future success.**” Page 11

<http://onecaringadult.co/wp-content/uploads/2016/08/Facilitators-Guide.pdf>

But this is not necessarily the direction of travel.

# Metaphors of toxicity and disease have a history...

‘The proper care of children deprived of a normal home life can now be seen to be not merely an act of common humanity, but to be essential for the mental and social welfare of a community. For if their care is neglected... they grow up to reproduce themselves. **Deprived children, whether in their own homes or out of them, are the source of social infection as real and serious as are carriers of diphtheria and typhoid**’ (Ainsworth, 1965: 239)

‘Toxic Trio’

# Poverty does not cause neglect but....

Currently in the UK, adverse environments faced by children and mothers include:

- **Poverty - nearly one in three children growing up in poverty**, with consequences for their education and health, nutrition, and housing (Child Poverty Action Group: <http://www.cpag.org.uk/child-poverty-facts-and-figures>)
- **Hunger** - just under half of the rising number of emergency food supplies distributed by food banks went to just under a quarter of a million children (Trussell Trust: <https://www.trusselltrust.org/news-and-blog/latest-stats/mid-year-stats/>)
- **Inadequate housing** – over a million and a half children living in housing that is overcrowded, temporary or run down (Shelter: [http://england.shelter.org.uk/campaigns\\_/why\\_we\\_campaign/supporting\\_families\\_and\\_children](http://england.shelter.org.uk/campaigns_/why_we_campaign/supporting_families_and_children)), with homeless families with children often placed in insecure, unsuitable temporary accommodation (House of Commons Briefing Paper: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN02110>)

- Are the neurological and molecular levels necessarily the most appropriate to guide the actions of the State in relation to potentially large numbers of families/children?
- They may lead policy in the direction of fixing people, not helping them to keep going, or building communities or alleviating adverse environments.
- 'Normal range' is potentially under threat, with more and more of the ups and downs of life, its stresses, sorrows and disappointments potentially being deemed 'suboptimal'.
- The current direction of travel is likely to produce pharmacological interventions alongside the more benign therapeutic work.
- Sometimes we need to make a moral case
- Incorporating ACEs (a very diverse range of experiences with multifactorial causes) into the **child protection** repertoire may not make life safer for children, because.....

# Final Thought: A Strong Song Tows us

**Time for community based, capacity building, humane practice,  
with whole families at its heart?**

**Simple organisations complex jobs**

**Professionals must know children, families and individual  
adults relationally, empirically, compassionately, analytically**

**Well informed, rigorous and sometimes skeptical approach to  
claims to evidence. Skepticism is the antidote to dogma.**

***They want what we want***