

Family support services must be the foundation stone of any child welfare intervention.

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I am a qualified teacher and social worker. My career has spanned child care social work; social work teaching; and policy analysis- especially in respect of Children Act 1989- in the voluntary child care sector for National Council of Voluntary Child Care Organisations (NCVCCO, and now, Children England. I have undertaken extensive government and third sector commissioned research, evaluation and knowledge reviews in the area of children and young people; family support and children's services, including directing the Implementation Module in the 2000-7 national evaluation of Sure Start. I was a member of the Childhood Working Party for the Marmot Review. I have a long commitment to partnership working with third sector groups whose family members do/may use services, including ATD 4th World. I have been a management board member of NSPCC, CAFCASS, and NMC (Nursing and Midwifery Council). I am a founder member of Making Research Count, a national federation of universities who work with their local health and social care partner agencies, to disseminate to practitioners, the current knowledge base for children and family services.

The 2021 Care Review follows in the footsteps of a centuries- long list of government reviews of the achievements and failures of the state in respect of its responsibility for children and young people. Political and public debate around *what constitutes the appropriate relationship between state, family and child?* constitutes a perennial strand in UK social policy, and the fault lines are depressingly well trodden. Parents' rights v children's needs; child saving v family support; developmental v protective services; in-home v foster family v institutional care (Mc Govern & Meezan, 1983) , these battle lines recur throughout the evolution of the social work task, from the Poor Law to the present . Inevitably each successive policy decision has its roots in the prevailing ideological and social circumstances of the time, whether post -war social policy aspirations or the dominant current neo-liberal values. At the core, as many -including McCleod asked back in 1982, lies the same overarching question: *whose child?* She surveyed the perennial legislative tug of war, which can be tracked through the opposing intentions of successive children's legislation in 1948, 1963, 1969, 1975, 1989 and throughout the 21st century.

Behind all the ultimate policy choices selected, lurks the same set of questions: "what are the roles and responsibilities of families in meeting the needs of their children? What is the role of the state in supporting families to do so? Are there negative consequences for all if these responsibilities do not attract the necessary public resources? These challenges are as relevant for the 2021 Care Review team, as for the Charity Organisation Society in 1834. In 2021 the terminology deployed

might include 'radical non-intervention'; but in 1913, Mrs. Pember Reeve put it more bluntly:

As things are now, we have machinery by which the state in its capacity of co-guardian coerces parents and urges on them duties which, unaided they cannot perform. Parents are to feed, clothe and house their children decently or they can be dealt with by law. But when, as a matter of fact, it is publicly demonstrated that millions of parents cannot do this and the children are neither fed, clothed or housed decently, the state which is guardian in chief, finds it convenient to look the other way, shirking its own responsibility, but falling foul, in special circumstances, of parents who have failed to comply with the law.

Plus ça change?

The tension between family support and child saving remains at the heart of child care policy and practice in the UK in 2021. And this must be starting point for the Care Review team from whatever angle its members appraise current policy and practice. Whether the terms of reference are interpreted as focussing on 'in care' issues, children's social care in its entirety, or any other dimension of the child/family/state continuum, the team must look seek to look behind statistical current trends, understand the wider issues such as poverty and inequality, and confront what many see as a punitive and uncaring system for children, young people and their families. Unfortunately Pember Reeve's words still resonate in 2021:

"poverty remains a significant risk factor and preventing harm and promoting positive outcomes for young children at risk requires a holistic and collaborative approach across government and public services"

(<https://www.nuffieldfoundation.org/wp-content/uploads/2021/03/Protecting-young-children-at-risk-of-abuse-and-neglect>)

Child protection enquiries in England more than doubled (125% rise) between 2009/10 AND 2019/20. As Cathy Ashley of Family Rights Group and others ask 'are we too often now seeing families entirely through a lens of risk, blame and child protection when what is needed is effective support? The relatively unpublicised layer of data behind these bald statistics concerns the demographic of the children and families who are exposed to these judgements. In 1984 the Short Report concluded that 'children in care are the children of the poor'. In 2021, poverty continues to be a driving factor with children living in the poorest neighbourhoods at least ten times more likely to be in care than children in the richest ones. Spending on preventative (or what has often been called 'up-stream services' to support families under pressure and struggling in England has fallen from £3.8 billion in 2010 to £2.1bn in 2018, while spending on 'down-stream' services such as children in care has been protected.

Bywaters et al highlight the *social gradient* whereby children and families in poverty are significantly more likely to be the subject of state intervention and the need for support services to address the consequences of poverty and deprivation. (<https://doi.org/10.1111/cfs.12423>) Bywater's research also highlights the issue of stigma, which deters family members from seeking to access services, and has also been found to deter social workers from robustly addressing the child and family poverty they encounter in families with whom they work. There is also evidence that parents struggling materially are deterred from seeking help because they fear forced adoption for their children, given ministers' constant high profile emphasis on adoption as the *best outcome*. The long-lasting negative impact of poverty and inequality on child development and child health has been documented and highlighted by Marmot in 2010 and again in his 2020 Review, both of which highlight the *social gradient* in health, whereby the lower a person's social position, the worse his or her health. (<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>)

A forward strategy?

It should be stressed that the current structure of UK social welfare, as configured by Tory governments over the last decade, both complicates and potentially prevents the emergence of a progressive family support strategy. The review team have a moral duty to address/overcome / undermine the threat which current trends pose to the design, let alone implementation, of such a strategy. The following two key examples exemplify the way in which recent government policy can both hamper an accurate appraisal of the problems, as well as block the path to solving them. forward.

- *Definitional obstacles.*

State- resourced activity to support children in their own homes, (including social work and other relevant multi-disciplinary input from health and education for example), has historically attracted a range of definitions, through ' *prevention*', ' *family support*', and since the 1989 Children Act, ' *children in need*'. In large part these linguistic transitions have been helpful. They have broadened the scope of such work away from a narrow emphasis on 'preventing a care episode' to an inclusive concern with promoting and safeguarding child welfare (albeit with the caveat that the task of defining a child in need has sometimes been interpreted to narrow- not maximise -entitlement!) More recent terminology includes *early help* and *early intervention*. These more recent terms can potentially obscure and pose additional challenge: does 'early help' specify 'early' as in child's age and does this exclude 'older child need'? Does 'early intervention' denote the timing of action and imply that any delay extinguishes any point in acting? None of these new 'definitional debates' should be deployed to undermine the central responsibility of the state for promoting the welfare of children in their own families throughout childhood and across the transition to adulthood.

- *Fragmentation of provision: a retreat from universality*

A second potentially destructive set of obstacles emanate from the deliberate choices made by Tory governments over the last ten years, which have been driven by a neoliberal; political agenda and which have led to the embracing and enforcement by government of a policy of *austerity*. This agenda has manifested itself in the priority given to provision by the private sector, often to the exclusion or reduction of existing public provision. The recent history of social work and children's social care has been extensively recorded by many (Jones 2019; Purcell 2020). One of the more obvious outputs of this neoliberal agenda has been the fragmentation of previously 'joined-up provision' by the local state. 'Public provision' has been subject to central government asset stripping, underfunding and to having its credibility consistently questioned and undermined. A process of '*projectivisation*' and '*atomisation*' has been set in train, with considerable positive coverage by politicians of some discrete projects, such as the Troubled Families Programme; Strengthening Families: protecting children; Social Work Practices; Reclaiming Social Work; Signs of Safety; and PAUSE.

These individual projects are problematic for the design and resourcing of a coherent national family support strategy. They both reflect and aggravate the neoliberal agenda of '*private is best and preferred*' and at the same time they undermine any remnants of 'universalism' as a policy value. Alongside this "atomising of provision" government has, in addition, often sought to privilege certain styles of 'evaluation' (i.e. quantitative, experimental and often focussed on cost- effectiveness') which are themselves often the enemies of holistic , joined up provision. In line with this strategy, highly publicised research funds get allocated regularly to the 'What Works Centre' for the evaluation of some individual projects. Child and family need is too widespread to be the test bed for piecemeal provision, and/or evaluation. The review team should therefore avoid being tempted to turn to the '*What Works Centre*' for objective magic answers, and as I have argued elsewhere, the WWC is yet one more compromised element in the projectivisation agenda.

(<https://journals.whitingbirch.net/index.php/SWSSR/article/view/1285>)

The way forward: a value driven approach

So, given the complexity of the challenges outlined above, how might the Review Team approach their task in respect of understanding the need for a coherent family support strategy as a prerequisite for an optimum care strategy? This is not a new challenge, albeit the dominant political and ideological context is , to put it mildly, unhelpful. By contrast, in 1990 there was a cross- sector focus on the implementation of the 1989 Children Act, and general agreement that the principles underlying its design should inform all work with children and families, summarised by a cross sector working party, entitled the *In Need Implementation Group*.

(<https://www.kcl.ac.uk/scwru/swhn/2016/children-act-report-final.pdf>)

The Review team would might do worse than take as its starting point the following value framework articulated by the managers, educators, researchers and campaigners who collaborated on this project:

Universalism: we all use and need services, whether we are managing to lead relatively 'normal' lives or we are in crisis and under stress. Families of children in need have full rights to the wide range and diversity of universalist provisions (health, social security, employment, housing, education, leisure) as well as those more specialist services to help them over particular difficulties

Equality & Equity of access to services: everyone in our community has rights to accessible family support services; parents requesting help should not be stigmatised and their access to a wide range of services must be facilitated.

The normality of difficulties in parenting: services should support and supplement families' endeavours, especially when parenting difficulties are compounded by poverty and deprivation.

Participation: parents usually know what their needs are and their views should be taken seriously

The conclusions of this working group were commended by ministers at the time. The group acknowledged the need for a broad institutional, developmental model of service delivery for children and their families and rejected a narrow residual approach focussed on the individual in isolation. Their view was that attempting, wherever appropriate, to support children in their own families, was one strategy to achieve such a goal.

The following two policy recommendation are made, all of them with an underpinning knowledge base, established by an existing extensive body of research data on child and family wellbeing, the majority of it commissioned/collected by previous Tory and Labour governments.

- 1) Sustain and develop the national network of centre-based services (whether known as family centres or children's centres), in order to provide community based, multi-disciplinary and crucially -easily accessed - services for children and families. Centres can avoid the tyranny of unhelpful age restrictions in respect of children and young people which often undermine the value of one-off /discrete family support projects.
- 2) . Ensure that social workers are based *in* the community in such centres, and that they can be accessed, voluntarily, by families under stress, without the need for formal, stigmatising referrals. Such a configuration would help ensure early access to social work support services, which, as research shows can respond to emerging problems at an early stage, and prevent more negative outcomes. This would also help prevent the recasting of all child and family social worker roles into the (currently) 'narrowly unhelpful' child protection one.

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