

**Emily Ball**

**Investigating support, sanctioning and behaviour change mechanisms in family-based interventions**

**Abstract**

This thesis investigates the use of conditionality mechanisms in family-based intensive interventions in England to achieve behaviour change in families who are perceived to exhibit problematic conduct in society. Conditionality can be defined as a contractual relationship based on ideas of social responsibility, where the citizen receives social assistance from the state, which is reciprocated by practices of positive behaviour change by the citizen (Dwyer, 2004; Deacon, 2004). The use of intensive intervention projects to challenge problematic behaviour in families has been a key strategy in social and family policy in England since 1997, however similar models of intensive case work approaches were used during the 1940s (Ball et al, 2016; Starkey, 2002). Intensive interventions are based on a key worker model and can be described as a holistic approach to support all family members in order to tackle the root causes of problems that are costly to society. However, if the family does not engage with the project they risk being subject to penalties (Flint, 2011a).

When the Conservative-Coalition Government was elected in 2010 there was some ambiguity as to whether the use of intensive interventions would continue (Nixon et al, 2010). However, the 2011 urban riots appeared to be a trigger for David Cameron, the Prime Minister at the time, to reinstate a need for people to take responsibility, which could be learnt through the morals, values and routines that are embedded within paid labour (Arthur, 2015). Alongside ongoing welfare reform, the Troubled Families Programme was launched in 2012 and claimed it would 'grip' families and their problems and 'make' them change their behaviour by using enforcement if necessary (DCLG, 2012).

This thesis explores the extent to which an intensive intervention project can 'make' individuals change their behaviour, and if so, by what means this may be achieved. The research has used a qualitative and longitudinal methodology and has explored the interactions between families engaged with, and the practitioners employed by different service providers in a large northern English city. Part of the methodology involved following 10 families subject to interventions over a seven-month period, in order to capture the micro-processes of behaviour change. The findings of the research are framed and analysed using Foucault's conceptualisation of disciplinary power traditionally associated with projects of this nature (Garrett, 2007a; 2007b). This research found that existing governance logics are present in these intervention practices, but there are interesting nuances in the practitioner-family relationship that are not explored in existing academic critiques of governance and social control. However, despite these nuances that centre on the complex interaction between individual agency and practitioner authority, punitive tools (rather than supportive mechanisms) which can be used to influence behaviour through conditionality, can nevertheless, have profound effects on the lives of society's most marginalised families and these raise ethical implications about the current direction of contemporary welfare policy.



The  
University  
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**Investigating support, sanctioning and behaviour change  
mechanisms in family-based interventions**

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## 1 Introduction

This thesis aims to understand the ethical, normative and policy implications of intensive family-based support in England. In recent years the New Labour (1997-2010), Conservative-Liberal Democrat Coalition (2010-2015) and Conservative (2015-2017) governments have sought to tackle problems associated with welfare dependency, anti-social behaviour (ASB) and problem parenting through requiring certain individuals and families to adhere to strict behaviour expectations in return for access to welfare benefits and/or support (Ball et al, 2016; Dwyer, 2004). Alongside statutory behavioural injunctions, policy responses include the use of intensive interventions to work holistically with families in order to tackle the root causes of problems of ASB and social exclusion (CLG, 2012). Whilst some commentators have highlighted the opportunities and potential for creative social work to empower families and provide access to resources (Parr, 2009a), others have highlighted problems with intensive interventions and broader welfare policy, pointing to a criminalisation of poverty and a justification of the enhanced surveillance of working class families, increasingly via the private and third sector (Peters, 2012a).

Interest in the subject by academics has focused on the extent to which intensive interventions have been successful in reducing ASB and social exclusion, alongside considering the ethical elements of intensive interventions and which 'type' of families projects target (Fitzpatrick and Johnsen, 2009; Flint, 2011a). Many authors have looked at the historical continuities of policy that have problematised families who exhibit undesirable behaviour and more recent work has revealed how intensive interventions are becoming increasingly liberal, incentivised by financial reward in order to nudge unemployed families into work (Ball et al, 2016; Parr, 2011a). Whilst it has been established that projects can affect some forms of behaviour change more successfully than others (Nixon et al, 2006), we have less understanding of the micro-processes of behaviour change, and the complexities that are embedded in this process, which ultimately shape a range of different positive and negative outcomes throughout the duration of the intervention, rather than just at the point of case closure. This challenges a fundamental, underpinning policy rationale: that it is possible to 'grip' families and 'make' them change their behaviour (DCLG, 2012). There are competing arguments about whether punitive policy punishes the agential deficits of the poor or whether the relationship between governors and the governed is more nuanced and complicated than policy guidelines, and some of the critical academic literature, might initially suggest (Crossley, 2016; Flint, 2012). This is an issue that is important to understand, not only in terms of the ethical and social justice imperatives embedded in the welfare reforms, but also how families subject to intensive interventions make sense of and negotiate the increasing conditions attached to these interventions.

This research aims to understand the processes of behaviour change and how support is interpreted by families subject to intensive interventions. Using the concept of Foucauldian governmentality as a theoretical lens, this thesis seeks to contribute to the knowledge base surrounding behavioural change through an in-depth examination of project interventions within the national Troubled Families Programme in England, which works intensively with families who are deemed costly to the public purse. The thesis takes an empirical approach to explore the lived realities of families who have multiple and complex problems and their interaction with services within a local Troubled Families Programme intervention in a case study city in Northern England.

The National Troubled Families evaluation published in 2016 (White and Day, 2016), might lead some to question the need for this research, particularly because the 2016

evaluation used Randomised Control Trials (RCTs) as a method to determine the impact of the programme, which are considered the 'gold standard' of programme evaluation (Lehmann, 2015). RCTs are seen as more rigorous than any other type of evidence-based evaluation that measure programme impact as they reduce bias. However, as with all methods, there are issues with RCTS that are not fully acknowledged when evaluations are assessing the effectiveness of behaviour change and/or intervention outcomes (Berriet-Sollicec, Labarthe and Laurent, 2014). Lehmann (2015) argues that the emphasis on RCTs means the contribution of other evaluation methods are devalued, which tends to mean there is a focus on results-based approaches, rather than an evidence-focus on programme implementation and process. The author warns that concentrating on results risks knowledge surrounding the strengths and weaknesses of the running of programmes being missed opportunities for policy adjustment and "if unchecked, this disproportionate emphasis on results will invariably lead to less impactful and less innovative programmes" (p168). However, most importantly, results-focused methods are skewed towards outcomes that are simple to measure- particularly hard outcomes. The author argues this is problematic, as indicators of progress and the focus of the intervention (e.g. getting families into work) may be misguided and doesn't take into account soft outcomes or that the core root of problematic behaviour has not been properly addressed. The author argues by taking an evaluation-based approach, this might mean that progress of programmes is slower but is likely to have more sustainable outcomes for programme recipients.

For example, in the case of the TFP, it could be argued that the way outcomes were measured prioritised behavioural outcomes and how best to enforce these, rather than understanding properly the roots of behaviour and how to help families in a socially just manner. This research is important because it considered the context and mechanisms as well as outcomes, in addition to the longitudinal and messy journeys of family's subject to interventions. In effect, this research adds to knowledge as it does not reduce the outcomes to simply what was effective in changing behaviour. Via using a realist evaluation approach to analyse the data, the research could explore how and why interventions "never work indefinitely, in the same way and in all circumstances, or for all people" (Pawson and Tilley, 2004; 3). This is because programmes' fate "always depends on the imagination of practitioners and participants. Rarely do these visions fully coincide" (Pawson and Tilley, 2004; 3). As opposed to the National Evaluation approach, this researched allowed for the influence of context, the rationales and social beliefs of all the participants implicated in the programme process which considered on one hand whether service users engaged with the opportunities presented to them by practitioners (which then may have led to certain outcomes), and on the other hand the occurrence of certain barriers to progress, for example, time, mental health, their beliefs or change that wasn't related to the project at all. These factors needed to be understood to question the overall effectiveness and ethicality of the Troubled Families Programme policy design.

This introductory chapter is structured as follows: first, the context and discourses surrounding the Troubled Families Programme are outlined. This is informed by exploring the history of the policy, examining why it is being used as a tool in policy making, how it is expected to solve the issue of problem families and why it is such a problematic concept and framework. Next, the chapter outlines the aims and objectives of this research. The chapter ends with an outline of the structure of the rest of the thesis.

## **1.1 Problematising the Troubled Families Programme**

Definitions of behaviours that are problematic have described certain families as being 'at risk' of becoming costly to society. As Van Loon (2008; 50) notes; "risk engenders a sense of 'knowing' and thereby calls upon a relationship between information and anticipation." Therefore, particular understandings and constructions of families inform the rationale, delivery and measures of success of state interventions which have been mitigated through 'external' methods in law, policy and social norms and 'internally' through individualised accountability (Van Loon, 2008; 50). Welfare dependency, anti-social behaviour and parenting form some of the social problems that feature prominently as causes for concern that require state intervention, both historically and in current government rhetoric. These ideas have, and continue to, heavily influence the social policy frameworks that aim to solve longstanding problems in society through shifts in behaviour. However, the range of policy measures and services that aim to change behaviour based on 'knowing', have not always been successful. Subsequently, the failure to effect behaviour change through a 'recycling' of historical policies has often shifted the onus onto the individual subject of intervention (Spratt, 2010).

Welshman (2017) argues that it is the behavioural and cultural patterns linked to low socio-economic status that are viewed as troublesome for the economy and for society. Attaching certain patterns of behaviour to particular groups, where manifestations of poverty mirror the kinds of problematic behaviour that is to be mitigated, (in the form of crime, ASB, domestic violence, mental health and addiction), means that the behaviour of families in these categories match discursive narratives about rational behaviour, choice and poor lifestyle in general. The historically continuous re-interest in families that are considered problematic has three outcomes. The first is that politicians and policy makers in positions of power can authorise the 'truth' (Stenson, 1993;1999). This has the effect that certain groups, reliant on welfare, become othered in order to act as a deterrent to the general population (Donzelot, 1980). Secondly, it can justify new forms of state intervention or, conversely, the rolling back of the welfare state, as a result of individualising behaviour (Welshman, 2017). Thirdly, there is seen to be a need for practical support in basic life (style) management to adapt behaviour in line with normative and responsibilised values;

*"Tied intimately to depictions of household chaos were observations of the general lifestyle of the families in question, the effect being to build up a composite picture of social irresponsibility and moral squalor"* (Taylor and Rogaly, 2007; 447)

Isolating certain groups as different from the rest of society, and defining them accordingly as a 'problem' or 'anti-social' or 'troubled' is argued to result in the scrutiny of working class practices which have become a field of enquiry for policy makers and researchers alike (Dean, 2010). Despite the range of research collecting data on problem families, which has recognised consistencies including low and unstable income, large families and family dysfunction (Taylor and Rogaly, 2007), there are less robust conclusions surrounding the causations of why families exhibit these patterns of behaviour. Within the literature, there are ongoing arguments as to whether these problems are due to structural and environmental causes, or whether problematic behaviour is genetic or learned and repeated over the generations (Levitas, 2012; Casey, 2012). It would appear in the policy literature and media depictions of problem families that there is an overwhelming preference for behavioural discourses that attribute poor morals, greed, laziness and a dependency culture as the primary reasons for poor behaviour (Jenson, 2013). Counter arguments insist that these behaviours are the negative manifestations of poverty and inequality due to the

constrained access to resources because of top down and market orientated policy (Wacquant, 2008; Crossley, 2016).

Ideas around reciprocity, responsibility and activation have evolved from concepts that gained traction on government agendas, particularly from 1997, which expanded the definition and meanings attached to core ideas surrounding anti-social behaviour (Respect Task Force, 2006). This was behaviour that was not necessarily criminal, but was still considered a nuisance and disruptive to surrounding neighbours in the community (Crime and Disorder Act, 1998). This combined the need to reinstall ideas of responsibility, communitarianism and civility back into society, demonstrated by the Respect Agenda under Tony Blair's New Labour administrations, and investment into universal services underpinned by an enforcement-based approach (Garrett, 2007a). A range of new, and often punitive, measures were introduced in order to combat ASB and emphasize citizenship duties and personal responsibility including Anti-Social Behaviour Orders, Parenting Orders and Acceptable Behaviour Contracts (Millie, 2009).

As evaluations found that enforcement-based approaches did not always facilitate positive behaviour change, new policies that embedded a more holistic approach were introduced. By targeting particular families, these policies required both individual engagement and practical help as it was apparent that ASB could be an indicator of other problems not only experienced by the perpetrator, but in the wider family (Batty and Flint, 2012). As a result, the site of the family and household re-emerged as an important arena for intervention (Flint, 2012).

Based on a positive evaluation of a pilot project working with families subject to ASB interventions in Dundee, the New Labour Government invested in intensive interventions and rolled out a national Family Intervention Project programme based on a model employing a key worker and an intensive case worker approach;

*“The challenging-supportive approach, intensive nature and menu of methods and staff skills are highly unusual at the housing-social work interface and offer a positive alternative to more punitive, legally orientated policies”* (Hill et al, 2002; 88)

Although the programme generated concerns surrounding the ethicality of some project aspects, (including the core unit model in some projects that kept some families under constant surveillance), it was positively evaluated by several studies that found that families could be 'educated out of their failing lifestyle' (Taylor and Rogaly, 2007; 440) by modelling and practical help delivered by practitioners (Dillane et al, 2001; Lloyd et al, 2011; Pawson et al, 2009). Education through social practice theory was the recommended method to get families to adopt new behavioural routines, alongside more therapeutic mechanisms of support that helped families to reflect on their behaviour and problems (Scott, 2006).

The 2010-2015 Coalition Government continued to invest in the intensive intervention approach model, and, reinvigorated by a need for responsibility in the wake of the 2011 urban riots in England, maintained that it was a small number of families that consistently continued to create unnecessary and costly societal problems due to their problematic behaviour (Ball et al, 2016). The need to intervene in problematic families' lives was reinforced by the announcement of the Troubled Families Programme, which would introduce a tougher approach to stop families causing problems to society by making them change their behaviour through enforcement and a policing of certain families (Bristow, 2013). The programme devolved decision making and models to allow integration of support services by local authorities. Local authorities were

required to target a number of families that did not ensure their children were in school, committed crime/ASB, had significant health problems, were not in work and caused large costs to the public purse. Local authorities could also include a discretionary referral criterion. The private and third sector could bid for local authority procurement contracts to carry out the required interventions which must be able to adapt support to families' individual needs (CLG, 2012). If families were 'turned round' the local authority would be financially rewarded by a Payment by Results scheme (CLG, 2012). The financialisation of resources and outsourcing of services to the private sector is a model that has been applied to social policy programmes in order to create more competitive services that will meet the demand and need of individual service users (Rees, Whitworth and Carter, 2014; Carter and Whitworth, 2015). Sceptics of the programme have questioned if problems that are often long ingrained in families have indeed been effectively changed by this approach (sometimes in a matter of months), or suggest that Payment by Results has incentivised local authorities (that were faced with funding shortages) into meeting policy criteria which does not necessarily effectively deal with the root causes of the problems families experience (Crossley, 2015).

The Troubled Families Programme has generated a vast amount of contention amongst policy and academic communities. In particular, concerns have been raised regarding the misuse of research evidence that was gathered for a separate research project in order to validate programme claims (Levitas, 2012). This has framed the Troubled Families Programme as a form of 'policy based evidence' that draws on value judgements and discourses of the underclass, rather than empirical knowledge. Instead it has been argued that the government have 'deliberately manufacture[d] ignorance' based on 'extreme undeserving cases' to get popular and political support in order to take action using more punitive methods of intervention (Fletcher et al, 2016; 173).

Alongside combatting the issue of ASB, it was argued by successive governments from 1997 that ASB was linked to the effects of social exclusion and poverty and a joined-up social investment approach across government departments was needed to tackle social disadvantage, and give individuals opportunities and incentives to manage themselves out of poverty, rather than relying on state benefits (Millie, 2009; Squires, 2008). It would appear that the route out of poverty was indirectly or directly linked to employment over the course of the New Labour Governments, with a range of welfare to work programmes including the National Minimum Wage, the availability of tax credits, childcare and the opening of Surestart centres (Rees, Whitworth and Carter, 2014). The emphasis on full contributions to society via social responsibility, individual competence and activation was maintained when the Conservative-Liberal Democrat Coalition Government came to power in 2010 through 'creeping conditionality' (Dwyer, 2004);

*"At policy level there has been a parallel shift in emphasis away from the 'carrots' of policy supports (e.g. childcare, 'making work pay') towards the 'sticks' of sanctions-backed conditionality in response to alleged behavioural 'defects'"*  
(Rees, Whitworth and Carter, 2014; 222)

Neoliberal ideologies have been argued to reposition the function of the welfare state by shifting its original purpose of insurance against poverty to one being a lever for behaviour change and reciprocation (Deacon, 2004; Dwyer, 2004; Gray, 2014). Rationales behind current welfare reform have indicated that there is pervasive problem with welfare dependency, worklessness and lack of responsibility and there has been a sharp refocusing on welfare rights and conditionality, which requires the recipient to perform work-related behaviours in return for welfare benefits (Rees et al,

2014). This is based on a governmental understanding that the values of work 'concentrates the mind' as routines of work replicate the social practices and morals that are needed in families' private lives to stop social problems- responsibility, stable routine, independence and a regular income; all of which set a good example for the next generation (Sayer, 2017; 158). Welfare benefits received by recipients are re-interpreted as a product of recklessness and have become a 'privilege' rather than a right (Brown, 2011).

## 1.2 Thesis aims and objectives

There has been a long history of policy which has been viewed as unsuccessful in turning round the lives of problem families (Lambert, 2016). This research considers the rationale for behaviour change in national and local policy frameworks and how these requirements are operationalised by frontline workers. This study is timely and important as currently, troubled families/families with multiple problems have the attention of policy makers and politicians which provides an opportunity to influence policy 'reorientation' and 'response' which could make an impact particularly at the local level (Spratt, 2010; 344). Most importantly, and in common with much of the social science research that already exists, the research aims to contribute to improving the circumstances of some of the families that face multiple crises, and have limited access to resources, by critically taking a policy-based approach, which will also investigate the ethicalities of sanctioning and conditionality.

As already discussed, the aim of the research is to understand the ethical, normative and policy implications of intensive family based support, which focuses on intensive interventions including New Labour's Family Intervention Projects and the Conservative-Liberal Democrat Coalition's Troubled Families Programme. The literature would suggest that such programmes are an extra layer of surveillance to monitor and police working class families who are already vulnerable (Garrett, 2007b; Crossley, 2016). However, there is an increasing recognition that alternative framings of social policy in academia are beginning to challenge arguments that reject the welfare basis of support in favour of assumptions of statecraft (Povey, 2017). Therefore, there is a need to further explore these complexities and nuances.

In particular, attention has been drawn to families' complex needs in policy, and the structural concerns for this. However, as Morris (2013) has noted, the families' personal accounts of service intervention can be overlooked. Therefore, this thesis takes a sociological approach to empirically explore the lived realities of families who have multiple and complex problems and their interaction with services. Families' lived realities will be framed in terms of wider welfare reform policy and how the Troubled Families Programme is implemented in local authority conditions and in a context of financialisation of support via Payment by Results.

The research aims to add to the existing evaluations of intensive family support programmes, in addition to contributing new findings to the knowledge base surrounding behaviour change and resistance in families. Much of the literature describes *which* behaviours have changed, without paying enough attention to the micro-processes of *how* the behaviour changes were achieved. There are, of course, theories of best practice, but the research explored how the theories of behaviour change materialised in reality. The methodology took an approach that was longitudinal and which was able to capture and map changes and setbacks in behaviour during the process of the intervention.



The research aimed to explore what behaviours were deemed unacceptable, how key workers would challenge families about these, and how families would accept or reject a need for changes in behaviour. There was a need to understand the complexities and nuances of behaviour change that occurs over time. Ultimately the research aimed to explore if behaviour change had occurred, how this was achieved and in what ways families were supported (or not).

As is clearly stated in policy, there is the assumption that behaviour may be changed through coercion (DCLG, 2012). This assertion was considered during the research by exploring resistance. Previous research has investigated non-engagement without necessarily unpicking how families resist and why, how practitioners negotiate this, or developing a clear understanding of relationship dynamics over time, especially in a context of changes being made in terms of the Troubled Families Programme and ever-increasing welfare conditionality.

The research questions were as follows:

- 1) What are the social and political contexts and conditions in which families labelled as troubled are conceptualised as being problematic?
- 2) How are behaviour change mechanisms constructed and enacted in practice by professionals and what are the outcomes of intensive interventions?
- 3) How do families with problems experience intensive interventions and make sense of their own behaviour and behaviour change?
- 4) What are the ethical, normative and policy implications for families subject to family based intensive interventions?

The research questions were formulated in order to be able to explore family interventions from both a policy and practice perspective and families' lived realities. This allowed an exploration of why families came to the attention of services, what behaviours were defined as problematic and what action would need to be taken, and by whom, whilst allowing a space to explore resistance and compliance via understanding of both family and practitioner interpretations of policy and practice. The research questions explored whether behaviour change was achieved, and whether this (ethically) improved the circumstances of families.

The methods used to answer the research questions adopted a qualitative approach. Document analysis, interviews, participant observation and a case study approach were employed in order to effectively capture the complex interactions and relationships between policy, practitioners and families subject to intensive interventions. The methodological approach was longitudinal in nature, which addressing Morris's (2013) concern mentioned earlier, allowed a space for family stories to be captured over time. This included tracking the changes (if any) in behaviour during the intervention, rather than a before-and-after approach to measuring change often used in existing research.

### **1.3 Structure of thesis**

Chapter two outlines the relevant literature that aims to capture policy development, government discourse and academic conceptualisations of poverty cultures and the extent to which they are passed down over generations. The aim of this chapter is to identify and discuss a pathway through government and practice rhetoric that has informed and shaped policy frameworks in order to deal with problem behaviour within families, and the related arguments about behaviour being an individual problem, a structural problem or an interaction of both. The rationale for this is to frame the

research in the appropriate policy context in order to understand the embedded value judgements, structures and success criteria of policy and practice programmes. The literature embeds a historical element, largely concentrated in the 1940s, and then focuses on the renewed interest in problem family discourse since 1997 when ideas of the problem family re-emerged through anti-social behaviour discourse. The literature also explores the interest in, and roll out of, family intervention projects which have informed the current Troubled Families Programme.

Chapter three draws on the theoretical underpinnings of Michel Foucault's scholarly work on governmentality in order to frame the interventions through analysing the power dynamics of practitioners and families through a power and resistance lens. This situates attempts to change behaviour in a broader view of social relations and power dispersion and what techniques are used to effect change and produce new/different behaviours and maintain them. This chapter begins by outlining what governmentality is, and conceptualising sovereignty, government and discipline before applying the concepts to historical descriptions and discourses surrounding problem families compared to contemporary understandings of such families.

Chapter four presents the methodological approach selected to undertake the research. In this chapter, a description and justification of the methods chosen to collect the data will be discussed. This includes the rationale for selecting a qualitative and longitudinal approach over a quantitative research design. The chapter describes the case study policy context in detail. A consideration of the implications of working with complex research participants is also explored.

There are three chapters presenting the research findings, which consider families' journeys and the outcomes of interventions. The aim of the first analysis chapter (chapter five) is to explore the different types of behaviour change families experienced and how behaviour change is situated in relation to policy expectations of behaviour change. This considers the scenarios when behaviour doesn't change, behaviour change is relative, or change is temporary, and what the implications of this are for policy and practice. In particular, this chapter focuses on the impact of trauma and poor mental health experienced by the families as a significant barrier to achieving behaviour change. This chapter also discusses practitioners' own informal measures of behaviour change, or what they constitute as 'good enough' behaviour change in order to claim Payment by Results, which may be at odds with policy expectations.

Chapter six explores the relationships between services and families in more detail with a focus on power dynamics. In particular, this draws on the theme of resistance. The micro-processes of behaviour change are also discussed including the impact of practitioners' skill sets, family capability and their ability to resist. This chapter challenges some of the assumptions in the literature about the punitive elements of intensive interventions and the lack of agency of families. The chapter also explores how the impact of emotions, relationships within families and moral dilemmas faced by practitioners can affect their practice and interpretation of policy.

Chapter seven is the final analytical chapter. This chapter focuses on the theme of poor parenting, that, in line with national policy, was viewed by practitioners as a significant factor in influencing and predicting poor behaviour. Perceptions of poor parenting could have implications for families in terms of child abuse concerns, in addition to variations of empathy, vulnerability and deservingness towards adults where practitioners believed parenting – and social mobility- were insufficient. This chapter also outlines the findings of participant observation of a parenting course attended by the researcher.

Following these findings chapters, chapters eight, nine and ten are discussion chapters which compare the thesis findings to the wider policy and practice literature. The purpose of these chapters is to address the gaps in the existing literature. The chapters argue that the ambiguity of behaviour change is not valued or adequately reflected in policy, and can often be based on assumptions of knowledge and agency in families.

Chapter eleven presents the thesis conclusions. It summarises the key points about the research findings. It then reflects on the empirical, methodological and theoretical findings and how this contributes to new knowledge. The chapter explores what the findings mean for policy and practice at a national level, including the implications for intensive intervention projects and the Troubled Families Programme. It also reflects on what it means for strategy and policy making at a local level, including the third sector. It discusses the implications for front line practice, including parenting practitioners and key workers. Recommendations for ongoing research on the topic will also be suggested.

The following chapter will now review the academic and policy literature surrounding intensive interventions.

## 2 Discussion of the historical and contemporary policy context and research evidence of intensive family interventions

### 2.1 Introduction

This chapter is a critical assessment of the existing literature and policy context surrounding intensive family based interventions in the UK, beginning in the 1940s until the present day. The chapter will firstly explore the rationales underpinning policy and consider what respective governments since the 1940's have believed to be the causation of problem families and problematic behaviour. Secondly, descriptions of family interventions and measures that have been used to address problem families will be discussed. This will include a historical reflection and also more recent measures introduced by the New Labour Governments (1997-2010) such as Anti-Social Behaviour Orders (ASBOs), Parenting Orders and parenting programmes. The chapter will primarily focus on Family Intervention Projects (FIPs) and the Troubled Families Programme (TFP) during the New Labour and Conservative-Liberal Democrat Coalition and current Conservative Governments. The chapter then reviews the existing research evidence on policy, practice and interventions, drawing upon evaluations of intensive interventions and wider academic debates. The discussion will move on to identify common themes within the literature, including parenting, conditionality and moralising discourses. Finally, the concluding section will identify some gaps in the existing literature and knowledge that this research attempts to address.

### 2.2 Historical commonalities framing problem family discourse

This section of the chapter reflects on the historical and contemporary discourses surrounding problem families. What appears to be consistent over time is the perceived presence of a 'submerged tenth' of the population; a small minority of families who over several generations, have caused disproportionate social problems (Garrett, 2007a; 208). Despite changing historical contexts, the categorisation of the social problem group often has similar defining features and administrative labels that have been argued to pathologise problem families as responsible for their own circumstances. The terminology and rhetoric of problem families since the 1940s is presented in the table below:

Date	Terminology	Rhetoric
1940s	Problem family	No disciplined daily routine or appropriate parental roles
1960s	Culture of poverty	Lack of adult role models in families encourages delinquency in children
1970s	Cycle of deprivation	Pattern of generational transmission of poverty
1980s	Underclass, industrial residuum	Dependency culture, idleness
1990s	Socially excluded, anti-social	Rise in uncivil, irresponsible and un-communitarian behaviour, no respect for societal values

<b>2000s</b>	NEET (Not in education, employment or training)	Often applied to young people who have no aspiration and/or are not accessing available opportunities
<b>2010s</b>	Troubled family	Worklessness, idleness, dependency

**Table 1: Timeline of labels assigned to families with problems. Based on Welshman (2013) and Arthur (2015)**

Table 1 shows that since the 1940s, families subject to the attention of services, politicians and policy makers are characterised in discourses by the absence of certain normative behaviours and personal integrity, particularly related to the absence of a work ethic and a lack of morality. The first label ‘problem family’ was applied to chaotic families by the Women’s Group on Public Welfare in a 1943 report on urban life, which focused on the dirty and overpopulated nature of houses and the fact that there was no order or discipline (Parr, 2011a). By the 1960s poverty was believed to incorporate its own culture of delinquency and immorality. In the 1970s the Secretary of State for Education, Sir Keith Joseph, wanted to evidence the ‘cycle of poverty’. This concept theorised that sustained poverty in families was due to learnt behaviour that was continually passed down over generations (Gillies, 2008). However, the research commissioned at that time could not clearly prove that poverty was transmitted from generation to generation and was more likely to be attributable to the effects of multiple structural factors (Gillies, 2008). Charles Murray introduced the concept of the underclass in the 1980s where he criticised the availability and range of welfare benefits that encouraged dependency on the state rather than requiring families to take responsibility for their own financial wellbeing (Murray and Phillips, 2001; Goldson and Jamieson, 2002).

Recent problem figurations of families who exhibit undesirable behaviour present these families as deliberately anti-social or troubled due to an absence of respect, values and/or a work ethic (Respect Task Force, 2006; Casey, 2012). After facing criticism for the lack of rigour surrounding the definition and understanding of what makes families ‘troubled’ (Levitas, 2012), Louise Casey, the head of the Troubled Families Programme (TFP), undertook her own data collection to legitimise the Troubled Families criteria, by narrating the problems troubled families were facing (Casey, 2012). Underclass symbolism can be traced throughout the whole of the document through judgements of family lifestyles and behaviour (Ball et al, 2016). Whilst Casey accepts that there has been some agency failure to help troubled families, there is an absence of references to poverty caused by structural factors. Instead, there is a concern that families are blaming services rather than their home life or childhood, in addition to the fact that families are reluctant to take help, and are passive about the amount of anti-social behaviour (ASB) in their neighbourhood (Casey, 2012; 51). In line with historical pathologizing concerns about poverty, Casey claims that although the interviews she undertook were not “formal research” or “representative” of all troubled families and “no judgements are made”, these three factors are still “a good place to start thinking about policy development” (p 3-5). This suggests that assumptions made about problem families are still based on historical discourses and class judgement, which justifies certain policy interventions based on individual behavioural attributes. Taylor and Rogaly (2007) also highlight this issue in their study of problem families. They argue that poverty is intermittently ‘rediscovered’ by government and discursive descriptions of problem families reappear. It could be argued that there exists a pattern of efforts to reconfigure and overcome problematic behaviour in chaotic families during different policy contexts which eventually loses momentum, until the problem is rejuvenated through triggers, for example the 2011 riots in England (Ball et al, 2016).

The next section will now explain different viewpoints of causation of family's problematic behaviour and how these ideas form the basis of policy rationales for intensive intervention.

## **2.3 Policy rationales**

Family-based intervention policies are constructed by particular policy rationales which have been important in shaping the required behaviours families are expected to adopt. Social research and theories of causation examining why certain families' behaviour comes to the attention of services has been conducted and developed by a range of different services and professions over time (Dean, 2010). As the issue of families who exhibit problematic behaviour has consistently been a concern in policy since the 19<sup>th</sup> Century, competing explanations for causality and solutions have formed a cyclical process, where the causation of problem families has never definitively been agreed on, or resolved, within academic, political and professional communities (Dean, 2010). This section will discuss which ideas inform historic rationalities of problem family policy, but will concentrate on comparing more recent policy developments during the New Labour administrations of 1997-2010, the Conservative-Liberal Democrat Coalition Government (2010-2015), and the recent Conservative Government (2015-2017).

### **2.3.1 Problem families have a chaotic family culture**

Both Arthur (2015) and Tepe-Belfrage and Montgomerie (2016) note that historically, governments in power have regarded the household as a site for social reproduction and depend upon the strength of the family unit to socialise children properly. However, the incidence of social problems including poor behaviour, homelessness or poor tenancy management made visible certain families who had 'chaotic' lifestyles of undomesticated and unhealthy routines that threatened social order (Van Wel, 1992). During the 1940s undomesticated and unhealthy routines could be identified by signs such as a "filthy home... little furniture, the mother could not manage the home or the children, and the father was in irregular employment" (Welshman, 1999; 463). Observations of anti-social or troubled families since the 1990s still highlight a lack of household management skills in families, in addition to individuals making poor lifestyle decisions (Squires, 2008). Further unhealthy and negative behaviours that were exhibited by problem families in the 1940s and are still sustained by anti-social/troubled families, include difficult relationships with partners, neighbours and agencies, in addition to chaotic lifestyles that include worklessness, violence and abuse, poor diet and drug and alcohol misuse (Casey, 2012; Parr, 2011a). The presence of these indicators has led practitioners to claim that they can confidently 'predict' which families are likely to experience poor outcomes (Spratt, 2010; 344).

Poor parenting in particular has been continually cited in policy rhetoric as the underlying explanation as to why families are chaotic (Nixon et al, 2006). Issues such as child neglect, youth offending and truancy have all been apportioned to negligent parenting where children's behaviour reflects the lack of discipline, boundaries and respect that should have been modelled by parents (Evans, 2012). Parents themselves are often recognised to have had poorly disciplined childhoods, and they, in turn, inadequately parent the next generation. It is argued that certain chaotic families fail to break the cycle of poor parenting as they do not critically reflect on their upbringing or take appropriate steps to ensure they parent differently (Thoburn et al, 2013). For example, in Nixon et al's (2006; 34) study, an intervention project worker stated:

*“That’s how they’ve been brought up ... it’s learned behaviour from their childhood, that they’re now passing it on to their kids. And as I say, it’s all about re-education, making, making them try and see where they’re going wrong.”*

Consequently, in policy rhetoric, parenting and children’s upbringing are considered both the root of the problem and the solution, which can be mitigated through advice, reflection and social practice, with the aim that, eventually, parents will have embodied the role of ‘educator’ to be able to correctly socialise their own children (Parton, 2008; 173).

The policy focus on parenting has been argued by some to be based on mother blaming, and stigmatises women for failing to carry out their maternal duties properly (Hunter and Nixon, 2001; Carr, 2010; Holt, 2009). Donzelot (1980) notes that, historically, a strongly gendered division of labour made the maternal role accountable for bringing children up as respectable and in an adequate domestic environment. Whilst parenting over time has become more gender neutral in policy, it is still clear that the present social context reproduces unequal gendered relations:

*“In some cases the mothers seemed scarcely to understand that they were the ‘responsible’ adult in their household...in some cases the mother’s ideas of protecting their children, seemed extremely far away from what most would consider acceptable...where mothers would leave them to grandparents or treat them as friends”* (Casey, 2012; 49).

As the previous quote shows, chaotic family behaviour, including bad parenting and lack of domestication and routine is enough to justify the paternalistic surveillance of family life (Donzelot, 1980). As Arthur (2015) and Tepe-Belfrage and Montgomerie (2016) note, because the family and the household are regarded as an important site of socialisation, the family is entitled to privacy *only* if they regulate their children properly.

### **2.3.2 Chaotic families have a lack of accountability, responsibility and morality**

Dating back to Victorian England, the working class has been divided in elite and governmental discourses, into the respectable poor (those who had low wages but had responsible attitudes towards family, work and were law abiding) and the ‘urban residuum’, who were lazy, immoral and irresponsible because they chose not to contribute to society (Dean, 2010; 160; Donzelot, 1980). The notion that not all poor people cause problems in society has constructed welfarism discourses of the deserving and the undeserving poor (Dean, 2010).

In the literature, there appears to be two arguments related to families that ‘lack’ accountability and responsibility. Firstly, problem families can make rational choices, and deliberately decide to behave in ways which do not conform to normative standards of behaviour (Squires, 2008; Fletcher et al, 2016). Tony Blair’s Respect Agenda, launched in 2006, was concerned that disorder created by problem families was due to families deliberately socially excluding themselves from normative communities of practice and values (Respect Task Force, 2006). These sentiments of social decay were extended beyond New Labour’s time in office and was re- termed ‘Broken Britain’ by Conservative Prime Minister David Cameron, and represented a “slow motion moral collapse that has taken place in our country these last few generations” (Cameron, 2011).

Alongside suggestions families deliberately exclude themselves from normative society, it is also claimed that some families do not actively seek help to address their chaotic lifestyles and refuse to accept help from services (Casey, 2012). Families that choose not to accept support are often regarded as actively resisting support that will guide them “out of exclusionary processes and away from poor outcomes” (Morris and Featherstone, 2010; 562). Instead families blame a lack of available services for their circumstances, rather than taking any responsibility or ownership of their problems (Casey, 2012). Suggestions in policy documents that families are choosing not to access support prompted policy initiatives such as ‘Think Family’ (Cornford et al, 2013), which Morris (2013) has suggested had a dual purpose. She argues that the initiative was not only based on meeting the needs of families, but was equally designed to ‘think’ about the barriers that prevent families from engaging with support.

The second factor that has been argued to contribute to families’ lack of accountability and responsibility is the alleged generosity of welfare state benefit payments which has created a dependency culture amongst claimants (Gillies, 2013). By receiving payments that did not require any *meaningful* reciprocation (as conditions attached to welfare claimants have existed since the 1980s (Watts et al, 2014)) this created a social malaise of laziness and entitlement and undermined the values of responsibility that were embedded within employment. During the New Labour administrations, Tony Blair aimed to rebalance rights and responsibilities by introducing support that was balanced with sanctioning (Gillies, 2013). The Conservative-Liberal Democrat Coalition Government and the subsequent Conservative Governments have continued using paternalistic mechanisms to affect behaviour change by using conditionality in welfare policies in order to ‘nudge’ claimants off welfare benefits and into employment (Ball et al, 2016).

Examinations of irresponsible family behaviour were not only rooted in sociological and ecological theories. Biological, medical and genetic explanations for problem family behaviour were pursued by the Eugenics Society, which was established in 1907 (Welshman, 1999). Board members believed that the undesirable poor had hereditary genetic mental defectives which culminated in illiteracy and an incapability of parents to adapt to required normative behaviours (Parr, 2011a). Eugenics thinking had some influence in policy in the 1920s but overall the evidence presented by the Eugenics Society was seen to lack rigour by academics, medical staff and practitioners. However, Welshman (1999) argues that whilst the majority of eugenics thinking was considered unsubstantiated, aspects of eugenic thinking can remain detectable in issues, particularly those relating to child neglect and poor parenting.

### **2.3.3 Chaotic families put society and social order at risk**

One of the policy rationales for problem family interventions is based on the potential long-term costs problem families might cause to society if chaotic behaviour is passed down through generations. Gray (2014; 1751) recognised a distinct change in policy approaches during New Labour that shifted from reactionary services to “assessing, managing and insuring against risk”. In particular, this included a focus on early intervention and prevention programmes (Goldson and Jamieson, 2002; Parton, 2008). These ‘future orientated’ strategies (Spratt, 2009) were reflected in New Labour’s three tiers of universal and specialised support and legal action in order to immobilise long term negative pathways for children based on assumed levels of being ‘at risk’ and ‘of risk’ to social harm (Hayden and Jenkins, 2014; Van Loon, 2008);



- **Tier 1:** Supportive and universal advice for all parents (although a special emphasis on hard to reach parents (Clarke, 2009))
- **Tier 2:** Intensive and preventative support for families that exhibit some risk of ASB and poor parenting outcomes
- **Tier 3:** Punitive and corrective interventions where there are high levels of agency concern regarding children's outcomes

(Boddy et al, 2011; Hayden and Jenkins, 2015)

Parenting support is a good example of how risk aversion strategies have been put into practice. Scientific and medical research has influenced a large policy emphasis on getting parenting 'right' in the early years of a child's life, as children's brain development is most active between the ages of 0-5 (Lee et al, 2014). This indicates that there is a narrow window of opportunity to socialise the child properly, as it is harder to undo bad parenting as the child gets older (Lee et al, 2014). The rolling out of Sure Start centres during New Labour was aimed at providing parenting advice and support regarding the health, wellbeing and development of early years children to improve their life chances. Sure Start aimed to offer universal support in communities as well as emphasising the need for support in neighbourhoods with statistically high poor outcomes (Clarke, 2009).

In fact, during New Labour there was a revolution in theorising best parenting practice which shaped how parenting was defined, conceptualised and learnt. It is now argued that parenting that is guided by instinct, experimentation or by using common sense is believed to be 'amateurish' (Miller and Sambell, 2003; 32). By providing parenting expertise based on assumptions of optimum child outcomes, adverse childhood experiences and the risk of potentially anti-social children can be managed (Lee et al, 2014; HM Treasury, 2003). For example, practical advice on discipline, bedtimes and diet and nutrition alongside tips for improving child social learning have been argued to reduce the risk of poor child physical, social and emotional development (Sanders, 2008). Furthermore, by warning parents about the emotional damage a child can experience by 'harsh' parenting, such as low warmth, being shouting at, or smacked, children will avoid negative repercussions when they are older (Lee et al, 2014).

However, the focus on risk-aversion and early intervention strategies has been argued to have mixed medium term impacts (see Melhuish et al, 2008; Rutter, 2006). It has also been argued that policy and support is child-centred and places a large amount of pressure on parents to provide children with constant vigilance, continuous positive experiences and extracurricular activities (Lister, 2006; Churchill, 2007; Lee et al, 2014; Morris and Featherstone, 2010). As a result, parents' needs may not be met, as they are primarily considered to be 'facilitators' of their children's behaviour, rather than an 'investment' in their own right (Thoburn et al, 2013).

#### **2.3.4 Lack of coordination of services is a barrier to behaviour change**

Whilst discourses surrounding problem families are argued to blame individual families for their own circumstances, management and coordination of services has also been a recurring challenge in projects and in policy since the 1940s. For example, it has been noted in many of the evaluations of interventions that there has been a significant number of agencies involved with families overtime and families could often feel disillusioned by previous support that was delivered, rather than actively choosing not to engage (Parr, 2011a; Morris, 2013; Spratt, 2010).

During the first few years that the New Labour Governments were in power, several reports and evaluations critiqued existing service models as slow, inefficient and uncoordinated, with barriers to effective working attributable to silos and a lack of multi-agency working. As a result, families were not being supported holistically and problems within families were dealt with one at a time, failing to overcome the root of the problem (Ball et al, 2016). The New Labour Governments restructured government departments in order to improve joined up working and to address the issue of uncoordinated services and policy areas (Millie, 2009), which the Conservative-Liberal Democrat Coalition Government and Conservative Government have also continued in addition to expanding the role of the private and voluntary sector in meeting policy outcomes (Peters, 2012a).

The holistic nature of family based interventions also prompted reform of service models and delivery at a local level (Nixon et al, 2006). Although many local authorities already had services in place, local authorities were encouraged to collaborate with local agencies and partnerships in a Multi-Agency Support Team model which would coordinate health, education, social care, housing, the police, and employment support agencies (Ball et al, 2016). This way of working would highlight the gaps in service provision, improve the availability and quality of resources and care facilities for families, and expand the skills of workforces (albeit these services have been severely challenged by recent austerity cuts) (Bate, 2016). In summary, the aim of service reform was to establish new ways of working, a streamlining of services and better information sharing to avoid duplication of support and stop families being overwhelmed by the number of agencies involved (Day et al, 2016; 68). Ultimately this would save resources and the time that agency staff would have to spend with families.

However, it appears that despite service reform, issues with service delivery have remained consistent since 1997. For example, in Dillane et al's (2001) study, there was evidence that tensions existed with social workers in the delivery of interventions. In particular, there was disputes about time and financial resources available, in addition to key worker duties overlapping with the social worker role. In 2016, there remains issues with consistency in local authority-wide working where there are differing levels of engagement by agencies and/or partners in local authorities (Day et al, 2016; 69). There are also challenges regarding the up-scaling of multi-agency working and a new incentivised-based system has been argued to compromise the quality of support delivered to families in order to achieve local authority targets (White and Day, 2016; Blades et al, 2016). Furthermore, service recalibration was supposed to ensure that services were easy to access and coordinated (and didn't duplicate) support. However, Hayden and Jenkins (2014) found in their study that only 2.7 percent of children who were taken into care or custody had access to the full range of service interventions, and instead third tier statutory agencies were being used to mitigate gaps in services and resources (p10).

### **2.3.5 There are behaviour-based solutions to the problem of chaotic families**

As already discussed, there has been judgement of families that have "failed to prioritise hard work, whether in or outside the home" (Taylor and Rogaly, 2007; 448). In each of the governments since 1997, it would appear that there has been a renewed emphasis on tackling these 'failures' and the multiple and often longstanding complex issues that families with problems face. It has been noted that the solutions outlined in policy are significantly behaviour-focused (Flint, 2011a).

As a result, interventions have often centred on achieving shifts in attitude and routine in families' lives largely through education-based and social practice approaches. The threat of sanctioning if behaviour does not change has increasingly become a policy feature which has been described as a 'tough love' approach by former Prime Minister Gordon Brown (Brown, 2009). For example, both in Family Intervention Projects (FIPs) and in the TFP interventions, key workers were to 'grip' families and make families change their behaviour (Respect Task Force, 2006; DCLG, 2012). For example, the Respect Action Plan states; "everyone can change – if people who need help will not take it, we will make them" (Respect Task Force, 2006, p1).

Using enforcement based approaches has been heavily criticised in the literature as being unethical. It has been argued that addressing behaviour as the solution to problems undermines issues of poverty and presents it as a by-product of family circumstances rather than the root cause (Morris, 2013), in addition to individualising family problems (Holt, 2010a). However, Johnsen and Fitzpatrick (2010) found that if behaviour such as street drinking is having a negative effect on several people and all efforts of appropriate and individualised support is not conducive to stopping the perpetrators behaviour and/or wellbeing from deteriorating, then enforcement as a last resort can be a justified step in prompting behaviour change.

Questions have been raised as to whether it is actually possible to force families to change their behaviour (Batty and Flint, 2012). There is evidence that families do not always understand the realities of consequences and/or have such entrenched problems that enforcement measures do not make any difference to behaviour change and can push vulnerable families further into precarity (Batty and Flint, 2012; Fletcher et al, 2016; Prior, 2009). The perceived ineffectiveness of enforcement in many cases has seen a rise in relationship-based work. For example, the Dundee Families Project (which will be discussed in more detail later in the chapter) was designed as an alternative intervention to mainstream services that used enforcement measures (such as the youth offending service, social services, the police and housing evictions) which had failed to improve behaviour and deal with the root causes of problems. Instead the project was based on voluntary engagement and worked holistically with all family members utilising a strengths and skills based approach rather than being based on sanctioning (Dillane et al, 2001).

## **2.4 Discussion**

It would appear, when considering both the historical and contemporary policy discourses, that descriptions of chaotic families, including issues of domestication, dysfunctional daily routine, parenting and lifestyle have remained consistent. They also continue to inform the policy rationale for intensive interventions within government agendas. It could be argued that the focus on the behavioural factors of families with problems is because consecutive governments since the 1940s have believed that families' undesirable behaviour is causing harm to their children and to the community that could be repeated over generations (Millie, 2009). Government rationales indicate that problem families are in need of specialist forms of help, and this requires individual behavioural (and to a certain extent an acknowledgement of service) reformation. The rationales discussed above have caused contention in policy and practice, where discursive images of the undeserving poor have been argued to pathologise poverty and then blame the individual for a lack of responsibility.

## **2.5 Governance of problem families**

The fact that descriptions of problem families are never new problems or new types of families indicates that families with problems have always existed and the issue of problem families has never been completely resolved (Lambert, 2016). However, during the New Labour governments (1997-2010) there was a rapid growth in legislation and local authority policy in an attempt to deal with problem families and challenge ASB. These policy areas were located across the criminal justice system, the housing sector, education, social exclusion and family policy and provided the framework for the formation and operationalisation of intensive interventions. This section of the chapter will outline the policy framework and approaches to governing problem families. This will be followed by a discussion of family intervention projects rolled out during New Labour and the establishment of the Troubled Families Programme during the Conservative-Liberal Democrat coalition government.

## **2.6 Acts and legislation that provide the policy framework for intensive interventions**

### **2.6.1 Anti-social behaviour**

As already discussed, families who caused problems were labelled as 'anti-social' in New Labour political discourse. ASB is a term which can encompass a broad range of criminal and non-criminal conduct which is cumulatively distressing for victims (Crime and Disorder Act, 1998). This can include threatening behaviour, drug use, noise and urban/environmental vandalism, and were examples of some of the behaviours that problem families were believed to exhibit (Crime and Disorder Act, 1998; Anti-social Behaviour Act, 2003; Burney, 2002). During 1997-2010 a range of new legislative powers and mechanisms were made available to tackle ASB and low-level nuisance behaviour (Flint, 2014; Crawford, 2009a). These mechanisms targeted individuals, behaviours and certain geographical spaces (Watts et al, 2014). Under the 1998 Crime and Disorder Act, Anti-Social Behaviour Orders (ASBOs) were introduced and could be applied to perpetrators as young as ten years old (Hodgkinson and Tilley, 2011; Millie, 2009). They were designed to be used liberally by a range of state agencies, and eventually non-authoritative state agencies such as registered social landlords and the British Transport Police, in order to deter and monitor criminal/anti-social behaviour (Flint, 2002). ASBOs were a civil order and not a criminal offence, designed to prevent further problematic behaviour by processing behavioural prohibitions more quickly through the courts (Burney, 2005) and through granting interim ASBOs before the perpetrator had a full court hearing (Crime and Disorder Act, 1998; Police Reform Act, 2002). However, a civil order could proceed into a criminal offence if behaviour restrictions were breached (Burney, 2005). The success of ASBOs is debated in the literature with 70 percent of 17-20 year olds and 51 percent of over 18s recorded as breaching their ASBO conditions an average of 4.4 times (Hodgkinson and Tilley, 2011; 290). Furthermore, agencies found the punitive foundations of the ASBO had a counterproductive relationship with service users (Millie, 2009; Crawford, 2009b). The power of the ASBO was extended through the use of the CrASBO (Criminal Anti-social Behaviour Order), in addition to other amendments under the 2002 Police Reform Act and the 2005 Serious Organised Crime and Police Act, which made available post-criminal conviction powers in order to reinforce the criminal sentence and require other attached punitive and supportive conditions (Police Reform Act, 2002; Serious Organised Crime and Police Act, 2005). These powers were in addition to legislation that was extended to third parties where tenants living in social housing property could be accountable for any visitors that were disruptive (Flint, 2014). The 2003 Criminal Justice Act and the Anti-social Behaviour, Crime and Policing Act, 2014 attached

interim and intervention orders to ASBOs (which were replaced by Criminal Behaviour Orders by 2014) which was a support requirement (for example counselling) that was issued alongside the behaviour injunction (Criminal Justice Act, 2003; Anti-social Behaviour, Crime and Policing Act, 2014).

### **2.6.2 The role of community partnerships**

Inter-agency working across the police, social work, education and housing, alongside joint working between different government departments were also encouraged both nationally and locally (Millie, 2009). A range of statutory and non-statutory services had extended responsibilities to monitor and deal with ASB. Crime and Disorder Reduction Partnerships, neighbourhood watch, neighbourhood wardens and Community Support Officers would be deployed to ensure that communities felt in control of neighbourhood safety (Squires, 2008). The Government launched the 2004 Together Campaign which stated overcoming ASB was now the co-responsibility of local authorities, police, social services, registered social landlords, neighbourhoods and resident's associations and victims who 'together' were encouraged to work in partnership, share best practice and share information (Millie, 2009; Nixon et al, 2006). In 2004, the Home Office Anti-Social Behaviour Unit established the Neighbour Nuisance Expert Panel to inform and upskill local authorities and social landlords about how to confront the most challenging ASB cases (Nixon et al, 2006).

### **2.6.3 The role of housing**

The 2003 Anti-social Behaviour Act amended the 1996 Housing Act and increased the role of the housing sector in managing tenants who committed anti-social behaviour. This centred on expanding the duties of landlords and housing officers in order to monitor tenant behaviour (Cameron, 2010). Additional legislation also ensured that sustaining a tenancy was conditional on tenant behaviour, for example through the availability of Anti-Social Behaviour Injunctions (ASBI's) and demoted tenancies (Flint and Nixon, 2006; Anti-social Behaviour, Crime and Policing Act, 2014). Routes of eviction and repossession proceedings were also simplified to evict anti-social tenants if behaviour did not improve (Anti-social Behaviour Act, 2003). By 2004, the length of trial tenancy periods used in introductory tenancies was extended (Housing Act, 2004) and the availability of Family Intervention Tenancies was introduced to make securitised tenancies dependent upon behaviour, complemented by intensive support. There was also a pilot scheme undertaken in a small number of local authorities that enabled sanctions (including reductions in Housing Benefit payments) to be applied to individuals evicted on the grounds of ASB who did not subsequently engage in support offered to address their behaviour (Flint, 2014).

### **2.6.4 Parenting policy**

Under the 1998 Crime and Disorder Act, Parenting Orders were also made available. This reflects the rationale already discussed in an earlier section of this chapter, that deficient parenting is blamed as "...one of the most, if not the most, important underlying cause of ASB" (Nixon and Parr, 2009; 48). Parents were deemed accountable for their children's ASB and the entity of the family was reinforced as the vehicle in which children's poor behaviour would be overcome through improvements in knowledge about good parenting (Gillies, 2013, 2014). A Parenting Order formally

outlines obligations that parents must fulfil in order to improve their parenting and their child's behaviour. Failure to comply to stated Parenting Order requirements could result in imprisonment in extreme cases (Holt, 2010a) and eviction proceedings could be triggered if children breached their ASBO conditions (Hunter and Nixon, 2001). Parenting can now be monitored, criminalised and become a public order issue if it is practiced badly.

In addition to Parenting Orders, under the 1998 Crime and Disorder Act, Parenting Contracts and Acceptable Behaviour Contracts were used which were a voluntary agreement outlining expected parental duties and responsibilities (Crime and Disorder Act, 1998). Failure to meet expectations outlined in Parenting Contracts and Acceptable Behaviour Contracts could proceed into a Parenting Order. The nature of these orders being 'voluntary' suggests that parents have a choice to engage or not, however in reality, there exists an underlying threat of coercion to ensure compliance (Holt, 2010b). This means that parents who do not consensually agree to parenting support may still be made to take support via sanctions (Goldson and Jamieson, 2002; Peters, 2012b). Through the 2003 Anti-Social Behaviour Act, parenting control measures could be applied for by a range of agencies and were made enforceable, reflecting the expanding interventionist nature of parenting policy (Anti-Social Behaviour Act, 2003).

Embedded within parenting obligations, parents were often expected to attend a parenting programme, which was one of the most common methods of delivering parenting support to groups of parents (Nixon and Parr, 2009). A parenting programme is "a structured process of education and training intended to enhance the parenting skills of participants" (Bunting, 2004; 328). A range of government-approved parenting programmes exist (see Bunting, 2004; 330 for a comprehensive list of types of parenting programmes), however they are likely to centre on core psychological and social learning approaches that adopt solution focused and talking therapy in order to achieve behaviour change (Peters, 2012b; 253). Content that is delivered during parenting courses centres on:

- Setting clear household rules, routines and boundaries
- Developing the effective use of praise, incentives and rewards as a means to encourage cooperative behaviour
- Setting clear limits and following through with consequences
- Helping children to self-regulate their behaviour and understand the consequences of misbehaviour
- Encouraging play and family time with children
- Monitoring children and their whereabouts
- Managing misbehaviour effectively; and
- Employing anger-management and calm-down strategies

(Nixon and Parr, 2009; 45)

In evaluations of parenting programmes, it would appear that parenting programmes can be a cost effective and successful way to support parents to change their parenting skills in order to better manage and understand their children's poor behaviour (Bloomfield and Kendall, 2012). However, Peters (2012c; 416) criticises parenting programmes as an approach that incites a 'self-reflecting gaze'. This encourages parents to scrutinise and correct their own behaviour and parenting techniques, and overlooks the impact of wider structural factors. In particular, it is argued that parenting policy is inherently gendered as it is mothers that are held responsible for undisciplined children (Holt, 2009; Evans, 2012). This claim is strengthened by the fact that most

parents that attend parenting courses are mothers (Lindsay et al, 2011) and statutory action against anti-social children and teenagers is most likely to penalise mothers (Hunter and Nixon, 2001).

By 2006, there was a network of children's centres, universal parenting support and parenting support in schools. However, there would be a further £52million invested in parenting prevention programmes coordinated with the Children's Trust and local partners affiliated with Crime and Disorder Reduction Partnerships (Respect Task Force, 2006). Chaotic families with children who had behavioural issues would now be subject to a more efficiently coordinated package of challenge and support through a series of family based pathfinders. If family circumstances did not improve, families could be faced with penalty notices or prosecution. New measures would mean that parents would have to take responsibility for their children's behaviour in the school classroom and if the child was excluded from school (Respect Task Force, 2006).

### **2.6.5 Social exclusion policies and the social investment state**

Alongside the ASB agenda, elements of the social investment state were reflected in a range of New Labour policies in which the government acknowledged there were high rates of inequality and social exclusion in communities (Millie, 2009; Rees et al, 2014). In 1997 the Social Exclusion Task Force was set up (and the Social Exclusion Unit was also formed) which joined up government departments to reform and target gaps in provision and reduce the effects of social exclusion (e.g. child poverty) through better coordination of services (Millie, 2009; Squires, 2008).

Social investment policies aimed to increase social inclusion via access to education and employment opportunities (Rees et al, 2014). In what became known as the 'Third Way', social justice through protection from the negative effects of the market would still be provided for those in need, however individuals would be obliged to take opportunities to enhance their personal development and employability (Rees et al, 2014). It is argued that social investment policies (although perhaps unintentionally), blurred social, penal and welfare policy which embedded a wider agenda of challenging unemployment, crime and social exclusion by obliging people to help themselves out of poverty, and create a better society through ideas of community (Millie, 2009; Parton, 2008). As Gray (2014; 1751) notes, political thinking was based on bringing "the most marginalised groups into mainstream society to make them socially and economically productive in neo-liberal terms and full participants in society in social inclusion terms". Therefore, services would need to ensure the support that was provided would influence personal responsibility and activation, rather than create dependency. Furthermore, workfare programmes such as Welfare to Work and New Deal pathways were aimed at nudging groups who were traditionally further from the labour market (such as lone parents) into work (Rees et al, 2014). This was alongside incentives such as the introduction of the National Living Wage, the availability of tax credits and raising child benefit (Watts et al, 2014). This was because employment was believed to replicate societal and communitarian values such as responsibility, independence and respect. These were values which could be passed onto children who were at risk of copying their parents and remaining NEET (not in employment, education or training) (Respect Task Force, 2006).

It was apparent in the research evidence that effectively reducing social exclusion and addressing underlying causes of ASB would not be accomplished through enforcement measures alone (Flint, 2012). As already noted, supportive elements began to be integrated into packages of family support alongside enforcement measures. Although

a much more holistic and socially inclusive approach to problem families was becoming embedded in policy, discursive notions suggesting that problem families chose to socially exclude themselves and resist behavioural norms remained consistent in policy (Squires, 2008). Despite the amount of social and financial investment into Sure Start centres and other service provisions, there was perceived to be less than satisfactory improvements in anti-social behaviour. By 2006 the Respect Agenda was launched by the Home Office and blamed a small number of families for continuing to create problems in disadvantaged communities that were refusing to take advantage of the opportunities the government had invested in (Respect Task Force, 2006). The Respect Action Plan appeared to be a broadening and extension of existing community and neighbourhood protection mechanisms which attempted to create “a cultural change” focused on young people, parenting, problem families, community policing and justice (Respect Task Force, 2006, p7; McDonald, 2006). A drive to continue delivering high quality parenting, ensuring children are attending school, addressing gaps in service provision, improving community engagement and holding the police and local authorities accountable for reducing crime and ASB were key themes of the Respect Action Plan. In addition, local authorities were required to provide intensive family support and employment guidance to problem families. This is discussed in detail later on in this chapter. Parton (2008) states that within the Respect Action Plan “the focus of government policies seemed to be shifting to a more interventionist stance on those deemed ‘hard to reach’ in earlier programmes” (Parton, 2008; 186).

### **2.6.6 The election of the Conservative-Liberal Democrat Coalition government and current Conservative government**

When the Conservative-Liberal Democrat Coalition government came into power in 2010, previous New Labour ASB legislation was labelled as excessive and ineffective and was perceived not to have addressed the underlying causes of ASB (Home Office, 2011). The Coalition Government, like New Labour, placed overcoming ASB high on the political agenda. Even though the range of behaviours that constituted ASB were increased, in addition to the range of criminal and non-criminal agencies who could apply for injunctions, the 2014 Anti-Social Behaviour, Crime and Policing Act simplified the range of existing mechanisms to deal with ASB. As already mentioned, ASBOs (and ASBIs) were replaced with the Criminal Behaviour Order (which can be added to a criminal conviction) and the Crime Prevention Injunction which integrates supportive requirements within the Order and are “a less demanding test” to secure conviction and process the Order (House of Commons, 2012; 1). New Community Protection Notices were aimed at addressing ASB in public places (House of Commons, 2012; Anti-social Behaviour, Crime and Policing Act, 2014). As previously alluded to, new powers included injunctions for any offences committed outside the perpetrators’ locality or by a third party visiting the tenant or occupier (Flint, 2014). This can result in prohibition of certain behaviour, fines, remedial orders, exclusion from particular localities and proscribed contact with certain individuals and can require the perpetrator to engage with different agencies to address problematic behaviour (Flint, 2014).

Under the 2011 Localism Act, tenancy conditionality was retained and extended including increased accountability of private landlords for tenants’ ASB, introductory tenancies, easier routes to eviction and sustainability of tenancies being conditional on good behaviour (Watts et al, 2014). The renewal of fixed-term tenancies was not only conditional on good tenant behaviour. Factors such as income, employment, level of engagement and services to the community were now material considerations (Garvie, 2012). As Watts et al (2014; 12) note, conditionality in social housing shifted from ‘need’ to discourses of ‘deservingness.’ Before the amendments to the 2014 Anti-



Social Behaviour Act, breaches could be used as evidence to support tenancy action but now a proven breach could lead to absolute possession (Flint, 2014). As a response to the 2011 riots in urban England, injunctions can now be applied for retrospectively. These measures present an ethical dilemma that questions whether it is fair to blame the prime tenant for the behaviour of someone else in the residence (Lister, 2006; Hunter and Nixon, 2001). Prompting certain behaviours was continued through welfare reform which extended the pilot of Housing Benefit sanctions and introduced new measures of conditionality including benefit caps, tax on spare bedrooms and employment incentives (see Welfare Reform Act, 2012; The Benefit Cap (Housing Benefit) Regulations, 2012; Universal Credit Regulations, 2013). These reforms based on conditionality became more stringent under the 2015-2017 Conservative Government (see Welfare Reform and Work Act, 2016), where in 2015, 400,000 sanctions were issued on welfare claimants (House of Commons, 2017; 4). Sanctions last an average of four weeks, which can equate to Jobseeker's Allowance claimants losing about £300 of income (House of Commons, 2017; 4).

The Coalition Government wanted a 'rehabilitation revolution' which retained New Labour's focus on early intervention, accountability and non-negotiable support. The insistence of positive behavioural requirements through warnings, mediation and support remained, as did the importance of parenting through the longevity of Parenting Orders and Acceptable Behaviour Contracts. Parenting classes continued to be endorsed as an effective mechanism of delivering support to parents, and the National Parenting Initiative was put into operation, alongside expectations that the voluntary sector would advocate and deliver parenting support as part of the Big Society agenda (Peters, 2012b; 251-252).

Additionally, the Coalition Government continued with themes of communitarianism and made available new tools including the Community Remedy which was a mechanism to give a voice to victims of crime and/or ASB and have an input in how the perpetrator was rehabilitated out-of-court. Furthermore, the Community Trigger was used for communities to cooperate with agencies to ensure rehabilitation action was taken and to challenge decisions that were not satisfactory for the safety of the community (Anti-social Behaviour, Crime and Policing Act, 2014). There were no further major changes to ASB policy following the election of the Conservative Government in 2015.

Activation remained a key policy goal for the Coalition and the current Conservative administrations. In addition to the 2011 Work Programme which has strict expectations on job seeking behaviour, further incentives for employment are exemplified by the roll out of Universal Credit, which will mean test and cap benefits to ensure employment is a more financially beneficial option than claiming benefits (Watts et al, 2014; Garvie, 2012). Further developments to Universal Credit will now target those already in-work who need their income topped up by benefits in order to sustain a decent standard of living. These individuals will now be obliged either to raise their working hours or to find a better paid job. New claimants will also be expected to comply with certain behavioural expectations before they sign up to claim welfare benefits, including already having a prepared and up to date CV (Watts et al, 2014).

### **2.6.7 Intensive casework approach**

This section will outline the historical development of the intensive caseload approach which will include descriptions of The Dundee Families Project (DFP), Family Intervention Projects (FIPs) and the Troubled Families Programme (TFP). Evaluation outputs of each programme will be addressed in section 3. As previously discussed,

research had found that enforcement, and formal re-housing procedures were not effective, in isolation, in changing behaviour or addressing the complexity and range of problems chaotic families were experiencing (Flint, 2011a). Thus, towards the end of the New Labour administrations, more supportive elements were promoted in policy programmes. A range of pathfinders which included 'Think Family' approaches led to the development of intensive family interventions, which are a whole family approach to support, with attached sanctions if behaviour is not changed (Morris, 2013; Nixon et al, 2010).

The intensive casework approach was pioneered by the Pacifist Service Units in the 1940s, later known as the Family Service Units (PSU/FSU's) (Starkey, 2002). The workers in the Units were not professionals, but volunteer Quakers. During the Second World War, the volunteers understood the complexity and range of problems families who were made homeless experienced and that they required interventions that were more intensive than the formal re-housing procedure (Parr, 2011a). PSU/FSU's were premised on an understanding that there needed to be a different approach to how families in need had previously been managed, and workers started to visit families in the home daily or weekly.

The PSU/FSU approach to families with problems was a new interpretation of welfare where working closely with the family in the home and providing applied practical help, friendship and compassion were regarded as the way to change households (Parr, 2011a). Changing family circumstances would involve working alongside the family to assist with practical tasks around the home to raise standards of domestic hygiene and childcare alongside help with housing, advocacy and ensuring access to the financial help families were entitled to (for example school meals and free milk) (Parr, 2011a). Due to the frequency, intensiveness and longevity of visits over time, families had one designated key worker (Starkey, 2002). Workers had small caseloads of families with a low family turnover. Starkey (2002) notes that the caseworker approach represented a change in attitude towards families who needed to be rehabilitated, rather than dismissing families as unmanageable or hopeless. The intensive casework approach earned its innovative status by being able to offer and coordinate a combination of service support from a variety of social work, probation, health, welfare and non-statutory agencies over a longer time period where other existing services were often standalone, time limited or would just 'firefight' problems without addressing their root causes (Starkey, 2002; Hodgkinson and Jones, 2013).

The thinking behind families having one single key worker was underpinned by two key rationales. Firstly, a 'friendship with a purpose' (Starkey, 2000; 539) meant that the relationship between key worker and family should be one of equals and mutual respect, but key workers would get close enough to families to be able to comfortably challenge their problematic behaviour, without patronising them. Secondly, key workers believed families should stay together, whereas children's welfare organisations such as NCPCC and Barnado's Children's homes felt it was more acceptable to remove children from the home (Starkey, 2002). PSUs/FSUs believed children should not be separated from negligent parents, as their practical help could alleviate immediate problems and cultivate an opportunity where their advice would alleviate the problem (Welshman, 1999).

The independent reviews of the service were largely positive about the success of the approach (Welshman, 1999; 462). In fact, the bottom up intensive casework approach pioneered its own social work practice and was adopted as a national programme. It was in the mid-1960s that social work critics expressed concerns that Intensive Family

Casework individualised problems and ignored the impact of broader social and economic contexts families could not necessarily control (Parr, 2011a; Lambert, 2016). Furthermore, the interaction between key workers and families was very dependent on the personalities and personal skills of key workers to influence change. Casework was beginning to be viewed as expensive and out of date as it had too much focus on domestication and encouraged dependency on key workers (Parr, 2011a). Furthermore, much of the case load was being dealt with by the newly formed health and social care departments in local authorities which no longer cultivated a space for creative practice (Starkey, 2002). Instead contractual short term interventions were used alongside welfare payments in order to increase the autonomy of families emotionally, practically and financially (Parr, 2011a). In the wider context of family life becoming viewed as a private and personal lifestyle choice, the PSU/FSU approach demised in the 1970s (Parr, 2011a).

### **2.6.8 The Dundee Families Project**

The Dundee Families project (DFP), which was a small-scale project created and run by the charity NCH Action for Children Scotland and Dundee City Council, from the mid-1990s, also had the aim of supporting families who were homeless or at risk of homelessness, including those in social housing subject to potential eviction proceedings (Dillane et al, 2001). The DFP was a bottom-up approach and was formed as an alternative to homelessness (Scott, 2006). The project recognised that;

*“The policy of taking legal action therefore proved cumbersome, did not solve the underlying problems and did not necessarily diminish the demands made on housing and other services” (Scott, 2006; 202).*

As such, the project was based on a perception that poor housing management and ASB problems were bound up in a wider range of complex and problematic issues including social exclusion, anger management and other mental health and emotional issues, substance misuse, lack of routine, poor nutritional and physical health, parenting, learning difficulties and criminality.

The most common forms of reported ASB by families engaged with the project were related to tension with neighbours, poor housing maintenance and damage to property, noise, arson, violence and drug offences (Scott, 2006; 204). There were also concerns with parenting, child welfare and the instability of individuals' lives.

The project used a whole family approach, and addressed the support needs of individual family members to reduce the social exclusion of the families referred. Support was delivered by workers who had a range of social services backgrounds and families had three ways of accessing the service, which was available 24 hours a day, every day:

- Residence in the core block (which could hold three or four families)
- Dispersed tenancies
- Outreach basis (in the family home) (Hill et al, 2002; 80)

A strength of the project was claimed to be the ability of the project workers to identify the families' needs. The project workers aimed to build a trusting relationship with families, based on understanding family values, supporting individual and collective family needs and listening to the family (Dillane et al, 2001). Consequently, support by project staff would only be delivered to families if they voluntarily agreed to participate.

The family would have to want to engage with the project and actively contribute to the development of a personalised care plan with the staff.

The project aimed to join up services that were disjointed or had not materialised and encourage inter agency working to coordinate better support packages for families and local partnerships with statutory and non-statutory agencies. The project provided possibly the first secure and lengthy attachment to an agency that most families would have experienced (Hill et al, 2002).

Key workers would work with three families, allowing interaction to be intensive. Support centred on legal advice, welfare rights, counselling, job seeking, adult learning, after school activities, youth group activities, adult cookery lessons and counselling. Feedback from families suggested that 8 out of 10 families had benefitted from support and stated that without the help of the project their lives would be more problematic (Scott, 2006; 207). However, there appeared to be less success dealing with mental health and there was less efficiency in joining up wider support services (Dillane et al, 2001).

The evaluation of the DFP states that there were 126 closed cases between 1996 and 2000 and only 18 percent of these cases were deemed unsuccessful. Successful cases were evaluated as higher in the core block (83 percent) and in the dispersed units (82 percent) than in the outreach cases (56 percent) which the evaluation authors believed reflected the more intensive nature of support delivery in these environments (Hill et al, 2002; 82). In addition to reducing ASB and decreasing the risk of homelessness, families reported increases in self-esteem, feeling more in control in life and being able to effectively manage anger and stress (Scott, 2006; 208). There was also some long-term evidence that families were maintaining behaviour change, although issues with parenting remained problematic (Scott, 2006).

### **2.6.9 Family Intervention Projects**

Positive coverage of the DFP led to it being cited as a form of good practice in the Social Exclusion Unit report on ASB (Dillane et al, 2001;14). As a result, the Together Campaign in England and Wales introduced ten trailblazer projects based on the framework of the DFP alongside six pilots in local authorities in 2003 to overcome issues such as ASB and homelessness (Nixon et al, 2006). Family Intervention Projects were then rolled out nationally in the mid-2000s and were outlined in the 2006 Respect Action Plan as a nuanced approach to working with families as they used a 'triple-track approach' of early intervention, non-negotiable support and enforcement to address underlying causes of behaviour (Batty and Flint, 2012). By 2006, 53 flagship FIP programmes had been established across the country (Nixon et al, 2010). 52 challenge and support projects and 20 intensive intervention projects were also established by the Youth Task Force Action Plan (HM Government, 2008) and by June 2010 a further 88 projects were established. Projects could be based on specific support themes including youth crime, child poverty, health, ASB, housing and women offenders (Batty and Flint, 2012). Pathfinders were introduced to broaden the scope of intensive family based projects that would have a focus on children's protection (Thoburn, 2015).

FIPs are a relationship-based and supportive casework service that deliver direct support to families in the home and encompass change-focused methods of working (Thoburn, 2015; Hill et al, 2002; 88). FIPs retained the core elements of a holistic, whole-family approach that addressed individual and collective family needs. Family needs would still be addressed by the allocation of a key worker, in addition to a

relevant support plan that outlined the types of support that would be delivered, rewards, goals and consequences for lack of progress. A focus on achieving a supportive relationship between the key worker and the family, based on empathy and understanding, alongside listening to family viewpoints, remained key to family progress (Nixon et al, 2006). However, key workers would still need to continue highlighting and challenging child protection concerns in the family whilst also noticing, showing concern for, and addressing a range of family and individual issues (Thoburn, 2015). It was envisioned that behaviour change would continue to be achieved through a combined practical, therapeutic and educative approach to behaviour change.

FIPs differed from the DFP in that projects incorporated forms of sanctioning that the DFP had regarded as counterproductive to family progress (Nixon et al, 2010; Dillane et al, 2001). Whilst FIPs still incorporated a social learning approach to achieve changes in behaviour (Thoburn et al, 2013), tiered forms of sanctioning would apply for different levels of non-engagement or lack of progress and could result in penalty notices, prosecution, eviction and removal of children from the home (Nixon et al, 2010).

FIPs are delivered by both local authority and voluntary sector providers and families are usually referred by housing services or the police or by other agencies identifying family need through a Common Assessment Framework (see Thoburn, 2015). FIPs mainly operate on an outreach basis (in the family home), but support in some projects can be delivered in dispersal units (temporary tenancies) or in a residential core block (families move away from their existing homes into units of accommodation located and managed on the project's premises) (Nixon et al, 2006; 23). Research found that families residing in the residential blocks are three times as likely to have an unstable tenancy, to be made homeless or been served with an eviction notice or Suspended Possession Order (Nixon et al, 2006; 14). The core block can be monitored and staffed 24 hours a day and tenants must abide by certain rules. Families have to be back in their accommodation by certain times in the evening, there is often restricted access to parts of the building, spot inspections of properties are carried out, visitors are allowed by permission only (and often have to have undergone a criminal records check) alongside specific rules and curfews for each family (Nixon et al, 2006)).

The aim of FIPs is to challenge and help families change problematic patterns of behaviour. This is achieved through the allocation of one key worker working intensively with the family to understand the dynamics, problems, needs, coping mechanisms, strengths and weaknesses of the family collectively and as individual members (Batty and Flint, 2012). It is evident that one of the core roles key workers practice is advocacy. This involves engaging with a range of agencies, arranging and assisting families to access specialist services and providing support at multiagency meetings (Batty and Flint, 2012). Thoburn (2015) labels key worker advocacy as 'shuttle diplomacy' where key workers break down complex information for families to understand, whilst also mediating and improving the relationships between families and services. Another significant key worker role is to deliver practical support by assisting with cleaning, cooking and decorating, providing food parcels and furniture and sorting out any housing repairs (Blades et al, 2016). Jones et al, 2006 (p23) provide a comprehensive list of examples of key worker and project support that is provided to households:

- Managing bills and money (including debt management)
- Support with specific acts of antisocial behaviour
- Help with accessing other services
- Help with managing stress and/or depression

- Vouchers, tools or other help with decoration
- Help with claiming benefits
- Assistance with securing furniture or white goods
- Advice or help with parenting
- Help with developing greater self-confidence
- Vouchers, tools or other help with gardening
- Help with ensuring children are in school
- Help with access to adult education or training
- Accessing a children's worker
- Help with moving to another area
- Advice or help in 'getting along with other people'
- Help with accessing community groups or services
- Help in securing safety equipment for children (e.g. stair or fire guards)
- Advice or help with anger management
- Practical support in setting up a new home

A key worker will usually have a small caseload (4-8 families at a time), undertaking intensive work, including at evenings and weekends, with contact time over a longer period (up to 15 hours a week for two years) (Parr, 2011a). The key worker would coordinate and manage a package of support for the family, with the first stage of support often focusing on urgent need and practical achievements such as enrolment at the GP, cleaning and decorating homes and getting children to attend school. Subsequent project phases included engagement with specialist drug and mental health workers (Local Government Leadership and City of Westminster, 2010; Hayden and Jenkins, 2014). Broad casework techniques are used by key workers who can introduce parenting skills or Cognitive Behavioural Therapy techniques when families do not have the capacity to attend full courses or attend appointments (Thoburn, 2015). Key workers review support plans and revisit family goals at certain milestones during the intervention to ensure adequate progress is being made. Meetings would be held after a number of weeks in a Team Around the Family (TAF) meeting where professionals associated with the family (including teachers, the key worker, social workers and members from the youth offending teams) would review the progress of the family, liaise with agencies and set achievable targets for review at the next meeting (Thoburn, 2015).

### **2.6.10 The Troubled Families Programme (TFP)**

Due to positive evaluations of FIPs (which will be discussed in further detail later in this chapter), the Coalition Government (2010-2015) continued to invest in the FIPs model, Parenting Orders and early intervention approaches. However, in the aftermath of the 2011 riots across several areas of urban England, the Coalition Government indicated a renewed desire to challenge and manage families who created 'misery' and were fuelling an intergenerational dependency culture (Cameron, 2011; Tepe-Belfrage and Montgomerie, 2016). The Coalition Government invested £448 million into The Troubled Families Programme which was launched in 2011. Originally, the programme was an employment-focused initiative (Crossley, 2016). However, the revised aim of the programme was to identify and turn around 120,000 of the country's most problematic families that were claimed to cost the tax payer £9 billion a year or £75,000 per family (CLG, 2012;1). The 120,000 families defined as 'troubled', met five out of the following seven problems;

- No parent in the family in work
- The family lives in overcrowded housing
- No parent has any qualifications
- The mother has mental health problems
- At least one parent has a long-standing limiting illness, disability or infirmity
- The family has a low income (below 60percent of median income)
- The family cannot afford a number of food and clothing items (Levitas, 2012; 4-5)

It is stated in the Troubled Families Financial Framework (CLG, 2012) that local authorities and agencies would already be aware of the ‘types’ of families outlined in the document. Nevertheless, local authorities would be provided with a set of criteria and indicative numbers of families to be turned around, which were overseen by a Troubled Families coordinator in each locality. Local authorities would have to identify families that were involved in crime and ASB, have an adult on out of work benefits, are causing high costs to the public purse and have children not in school (for example if the child has been excluded, is missing from the school roll, is in a Pupil Referral Unit or had at least 15 percent unauthorised absences across three consecutive school terms). For families to be automatically eligible for the programme, they would be issues of crime/ASB present in the family, an adult on out of work benefits alongside children not in school (CLG, 2012; 3). The fourth criteria was discretionary for local authorities and could involve interventions related to health, domestic violence and substance misuse (Davies, 2015).

There has been controversy regarding how the 120,000 ‘troubled families’ were identified. Information collected on families was not specifically collected for the TFP, but was based on assumptions made from deprivation data taken from a different, and out of date, 2005 children’s survey (Lister, 2012). Numbers were estimated using the Index of Multiple Deprivation, rather than specific measures for crime and ASB. Hayden and Jenkins (2014; 2015) state that this indicates that families defined as ‘troubled’ are influenced by poverty factors. However, this context is overlooked by the troubled families’ rhetoric and reframed as a behavioural issue and a ‘responsibility deficit’ (p 3). This observation has been acknowledged by other authors, who argue that consequently there has been a criminalisation of poverty experienced by society’s most vulnerable families, as well as misguided reasons for family referrals (Levitas, 2012; Gregg, 2010). Families who would benefit from support but did not fit the anti-social/criminal, truancy or high-risk element of the criteria were also excluded (Spratt, 2009).

Whilst many elements of the TFP reflect the FIP model, including the objective of delivering long term positive results for families who are ‘troubled,’ there were additional features of the programme including a new fiscal element. The Troubled Families Financial Framework (CLG, 2012) is a government document that outlines changes in the way services should be delivered to troubled families with goals of ‘incentivising’ and encouraging local authorities to adopt new ways of effective working by “reducing costs and improving outcomes” and encouraging social enterprises, private businesses and government agencies to work in partnership (p 1). This was due to the perceived lack of joint working and passive delivery of support in local authorities which was regarded as a costly and inefficient barrier to family progress. By conquering these two barriers that were undermining effective delivery of support, Hayden and Jenkins (2015) argue that the Government assumed turning around families could be done swiftly and would not be overly expensive, despite the

acknowledgement in the Troubled Families Financial Framework of the challenges that are involved in overcoming complex family problems.

Nevertheless, the Payment by Results system incentivised the required reform of service delivery in local authorities. It was estimated that each family would cost £10,000 in interventions where central government would make £4,000 of funding available for each family, or 40 percent of the cost. A proportion of this would be paid by an upfront attachment fee payment for restructuring services, recruiting new staff and commissioning new services. Only cases where families were deemed to be successful in reducing ASB, crime and truancy would receive the entire funding (CLG, 2012; 9). Criticism has been directed at the fact that local authorities could easily claim payments based on the set criteria without fully addressing family needs (Crossley, 2015). Furthermore, Rogowski (2011) notes that target setting and procedural methods of working might encourage agency workers to secure funding by any means possible regardless if this had a punitive route and/or negative outcome for families. Despite these concerns, the Department for Work and Pensions has recently stated that:

*“Payment by Results has provided a much needed focus on real, tangible changes and outcomes being made in families rather than an offer of help and sympathy with little long lasting impact”* (DCLG, 2017; 23)

As already discussed, employment and skills-based pathways as a solution to poverty that might end long term worklessness was favoured in workfare programmes during the New Labour governments, Coalition and the current Conservative administrations. The focus on workfare is embedded in the TFP (Hayden and Jenkins, 2014). There is payment if families achieve ‘progress to work’ or gain employment. This shows that conditionality has extended the consequences of not changing behaviour that links together the wider welfare benefits system, and the structure of support that is delivered at the level of the family.

In 2013, it was announced that there would be an extra 400,000 families in the TFP with £720 million allocated funding between 2015-2020 (Bate, 2016; 8). However, work with 40,000 of these families would be introduced a year earlier than estimated in 2015/2016 (Day et al, 2016; 9). Eligibility criteria for the expanded TFP included:

- Parents or children involved in crime or ASB
- Children who have not been attending school regularly
- Children who need help: children of all ages identified as in need or are subject to a Child Protection Plan
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents or children with a range of health problems (Holmes, 2015; 32)

Crossley (2015) criticised the expansion of the TFP as a mission creep away from the original aims of the programme. This is because eligibility for the expanded TFP requires meeting two out of the six criteria, which now, it is alleged, criminalises health problems and victims of domestic abuse. It is also claimed that combatting deprivation/health factors are secondary to achieving employment outcomes (Hayden and Jenkins, 2014).

The national evaluation of the TFP was published in October 2016. In summary, the evaluation finds that there is no consistent evidence that the TFP has been successful judged against the Programme’s criteria (Bewley, 2016; p 146). However, the authors



recognise that in families there were improvements but these were centred around soft outcomes such as confidence, rather than hard outcomes (Bewley et al, 2016; 142). Despite the report's outcomes, recent DCLG (2017) and DWP (2017) reports are adamant that it is worklessness that remains the issue that is 'holding back' families and this is promoted as a central cause of many problems including child poverty and poor mental health in adults. Whilst there is an acknowledgement in the DCLG (2017) report that the original TFP framework did not adequately account for the complexities that families face (families had on average nine different problems (p 13)), the next phase of the Programme will nevertheless invest in specialist programmes and partnerships that can deal with complex needs and worklessness together;

*"Work is assessed to be a good option as part of the therapeutic treatment for the individual"* (DWP, 2017; 19).

*"Without the positive, psychological and social support that comes from work, their mental health can decline further"* (DWP, 2017; 10)

This continues to reflect a governmental understanding that the activation of families and individuals is the primary solution to these social problems. In future, families will be prioritised in local authority criteria if there is parental worklessness and two of the 'main disadvantages associated with worklessness' which are regarded as parental conflict (including domestic violence) and serious personal debt (DWP, 2017; 24). Parental conflict is stated as a recurring issue that needs to be resolved in families. This issue of parental conflict has been given prominence as the report states that when parents split up, the child is likely to go into a workless household. It can be deduced that this is likely to be with the mother of the child as family breakdown and worklessness is linked to '*maternal* psychological distress and depression' which can then have negative effects on children (DWP, 2017; 10). This again has reflections of mother blaming and feminisation of poverty that has been present in discourse over the decades.

## **2.7 Discussion of similarities and differences in the intensive caseload approach**

This section of the chapter will now summarise the common themes identifiable within intensive family based approaches in each policy context, in addition to considering how different project elements evolved.

Across PSUs/FSUs, FIPs and the TFP, workers had small caseloads of families in need of support, and would work intensively with families over longer periods of time. FIPs and the TFP expand on the one family one worker relationship. Whilst the project worker remains the closest formal agency link to families, they also resource and coordinate further support by linking other local authority or voluntary agency workers into the relationship with families, such as mental health officers, health visitors and drugs workers (Flint and Batty, 2012). This perhaps shows a development of the intensive casework approach where one practitioner's skill set and/or home help will not necessarily be the only factor in overcoming long standing and complex family problems.

Across each policy context, it is apparent that project teams' knowledge and experience is multidisciplinary with project workers employed from a range of academic, professional and nonprofessional backgrounds and specialisms (Parr, 2009a; Nixon et al, 2006). It is clear across all projects that there is an essential need for project workers to have certain types of personality traits and that these attributes

may be more influential in achieving family outcomes compared to professional or academic competencies. Personality qualities that are consistently listed as crucial when working with families in policy and in evaluation reports require project workers to be non-judgemental, persistent, empathetic and patient in addition to having determination, dedication and assertiveness (Flint, 2011b). It is apparent that a successful project worker would be someone who is personable and perceptive in gauging what the families' problems are. They would also be creative in identifying potential solutions through relationship-based work, whilst being mindful of what can be achieved by the family within the time constraints of an intervention.

Usually, but not always, support is delivered using a whole family approach as opposed to other models of family support that target one family member to manage crisis in the family (Hughes, 2010). Project practice informing PSU/FSU, FIPs and the TFP is not always based on a theoretical or practical model, although some projects have reflections of 'home builder' models that were established in the 1980s and were based on a social worker working holistically with families to improve family functioning (see Thoburn et al, 2013; 229 for a fuller discussion). However, some authors have suggested that the work project workers undertake with families is strengths-based and can be related to traditional relationship-based psycho-social work, particularly because cognitive behaviour problem solving and social learning approaches are incorporated, for example through parenting programmes (Thoburn et al, 2013; 229). As all families respond and function differently, Nixon et al (2010) argue that instead of a fixed model of practice, the influence of 'people skills' to challenge and change undesirable behaviour is more powerful. Similarly, Parr (2009a) also states that projects not having a specific way of working cultivates a space for project workers to develop creative and novel forms of intervention. Furthermore, this freedom generates the capacity for a greater level of professional judgement and discretion to personalise interventions that can be adapted on a case by case basis. However, a critique of this way of working with families centres on the concern that there can be over-reliance on the rapport between key workers and families and the key worker's capacity to change families based on the project worker's likability (Parr, 2009a).

The FIP design that was based on the DFP was more enforcement based than the original DFP model (Nixon et al, 2010). In the original DFP design, it was emphasised that family engagement had to be strictly voluntary, in addition to a mutually negotiated, agreed and signed support plan between families and project workers (Dillane et al, 2001). Voluntary consent was less of a priority during the rolling out of FIPs and the TFP, where families would be 'made' to take support directed by their support plans (Davies, 2015). These support plans were also not necessarily co-produced. There is little evidence in the existing literature regarding whether there was an agreed care plan with the families in contact with PSUs/FSUs, or how consent was obtained – and this is perhaps representative of the informal, bottom up nature of initial intensive casework at the time.

Whilst PSUs/FSUs had some emergency accommodation, support was usually delivered directly in the existing home environment (Starkey, 2002). The DFP introduced the core unit element to support families that had insecure housing tenancies because of their problematic behaviour (Dillane et al, 2001). The core unit was designed to be a last resort for families that were not managing their housing contracts or behavioural conditions with statutory services (Nixon et al, 2006). The core unit has been continued in some FIPs and in some interventions funded through the TFP (Davies, 2015).

## 2.8 Existing research on Family Intervention Projects and the Troubled Families Programme in England and Scotland

As previously discussed, the beginnings of an intensive family caseload approach were regarded as a pioneering, family-centred and bottom up approach to working with problem families, and was reported as an effective alternative to existing mechanisms that had failed to change behaviour (Welshman, 1999; Parr, 2011a). It could be argued that the reappearance of the intensive family caseload approach decades later represented a second cultural turn in policy, where the value of supportive approaches in helping families to deal with their problems holistically became increasingly recognised.

The section is divided into common key outcomes that evaluations measure in relation to FIPs and the TFP. The table below includes the methodologies of a selection of the studies that reviewed FIPs and the TFP. Even though many of the evaluations suggested that intensive family interventions save money, this section will not cover the financial viability of projects as this is not the focus of the thesis.

Evaluation	Relevant methods
Bewley et al (2016) (TFP)	<ul style="list-style-type: none"> <li>• Quantitative evaluation of data from national administrative datasets and data from 56 local authorities on approximately 25 percent of the 120,000 troubled families. The evaluation uses a control group.</li> </ul>
Blades et al (2016) (TFP)	<ul style="list-style-type: none"> <li>• Interviews with 22 families at the start and end of their intervention</li> </ul>
Day et al (2016) (TFP)	<ul style="list-style-type: none"> <li>• Evaluation of national administrative datasets and survey and monitoring data from 143 local authorities</li> <li>• Face-to-face surveys undertaken with 495 families and with a matched comparison group of 314 participants</li> <li>• Longitudinal case study research of 20 local authorities</li> <li>• Telephone interviews with 50 local authorities</li> <li>• Interviews with 22 families at the start and end of their intervention</li> </ul>
Dillane et al (2001) (FIP)	<ul style="list-style-type: none"> <li>• Longitudinal evaluation of 20 families receiving project support</li> <li>• 126 closed family case analysis</li> <li>• 7 interviews with project staff</li> <li>• 7 short questionnaire surveys</li> <li>• 12 stakeholder interviews at the beginning of the research and repeated interviews with 9 of the stakeholders at the end of the project</li> <li>• Short interview surveys with 23 local residents</li> <li>• 31 interviews with parents</li> <li>• 51 follow up short questionnaire with social workers</li> <li>• 62 follow up short questionnaires with housing workers</li> </ul>

Dixon et al (2010) (FIP)	<ul style="list-style-type: none"> <li>Quantitative evaluation of 1952 families receiving intensive interventions in 87 English local authorities between January 2006 and March 2010</li> </ul>
Flint et al (2011) (FIP)	<ul style="list-style-type: none"> <li>Longitudinal case study analysis of 15 young people</li> <li>Interviews, or written responses from the area leads of six projects</li> <li>Interviews, or written responses from managers in 18 intensive intervention projects</li> <li>Interviews with 13 project workers</li> </ul>
Jones et al (2006) (FIP)	<ul style="list-style-type: none"> <li>Evaluation of family monitoring information completed by project workers and external agencies</li> <li>47 interviews with 36 families</li> <li>Repeat interviews with project staff members and 14 agency interviews</li> </ul>
Jones et al (2015) (TFP)	<ul style="list-style-type: none"> <li>Interviews with 20 families</li> <li>24 interviews with agency managers and practitioners</li> </ul>
Lloyd et al (2011) (FIP)	<ul style="list-style-type: none"> <li>Quantitative analysis of monitoring evidence of 3,675 families referred to projects between February 2007 and 31<sup>st</sup> March 2011 in 120 local authorities in England.</li> </ul>
Local Government Leadership and City of Westminster (2010)	<ul style="list-style-type: none"> <li>Quantitative analysis of 50 families</li> <li>3 case examples outlining the family background, care plan, progress and blocks, strengths and risks</li> <li>Survey of 95 residents</li> </ul>
Nixon et al (2006) (FIP)	<ul style="list-style-type: none"> <li>Quantitative analysis of project case files of 256 families referred to six separate projects in England between 2003-2005</li> <li>Qualitative interviews with 24 families (and repeated with 17 of the families)</li> <li>Interviews with 6 project managers</li> <li>Interviews with 11 of the project workers</li> <li>Interviews with 18 key stakeholders</li> </ul>
Pawson et al (2009) (FIP)	<ul style="list-style-type: none"> <li>78 service user interviews (9 re-interviewed) including those currently engaged in the project and former service users</li> <li>Interviews and follow up interviews with project staff, referral agencies and key stakeholders</li> <li>Review of socio-economic and housing data of 88 referred families</li> <li>Analysis of the Support Plans of 21 families</li> </ul>
White et al (2008) (FIP)	<ul style="list-style-type: none"> <li>Evaluation of 9 project case studies</li> <li>18 focus groups with staff from local services</li> </ul>

	<ul style="list-style-type: none"> <li>• 44 interviews with project staff</li> <li>• Interviews with 18 families and their key worker. 12 families had repeat interviews</li> </ul>
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**Table 2: Report methodologies evaluating Family Intervention Projects and the Troubled Families Programme**

The table shows that each evaluation has different approaches to measuring intensive intervention outcomes with different sample sizes and case study local authorities. The diversity in evaluating intensive interventions is important to note as there have been debates over what methods credibly measure family outcomes (see Gregg, 2010). In particular, there are questions regarding the extent to which behaviour change is attributable to projects, where family based interventions do not necessarily generate greater outcomes than non-FIP based interventions (Lloyd et al, 2011). Commonly in the evaluations, there was no control or counterfactual group, but rather a small amount of case studies that cannot be deemed representative of families, as well as gaps in useable data (Day et al, 2016). Despite the fact that project workers work closely and intensively with families, Pawson et al (2009) note that some positive results reported by practitioners may be overestimated because data on family progress and outcomes are perception-based. Furthermore, behaviour change in children might be achieved with age and maturity, rather than because of the project (Nixon et al, 2006). It is important to bear these factors in mind when reviewing the evaluation evidence.

## **2.9 Common features of families referred**

Families have a range of complex problems and are often both victims and perpetrators of ASB (Nixon et al, 2006). Referrals to projects are likely to be from white, single, female-headed large families who have low education and skills qualifications, are unemployed and are long term welfare claimants (DCLG, 2017). Families are likely to be experiencing material poverty and social exclusion more generally. At the point of referral, families are often in a situation of being made homeless, or having problems with housing (such as rent arrears, in temporary, unstable or unsuitable accommodation) (Lloyd et al, 2011). Additionally, children are often being monitored by social care teams and/or are being registered on Child Protection Plans, often due to concerns regarding criminal/ASB, domestic or sexual violence, poor parenting, poor domestic environment and/or problems of truancy (Hodgkinson and Jones, 2013; Parr, 2011a). Adults in the family may also be committing ASB and/or crime. It is not uncommon for some members of the family to be physically or mentally unwell and/or caring for the illnesses of other (extended) family members (Garrett, 2007a, Bunting et al, 2017). Whilst the presence of mental health problems in families can be genetic and/or a personality disorder, evidence suggests that some mental illness can be attributable to, or aggravated by, a poor living environment, sexual abuse and/or domestic violence that can be historical, current, or both, and from more than one family member (Nixon et al, 2006). Pawson et al (2009) and Flint et al (2011) have also found a high instance of learning difficulties and various behavioural problems. Substance abuse and addiction is also common in families referred for interventions (White et al, 2008). Many of the problems families face have a temporal element, which can be historical, intergenerational, long-standing or re-occurring (Lloyd et al, 2011). Problems can also be experienced by more than one member of the same family (such as mental health, abuse, addiction) or have a knock-on effect on other family members (such as the long-term outcomes of bad parenting) (Dixon et al, 2010; DWP, 2017). Due to the embedded and longstanding nature of challenges families experience, Flint

et al (2011) have critiqued the concept of 'early intervention' which, they argue, require a more holistic and historical consideration of family problems.

### **2.9.1 Budgeting, finance and debt**

Many families in several evaluations were in rent arrears at the time of their referral. Key workers would attempt to ensure that families received the welfare benefits they were entitled to and would help families with budgeting and/or managing debt (Jones et al, 2006). Key workers would also source goods such as furniture and clothes if families were unable to purchase these. In White et al's (2008) study, there was a 10 percent reduction in families in debt. In Jones et al (2006) study, 46 percent of families had improved their ability to manage their finances and debt.

In the national evaluation of the TFP, Day et al (2016) find that a significantly higher rate of families in the Troubled Families group felt that they were managing financially compared to the matched group who did not feel they were managing their finances. However, they also find that there is little statistical difference between the TF group and the matched comparison group in the number of families (79 percent in both groups) keeping up with bills or regular debt payments in the past three months.

### **2.9.2 Crime and anti-social behaviour**

As one of the main aims of many FIPs and TFP projects was to reduce ASB, this outcome was researched by several evaluations. In White et al's (2008) study, 91 percent of families were committing one or more types of ASB at the beginning of the intervention. At the end of the research period 65 percent of families were no longer committing ASB, although 35 percent of families were still committing one or more types of ASB (p95). In Jones et al's (2006) research, 71 percent of families who finished working with the project had completely stopped any ASB (60 percent) or had reduced any nuisance behaviour (11 percent) (p30). Similarly, in Dixon et al's (2010) evaluation, 59 percent of families were no longer involved in criminal activities and there was a 59 percent reduction in ASB (p38). However, in total, 64 percent of families had *some* success reducing the number of issues they had with crime and ASB, although 36 percent of families had no success (p41). Respondents also reported a better rapport with neighbours although one family's relationship with neighbours remained strained. This finding is in harmony with the Local Government Leadership and City of Westminster's (2010) report that states that 69 percent of reported offences declined during the project with reported improved neighbourhood satisfaction levels (p17). Furthermore, Dillane et al (2001) highlight that reduction in ASB has the effect of improving satisfaction for both victims and perpetrators, where six of the families involved in the project had no altercations with neighbours and the housing service had not received any complaints.

This highest reported decrease in anti-social behaviour was by Pawson et al (2009) who found that ASB complaints had been reduced by 94 percent (p84). This figure included the 14 families that disengaged with support, however ASB was less frequent in the families when they disengaged with support than when they joined the project (p88). There were no cases where ASB complaints increased in families. Another high reduction in ASB was reported by Nixon et al (2006). In their study, 85 percent of complaints against families who were committing ASB had stopped or were at a level that did not threaten their housing tenancy. Caseworker assessments believed that risk to the local community had reduced or ceased in 92 percent of families, although in three families this impact had increased. In families that had disengaged from the

project there was either no difference or an increase in ASB (p118). Although in six families, ASB complaints had risen by 15 percent (p114). Where families had disengaged, ASB had reduced slightly but not enough to stabilise tenancies. However, in three families ASB had increased. In 39 percent of families, no complaints were made to the police (although it must be noted that some households were not known to the police at the start of the project). In a further 50 percent of families, there was a reduction in complaints. In three families, these complaints increased, and the families left the project with ongoing behaviour problems. In terms of the families who disengaged from the project, two of the families' complaints had reduced and in the other family complaints stayed the same (p119).

The lowest reported reduction in ASB was in Lloyd et al's (2011) study, where there was a 50 percent average reduction in the proportion of families involved in crime (41 percent) and ASB (58 percent) (p53).

The national evaluation of the TFP found that the effect of interventions delivered by the TFP was not significant in reducing both adult and child offending at 7 to 18 months after engagement with the programme commenced (Bewley et al, 2016; 147). However, it must be noted that not all families referred to programmes were committing ASB (Day et al, 2016; 47). The evaluation shows that there was little difference in self-reported ASB complaints (94 percent in the Troubled Families group and 93 percent in the match comparison group). Furthermore, it was reported by the evaluation that there had been no ASB actions taken against families in 84 percent of the Troubled Families group and 86 percent in the matched comparison group in the previous three months.

It would appear in the evaluations undertaken between 2006 and 2010, that ASB and crime had significantly reduced in many families by the end of the intervention. Whilst there is a large variation in success (from 50 to 85 percent), this still represents a significant reduction in ASB committed by families. This appears to indicate that projects do have an impact in reducing levels of crime and ASB (Nixon et al, 2006).

### **2.9.3 Family functioning**

The causes of ASB are acknowledged to be symptomatic of a range of complex problems, that often involve a chaotic family life. Thus, researching family functioning was a common theme across reports that evaluated intensive intervention projects. This included factors such as poor parenting, relationship break down, child protection concerns and domestic violence (Flint et al, 2011). In Lloyd et al's (2011) report, there was an overall 47 percent reduction in the risk of family breakdown. This included reductions in risks associated with poor parenting (49 percent), marriage, relationship/family breakdown and domestic violence (57 percent) and child protection issues (34 percent). Similarly, in Dixon et al's (2010) study, the authors found that 54 percent of families were no longer considered to have poor parenting. 58 percent no longer had marriage, relationship or family breakdown issues and there was a reported 64 percent reduction in domestic violence. Child protection issues were no longer an issue for 51 percent of families (p38). In total, 65 percent of families had *some* success in reducing family functioning risk (p38) and 35 percent of families had no success (p41). Nixon et al's (2006) evaluation found that in 48 percent of the families, the risk of family breakdown had reduced whilst in 45 percent of cases the risk stayed the same. For families who had disengaged from the project, the risk of family breakdown increased in three cases and remained constant for six families (p121). In White et al's (2008) evaluation, there was a reduction in risk factors for domestic violence from 26 percent to 8 percent and relationship breakdown reduced from 32 percent to 10 percent. There was a 28 percent reduction in poor parenting and a 11 percent

reduction in child protection issues. Finally, the number of children on the child protection register only marginally decreased from 8 percent to 6 percent (p104).

The biggest reduction in family breakup was reported by Pawson et al (2009) indicating that in 63 percent of families, the risk of family breakup had reduced for those who completed support programmes (p84). The risk increased for three of the families. For seven of the families that left support, there was an increased risk of family breakup (p89). However, it must be noted that these figures should be interpreted with caution as they are affected by the fact that some children were taken into care and two families had children returned from care (p89).

The biggest reduction in risks to family functioning in all the reports appeared to be achieved in relation to reducing domestic violence. In Local Government Leadership and City of Westminster's (2010) sample of 10 families where domestic violence was present, there was a 50 percent reduction in domestic violence and this was attributed to a safety plan being put in place (p15). This could also be a reason for the reduction of risk and actual domestic violence in families across the projects.

In the national evaluation of the TFP, the authors claim that there is little or no evidence proving the TF programme's effectiveness in reducing the likelihood of children being in care or children classified as 'in need' 12 months after engaging with TF support, but this figure may be complicated by projects working with families whose children are already in care or already regarded as a child in need (Bewley, 2016;145; Day et al, 2016; 64). In Thoburn's analysis of the Family Recovery Project, only in 39 percent of the families could the wellbeing of all the children be described as average and only a quarter of families were no longer receiving specialist or statutory services (Thoburn, 2015; 94). However, Thoburn (2015) questions why children considered 'at risk' staying out of care is considered a programme success. The author states that if the care system is properly managed, this might produce positive outcomes overall.

In general, like ASB, there is a significant reduction in the risk of family break down and real improvements in family functioning. In some of the reports, there were suggestions that the increase in family functioning and stability affects the amount of ASB committed (Nixon et al, 2006). It appears across the reports that there was less success in achieving better outcomes in child protection cases, where the figure was significantly less than poor parenting, domestic violence and family breakdown outcomes. This could be argued to be surprising as it might be assumed that an increase in parenting skills and reduction in violence would have had a positive effect on child neglect concerns. Alternatively, this might also reflect the child-centred nature and risk averse strategies in prevention programmes briefly mentioned earlier in the chapter.

It is important to acknowledge that reports documenting family breakdown and/or domestic violence do not always specify the different forms of domestic abuse and/or family conflict that is experienced within family households. Hunter et al (2010), Hunter and Nixon (2012) and Nixon (2012) have shown that one of the most under researched and under acknowledged forms of common violence in the home is child to parent abuse. Definitions of parent abuse are based on the physical, verbal, financial or psychological actions of children and adolescents that are directed at parents/carers with the intention to cause harm (Cottrell and Monk, 2004). In Cottrell and Monk's (2004;1072) study up to 14 percent of parents are at some point physically assaulted by their children whereas in Edenborough et al's (2008) study, 50 percent of mothers taking part in the research had experienced child to parent abuse. Evidence has shown that it is more common for child to parent abuse to be directed towards mothers, rather than at fathers, with male adolescents as the perpetrator (Valentine, 1997;



Edenborough et al, 2008). Emerging research on the issue has found gendered child to parent abuse based on gendered power explanations where mothers are viewed as 'weaker' and less authoritarian than fathers (Valentine, 1997; Tew and Nixon, 2010). However, this explanation does not fully account for the complexities of family dynamics which can include poverty, parental conflict, ineffective parenting, attachment issues, mental health, drug/alcohol misuse and witnessing and/or experiencing of domestic violence at a young age (Cottrell and Monk, 2004; Tew and Nixon, 2010).

Nixon (2012) and Holt (2016) suggest that child to parent abuse is a neglected topic of research due to its absence in legislation and policy and practice frameworks, where it is unusual to view children and adolescents as having 'power' as perpetrators of abuse or regard parents as vulnerable victims. This can present families who are subject to intensive interventions with further challenges when there is child to parent abuse present as the compliance of young people can be less certain, alongside a higher chance that parenting interventions may not be effective (Flint et al, 2011; Clarke and Churchill, 2012).

#### **2.9.4 Health and wellbeing**

Families who are referred to intensive interventions are often reported to have a range of physical and mental illnesses, which can affect their ability to manage in daily life. For example, Jones et al (2015) state that the high incidence of depression that was prevalent in their research respondents created a sense that families were "worn down and worn out and...[were] overwhelmed by a cluster of problems that created stress and worry, and [were] not to be in control of what was happening to them personally" (p133). Across the projects, mental health is a common factor experienced by one or more family members. In addition, and perhaps linked to mental and physical health problems, substance abuse is apparent in many of the families referred for interventions. In Lloyd et al's (2011) study, there was an overall reduction of 34 percent in poor health in families referred for interventions. This included reductions in mental health problems (23 percent), physical health symptoms (26 percent) and drug (40 percent) and alcohol problems (48 percent) (p 57). However, in White et al's (2008) report there was only a two percent reduction in mental health problems and a two percent reduction in physical health problems. There were more successful outcomes in reducing drugs (18 percent) and alcohol (19 percent) abuse.

Issues such as mental and physical ill health and substance misuse can contribute to unhealthy lifestyles with poor diets and lack of exercise, which is also explored in some of the evaluations. In Dixon et al's (2010) study, the authors found that lack of exercise and poor diet was no longer an issue for 55 percent of families, substance misuse had reduced for a further 50 percent of families and drinking problems had reduced for 57 percent of families (p38). Mental health issues were reduced in 40 percent of families (p40). However, 44 percent of families had no success in improving their health and wellbeing (p41). Pawson et al (2009) found that 36 percent of all family members' physical health improved, 55 percent remained unchanged and in nine percent of families, physical health deteriorated. The prevalence of depression (often the most common mental health problem reported in interventions) had improved in 62 percent of cases, remained unchanged in 24 percent of cases and deteriorated in 14 percent of cases (p90). In terms of other mental health illnesses, this improved in 25 percent of cases, 55 percent remained unchanged and in 20 percent deteriorated. Alcohol abuse had reduced in 43 percent, stayed the same for 48 percent but got worse in 10 percent (p91). Substance misuse had reduced for 53 percent of families, remained unchanged

for 33 percent of families and in 14 percent of families the issue of substance misuse deteriorated.

Some evaluations also recognised that there were improvements in children's health and wellbeing (Nixon et al, 2006; 112) and that families had registered with GPs and there was a higher engagement with mental health services (Local Government Leadership and City of Westminster, 2010; 15).

Overall, the evaluation evidence indicates improved health and wellbeing in families working with the projects, although this is not as significant as positive outcomes relating to ASB, crime and family functioning. In addition, Dillane et al (2001) note that in some families, health had got worse for reasons outside of the project's control such as the on-going effects of prior poor living conditions and stress from building works (p 69). Furthermore, Jones et al (2015) state that health problems experienced by the adults in the family could have a knock-on effect on children's wellbeing. The researchers found that children were anxious about their mother's depression in case their mother attempted suicide or used alcohol to cope. Children were also frightened for their mother's safety when domestic violence was an issue in the home (p133). This would result in children being scared to leave home in case anything happened. In turn, this would mean they missed school or became aggressive themselves.

According to the national evaluation of TFP, there appears to be no statistically significant figures that allude to any impact on health or well-being factors for families engaged with the programme, compared to the matched comparison group not engaging with any projects (Day et al, 2016; p65). However, the evaluation states that respondents did mention improved 'soft outcomes' such as higher levels of confidence and optimism which will be discussed later in this chapter.

Across all the projects, it appears that mental health is the outcome which services have had the least success in reducing.

### **2.9.5 Housing management**

Many of the projects are established as an alternative to homelessness. As a result, many of the families that are referred for interventions have issues related to poor housing management and/or repeated homelessness and support is often given through help with the legal housing process (Nixon et al, 2006). In fact, the majority of referrals to many projects are made by housing providers. The evaluations of FIPs and the TFP considered the risk of homelessness and the issue of unstable tenancies for families subject to intensive interventions. Jones et al (2006) found that 84 percent of families who had finishing working with the project were no longer at risk of homelessness. Lloyd et al (2011) considered the housing enforcement actions against families. They found that 59 percent of families referred to projects had one or more housing enforcement actions against them. By the end of the intervention this had reduced to 26 percent. This included warning letters sent from housing providers (26 percent down to 12 percent of families), visits by a housing officer (reduced from 29 percent to 16 percent) and a notice seeking possession (this was originally in place for 14 percent of families, with 18 percent of these families still having this order in place by the end of the intervention (p60)). Similarly, White et al (2008) reported that 60 percent of families had one or more housing enforcement actions against them which reduced to 18 percent (p101). However, three percent of families still had a notice of seeking possession, three percent had a suspended possession order, one percent received a warning letter and one percent of cases received a notice of tenancy demotion (p101). At the beginning of the intervention seven percent of families were in

temporary accommodation. Only one percent were in temporary accommodation when they left the project.

Nixon et al (2006) found that the risk of homelessness had lowered dramatically for families involved in the projects. 80 percent of family's tenancies had been stabilised and 78 percent of families left the project with a stable tenancy (p112). However, where families had disengaged with projects, the majority of their tenancies remained unstable (p117) and the risk of homelessness remained high and increased for six out of the nine families (p116). These factors show the projects' strengths in supporting some families to secure tenancies and lower the risk of eviction and therefore homelessness, but this was largely dependent on families not disengaging from the projects.

Comparable to Nixon et al's (2006) findings, Pawson et al (2009) found that in 81 percent of families there was a reduced risk of homelessness/eviction (p84). Although, in families who disengaged with support, risk of homelessness/threat of eviction reduced in 11 of the families regardless of disengagement. The risk of homelessness/threat of eviction increased in one family who were engaged and one family who disengaged from support (p88).

In Dillane et al's (2001) evaluation of the DFP, the authors reported that six of the families working with the project felt that their housing situation had improved and had stopped the family's children being admitted to care. Two families' housing situation remained unchanged and two families felt that their housing situation was worse now that they were working with the project. This was mainly due to feelings of being 'imprisoned' in addition to one family claiming there had been a lack of improvement in their circumstances. However, in these cases, the children had contradicted their parent's views on the family's housing situation, claiming that they now felt safer after moving, in addition to feeling that the family routine was getting back to normal (p67).

In the national evaluation of the TFP, Day et al (2016) find that the Troubled Family group and the matched comparison group were not statistically different in terms of impact upon housing issues in the previous three months. This includes similar results in no housing issues (75 percent in the Troubled Family group and 73 percent in the matched comparison group), no notices served to leave the property by the landlord (99 percent in the Troubled Family group and 99 percent in the matched comparison group), no evictions (in 99 percent of the Troubled Family group and 97 percent in the matched comparison group), no threat of eviction (93 percent in the Troubled Family group and 88 percent in the matched comparison group) no warning letters (90 percent in the Troubled Family group and 89 percent in the matched comparison group) no possession order (96 percent in the Troubled Family group and 95 percent in the matched comparison group), no bailiff warrant issued (95 percent in the Troubled Family group and 97 percent in the matched comparison group) or warning meetings with agencies (96 percent in the Troubled Family group and 97 percent in the matched comparison group) (p58). In both the Troubled Family group and the matched comparison group, there was a similar result of 71 percent of families who had no rent arrears (p58).

The evaluation evidence overall suggests that projects have helped families achieve housing security, however it is clear that issues remain that could contribute to homelessness and unstable tenancies, particularly for families who disengage before completion of the intervention support plan.

## **2.9.6 Education and Employment**

Since 1997, governments have tried to reduce poverty through employment and education focused pathways (Rees et al, 2014). Key workers are expected to help families get their children back into school and give guidance and assistance to adults in finding education/employment. This is now a formal criterion for the TFP (DCLG, 2012). In Jones et al's (2006) evaluation, there was a high rate of improvement where engagement with the education system increased by 91 percent. Education-related support centred around access to specialist education services (due to behavioural or medical problems), addressing behavioural problems and attendance and guidance in accessing further education (p34). In Flint et al's (2011) study, many of the young people had improvements in their school attendance and were engaging with further education. However, the other evaluations do not record such high success rates but results are still positive. In Lloyd et al's (2011) study, there was a 53 percent decrease in families who had a child that was truanting, excluded or poorly behaved (p54). In White et al's (2008) evaluation, education and learning problems (including truancy, exclusion, bad behaviour and learning difficulties) reduced from 71 percent to 38 percent (p104). Similar success was reported in Pawson et al's (2009) research which found that children's educational progress improved in 66 percent of cases, remained the same for 29 percent of families and worsened in five percent of families (p91). This figure was lower in Dixon et al's (2010) report which found that truancy, exclusion or bad behaviour reduced for only 40 percent of families (p38). In contrast, Local Government Leadership and City of Westminster (2010) found that more than 80 percent of children in families involved in the project had increased their school attendance, however this figure does not include any reported improvements in bad behaviour (p16).

In terms of employment, the outcomes are less successful. In Lloyd et al's (2011) evaluation, there was only a 14 percent reduction in worklessness (education, employment or training) of adults aged over 16 (p59). Dixon et al (2010) found that worklessness in families was reduced by 20 percent (p38) and the authors found that there was no success in terms of education and employment in 52 percent of families (p41). White et al (2008) found that there was only a four percent increase in families now in work, and a six percent increase in adults in training or education. Dillane et al (2001) found the least successful outcomes in terms of employment, with no reported changes in the levels of worklessness. However, Pawson et al (2009) claim that employment *prospects* had improved for 44 percent of family members, remained unchanged for 46 percent of families and deteriorated in 10 percent of families (p90). This last finding is comparable to Jones et al's (2006) claim that some adults who were engaged in the project had improved their potential of entering the labour market through boosted levels of self-esteem. Before project intervention, low confidence was acting as a significant barrier in obtaining employment, education or training for unemployed adults in families (p30). Nevertheless, during the project, six females did successfully enter employment (five full time and one part-time) with another female entering further education. One male also entered full time employment (p34).

The national evaluation of the TFP reported that the programme did not have an impact on the likelihood that there would be a reduction in families claiming benefits, including Job Seekers Allowance, incapacity benefits or out-of-work benefits. The TFP also did not have any effect on the amount of time family members were claiming these benefits. Furthermore, engaging with the TFP did not increase the likelihood of employment 12 or 18 months on from engagement. Families spent a similar number of weeks in employment as those who were not engaged with the TFP (Bewley et al, 2016; p144). Finally, the report found no evidence that the TFP had an impact on school absence rates (p145) and one in five children in both the TF group and the

matched comparison group had been absent from school for at least 15 percent of the time (Day et al, 2016; 63).

Overall the outcomes for education and employment across the evaluations seem to be low compared to housing management, ASB and family functioning statistics. It is suggested that employment is a long-term goal, but cannot always be tackled alongside immediate intervention priorities such as housing and family stability.

## 2.10 Soft outcomes

Many of the patterns of outcomes that were measured using quantitative methods in the previous section are also reflected in the larger qualitative studies. In fact, Batty (2014) has recognised that in policy and research there is a tendency to focus on hard outcomes such as reduced rates of ASB and increased school attendance in order to give outcomes more credibility. However, a preference for metric-based data often overshadows, and takes for granted or ignores softer outcomes. This section of the chapter will outline evidence of soft outcomes. Soft outcomes were related to improved coping skills and resilience, widened access to entitlements and specialist support, improved financial circumstances, improved parenting confidence and improved social confidence (Blades et al, 2016 p4).

In line with Batty (2014), Thoburn (2015) agrees that there is a body of evidence that is missing from what counts as ‘success’ in national criteria. Her argument is that success shouldn’t be judged by the number of families that no longer need support, but by how families constructively engage with support. For example, the fact that parents are willing to engage with services, are feeling less stressed or that parents are ‘emotionally available’ to their children needs to be considered (Thoburn, 2015; 94). Instead, outcomes that are easily measured, are not emotionally-based, and are potentially financially viable (such as getting family members over 16 into education/employment) appear to take precedence in policy criteria. However, it is clear across the reports that softer outcomes formed a crucial part of families’ interactions with projects and personal success, even when there were no hard outcomes achieved (Batty and Flint, 2012; Blades et al, 2016). Even when hard outcomes have been achieved in projects, there is reference in the reports to the secondary effects of harder outcomes leading to softer outcomes that made a significant difference to families’ circumstances (Flint et al, 2011). Nixon et al (2006) use the example of how better and secure housing provision for families lowered the risk of self-harm, alcohol and drug abuse and alleviated the anxiety and distress of being made homeless, paying fines and having children taken into care. Furthermore, it is also important to note that whilst Blades et al’s (2016) report states that, despite evidence that hard outcome measures in the TFP were statistically insignificant, there was a wealth of statistically significant soft outcomes that need to be considered in terms of impact (see Pawson et al, 2009). It might be argued that these outcomes should be valued by critics as they have increased feelings of wellbeing in families. Based on Blades et al (2016), the following table uses the five soft outcomes as headings, with examples of how these outcomes relate to family experiences;

<b><u>Soft outcomes</u></b>	<b><u>Family experiences</u></b>
<b>Improved coping skills and resilience</b>	<ul style="list-style-type: none"> <li>• New and improved skills and confidence navigating professionals, family members and other individuals</li> <li>• Improved coping mechanisms and self-management skills</li> </ul>

	<ul style="list-style-type: none"> <li>• Ability to understand agency and support information and delivery and feel less overwhelmed</li> <li>• Engage with agencies in a constructive manner with less suspicion felt towards agencies working with the family</li> <li>• Increased independence and less reliance on support</li> <li>• Feeling more resourceful</li> <li>• The ability to speak up</li> <li>• The ability to approach things in a calmer manner and evaluate when to compromise and walk away</li> </ul>
<b>Widened access to entitlements and specialist support</b>	<ul style="list-style-type: none"> <li>• Less stress and increased relief when children's needs were being met and optimism for their continued development and improvement</li> <li>• Having more knowledge of legal rights</li> </ul>
<b>Improved financial circumstances</b>	<ul style="list-style-type: none"> <li>• Payment for basic necessities such as food and furniture relieves some anxiety</li> <li>• Support with education and employment increases families' confidence of entering the labour market</li> <li>• Getting debts cancelled and rent arrears repayment plans in place relieves stress</li> <li>• Making sure families receive the benefits they are entitled to relieves stress</li> <li>• Help completing paperwork relieves stress</li> <li>• Budgeting and money management support to minimise risk of debt relieves stress</li> </ul>
<b>Improved parenting confidence</b>	<ul style="list-style-type: none"> <li>• Picking up new parenting tips has given a new sense of control and empowerment and stopped incidents of bad behaviour</li> <li>• Better relationships between parent and child which has helped parents stop feeling like they are at breaking point</li> <li>• Easier morning routine is less stressful</li> <li>• Parents have an increased ability to be firm, but also compromise and know when to walk away from arguments</li> <li>• Ability to problem solve</li> <li>• Feeling that their lives are calmer and less stressful</li> </ul>
<b>Improved social confidence</b>	<ul style="list-style-type: none"> <li>• Vouchers and rewards received by families have enabled families to relax and enjoy leisure days and spend time together as a family that has improved intra-family relationships</li> <li>• Opportunities to meet new people who might be facing similar problems and extend social and support networks</li> </ul>
<b>Crisis avoidance</b>	<ul style="list-style-type: none"> <li>• Feelings of positivity, optimism and looking forward to the future</li> <li>• Having the confidence and opportunity to solve own problems</li> </ul>

	<ul style="list-style-type: none"> <li>• Reflection on what to work on/do differently next time</li> <li>• Put into practices new learnt approaches</li> <li>• Becoming self sufficient</li> <li>• Having clarity about what is expected by different agencies and what tasks need completing</li> </ul>
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**Table 3: Soft Outcomes, based on Blades et al (2016)**

Most frequently, evaluations report an increase in the confidence and self-esteem of family members and the reduction of stress and anxiety (Flint et al, 2011). The relationship between project worker and service user has reduced feelings of both social isolation and feelings of being overwhelmed at dealing with multiple complex problems (Nixon et al, 2006). Key workers increased family self-worth by listening to the family, getting to know them, valuing their opinions and acknowledging their strengths (Jones et al, 2015). Working directly and consistently with families made family members feel that key workers cared about the family and that they had someone available to advocate, mediate and speak on their behalf when statutory services were involved (Dillane et al, 2001). Having increased confidence also motivated personal development and encouraged families to pursue their ambitions such as entering employment (Nixon et al, 2006).

Jones et al (2015) recorded that many families felt as if they had a sense of order and control back in their lives, that they had a better quality of life and were no longer ignoring problems. In addition, families felt that they were eating more healthily, losing weight and had cleaner, homelier living conditions. In extreme cases, families stated that projects had stopped serious injury and even death, from drug and alcohol abuse and overdose (Jones et al, 2006; 36), also known as the crisis management phase in Batty and Flint's (2012) model. Regaining ownership of their lives was a common theme in the reports that in turn raised feelings of wellbeing, motivation and assertiveness. In Day et al's (2016) evaluation of the TFP, the TF group was recorded to be more positive than the matched comparison group. Families in the TF group were more likely to report that they felt they knew how to keep their family on the right track (96 percent compared to 91 percent), and they were confident that their worst problems were behind them (68 percent compared to 52 percent). They were also more likely to say that they felt in control 'of things' (69 percent compared to 60 percent) and that they felt positive about the future (69 percent compared to 61 percent) (p65).

These feelings of awareness, reflection and direction were enhanced by families feeling that they were upskilled in terms of understanding, navigating and negotiating agency interaction and information and could manage and deal with agencies in a more positive manner (Jones et al, 2006). Thus, families were more aware of how to access treatment services for themselves and their children and felt they could take control of, and problem solve, their issues. Subsequently, adults felt that both their own and their children's health had improved (White et al, 2008). There were also additional benefits of reducing feelings of suspicion felt towards services, and the perception that families were regarded as hopeless and a burden. In fact, there was an increase in families' perceived competence in addressing issues, controlled self-expression and anger management (Hill et al, 2002; 85).

Finally, soft outcomes were evidently having an impact in families' local areas. White et al (2010) found that young people were causing less problems in the community and subsequently children were escorted home by the police less frequently (p108). Additionally, some evaluations state that relationships with neighbours had improved, communities felt safer and appeared to be less noisy and untidy (Nixon et al, 2006;

Dillane et al, 2001). As a result, families were able to feel settled and part of the community; whether this was in the same community or in another locality (Jones et al, 2015; 154).

## **2.11 Soft outcomes and parenting**

Across the reports there are references to parents having an increased sense of control over their children's (often risky) behaviour through better communication and conflict avoidance and management skills (Nixon et al, 2006; Flint et al, 2011). This is in addition to improving the emotional, educational and social development of children as well as reports of better behaviour of children (Lloyd et al, 2011; Lindsay et al, 2011). Flint et al (2011) and Nixon and Parr (2009) present a large amount of evidence that suggests parents have a better sense of wellbeing (mainly due to the fact they feel empowered through learning new parenting techniques), feel less embarrassed and overwhelmed now that their child's behaviour has improved and feel closer as a family. Attending parenting courses has increased parents' socialisation, peer support, problem solving and solution sharing.

In Pawson et al's (2009) research, there was success in breaking cycles of poor parenting, which was achieved through psychological support to parents who may have suffered child abuse and lack of parental warmth when they were children themselves. Along with White et al's (2008) study, Pawson et al (2009) found that parenting interventions were successful in assisting parents with assertive and positive parenting techniques and more effective daily routines, boundaries and behaviour management skills. Through improved parenting skills parents and children were now communicating more effectively with each other which had equated to less swearing, less defiance and less conflict (Dillane et al, 2001; Jones et al, 2006). In fact, families reported better relationships with their children and parents were finding that children had noticed positive changes in the family and wanted to spend time with them and undertake activities together. Ultimately, families felt that stronger parent-child relationships lowered the risk that children would be taken into the care system or that they would follow destructive paths e.g. through drug abuse (Nixon et al, 2006; Jones et al, 2006; 36). Projects that targeted young people as well as working with the adults in the family also increased positive soft outcomes for young people, particularly in terms of their safety. Flint et al (2011) found that projects addressed risky sexual behaviour, ensured young people returned home in the evenings and encouraged positive socialisation activities. However, in White et al's (2008) study, parenting remained an issue for around a third of the families who took part in the research (p 107), with parents also expressing scepticism about the effectiveness of parenting interventions in Dixon et al's (2010) and Holt's (2010b) study.

In terms of the wider parenting literature, Lindsay et al's (2011) research evaluates the effectiveness of three different types of parenting programmes in improving children's behaviour through better parenting skills. The results showed that across the three parenting programmes there were significant improvements in parental skills and parental well-being and parents reported better behaviour by their children (p7). Barlow and Stewart-Brown (2001) also found that a significant majority of the parents who attended the parenting course had a positive experience, particularly in relation to the course content, the learning environment and the personalities of the parenting workers. Parents stated they did not feel they were being preached at during the course, and instead there was a larger emphasis on pastoral care, where parents were supported to remain calm when dealing with their children's poor behaviour, and to take care of their own wellbeing through 'self-nurturing.' Changes articulated by parents



included feelings of increased control, feeling less guilty, more empathy for their children and understanding of their behaviour, which, according to the authors, was still benefiting parents nine months after the course (p126).

Low confidence was a common experience amongst parents attending parenting courses, which had a direct effect on parenting abilities. Bloomfield and Kendall (2012) found that it was parents' perceptions of their children's behaviour and their own parenting proficiency that was contributing to a large amount of parental stress. After the parenting course, there was a clear decrease in parental stress and an increase in parental self-efficacy (an increase in parental perception of their ability to deal with problems and implement solutions effectively), largely accountable to positive experiences of the course which was argued to boost parental confidence (p370). Even though the behaviour of children did not necessarily change, the perception of parental competency to manage and understand both their own and their child's behaviour did. The authors suggest that lowering parental stress levels is a vital starting point to encourage future sustainable change and to empower parents. These findings are also reflected in Bunting's (2004) study where respondents reported an increase in self-esteem, improved parent-child relationships and a decrease in stress and poor mental health. Additionally, there was an increase in parental knowledge around understanding children's behaviour and setting boundaries, parental attitudes to mealtimes, speech development and improved marital/ partner relationships.

Parents found practical advice including active listening, compromise and how to solve arguments and more extreme behavioural reactions which avoided confrontation, to be useful (Nixon and Parr, 2009). Children were also more affectionate, with a parent in Nixon and Parr's (2009) study expressing how her son's attitudes towards her had changed (p46). Parents could also problem share, build support networks and share parenting tips (Lindsay et al, 2011). Parenting programmes could decrease the use of harsh or physical discipline including physically and emotionally abusive behaviours such as smacking, criticism and name calling (Bunting, 2004) and 'impulsive' and/or 'over-reactive' parenting (Lindsay et al, 2011).

Criticisms of parenting programmes include the difficulty some parents have of following the vast amount of material covered (Barlow and Stewart-Brown, 2001) and parents could feel judged by practitioners for behaviour (such as their child's learning difficulties) parents felt they could not control (Holt, 2010b). Holt (2010b) found in the research that parents found some advice difficult to put into practice in addition to the fact that some partners did not implement the learnt strategies which meant parenting could be inconsistent. Some parents also felt that they already knew a lot of the information delivered and that it did not work for their child. This shows that parenting advice is not guaranteed to be successful and depends largely upon the context of the family, which as Peters (2012a) notes, can serve to put further strain on parent-child relations.

Boddy et al (2011) are critical about how parenting programmes are measured and framed as evidence-based policy. Course content and delivery is predicated on what can be measured, standardised and categorised as effective, which the authors argue overlooks the difficulties and messy nature of parenting. Furthermore, results are based on parenting perceptions which might not accurately reflect whether parents have implemented course material properly in their everyday parenting practice (Lindsay et al, 2011). Criticisms of parenting courses include the high dropout rate and low attendance of parents on courses. Additionally, parenting support does not always include hard to reach parents (Bunting, 2004). The success of programmes appears to be determined by the age and gender of children, whether attendance was voluntary or

obligatory and the severity of behaviour, (Nixon and Parr, 2009; Clarke and Churchill, 2012).

## **2.12 Discussion**

Soft outcomes can be conveyed not only in terms of what improvements families have emotionally experienced, but also by investigating what families *valued*. This has policy implications as it means families are more likely to actively engage with services. It was apparent across the evaluations that families were comforted by the informal and consistent approach of the key worker which Blades et al (2016) recommend to be continued in family based intervention programmes (p5). This is because families felt comfortable, respected and listened to. This cultivated an environment where families could trust the key worker to be honest, challenge the family and/or advocate on their behalf.

However, it is important to note that there is also evidence of negative soft outcomes. Families did not always connect with their key worker or feel like they were being supported to make progress (Day et al, 2016). It is apparent that some families did not always feel like they were co-producers in creating their support plan, developing new targets and reflecting on their own progress (Dillane et al, 2001). In addition, families sometimes disagreed about what behaviour was considered problematic and the behaviour solutions to remedy these. Finally, there is evidence that some families become overly dependent on their key worker which can be argued to be a negative soft outcome as progress is not made (Nixon et al, 2006).

Soft outcomes can clearly have transformative effects for families in terms of attitude, lifestyle, routine and coping strategies. It is clear that soft outcomes as markers of progress should be valued in evaluations of intensive interventions as they form the basis for sequential progress to stabilising and transformative 'hard outcomes' (Batty and Flint, 2012).

## **2.13 Longer term outcomes**

One of the concerns regarding FIPs and the TFP is about the sustainability of behaviour change and the short-term nature of successes. Only a few of the evaluations could measure long term outcomes due to methodology constraints (Dixon et al, 2010; Lloyd et al, 2011; Nixon et al, 2008; Pawson et al, 2009). In addition, families with retained successful outcomes were more likely to stay contactable compared to families who did not have sustained outcomes. This could mean positive results are overestimated. Lloyd et al (2011) show that out of the 470 families interviewed, families were more likely to be successful in maintaining family functioning (84 percent of families), desistance from crime and ASB (71 percent of families) and remaining in education (89 percent of families) nine to 14 months after the intervention (p75-76). There were poorer results for health outcomes (61 percent) (p76), however 82 percent of the small number of families that entered the labour market during the project remained employed (p77). Dixon et al (2010) found that after 14 months, families were also likely to sustain outcomes in family functioning (84 percent) and crime and ASB (71 percent) domains, but outcomes in health (63 percent) and education and employment (34 percent) were significantly lower (p 56).

In Nixon et al's (2008) evaluation, based on their research which took place from 2004-2007, 20 out of the 28 families taking part in the research experienced sustained positive outcomes. In 12 of these families there were no recorded ongoing problems

and/or concerns. However, there remained some problems and/or setbacks in eight of these families. These eight families experienced little behaviour change and problems such as ASB and the risk of losing a housing tenancy remained. Other factors affecting lack of behaviour change were also attributable to unmet ongoing needs, unsuitable referrals or the family case being signed off too early (Nixon et al, 2008).

Pawson et al's (2009) evaluation of families after four to 19 months found six families had a good sustainability assessment and two families had adequate sustainability but required long term support. However, two families had doubtful sustainability (these families had disengaged from support) and one family had no sustainability and had reverted to problematic substance misuse. No families had any ASB reports (p93). Factors that might have influenced the sustainability outcomes in families included severe learning disabilities and the negative influence of new partners. Furthermore, families might experience ongoing problems because teenagers in the family resist interventions or do not fully engage (Flint et al, 2011) or the family has had a long and unsuccessful relationship with agencies.

Dixon et al (2010) and Gregg (2010) argued that ASB returned in a large number of the families after a 12-month period, or were re-referred back to projects. The lack of sustained positive outcomes has also been reflected in the current policy context where the national evaluation of TFP, 12 to 18 months after the commencement of family engagement began, revealed;

*“We were unable to find consistent evidence that the Troubled Families programme had any systematic or significant impact. The vast majority of impact estimates were statistically insignificant, with a very small number of positive or negative results”* (Bewley et al, 2016; 142).

This suggests that the long term sustainability of successful outcomes achieved during project interventions are less certain. In addition, there have been arguments that interventions postpone eviction or children being taken into care in families that struggle to cope independently, and when projects withdraw support, problems can re-emerge in families where there is less or no intensive assistance from services (Jones et al, 2015). Many authors (see Thoburn, 2015; Nixon et al, 2006) have responded to this uncertainty by advocating for the availability of long term support that families can informally engage with during specific chaotic periods, rather than having to be re-referred for more formalised intensive support.

This section has outlined how evaluations have generally identified the overall success, but with some variation and weaknesses of intensive interventions in achieving behaviour change within of families. The following section will frame these findings in wider social justice and class debates regarding the ethicality of intensive intervention projects.

## **2.14 Discussion of behaviour change**

Commonalities in reports and research dating back to the 1940s suggest that the problems families face are often multiple and longstanding. These include physical and mental health problems, poor diet and lifestyle, substance misuse and addiction, domestic and intra-family violence, (historical) sexual assault, anti-social behaviour and crime, which is underpinned by poverty and deprivation (Starkey, 2002; DCLG, 2017). Most of the aforementioned problems could occur across the income spectrum at any time but are often attributed as working-class issues. This has prompted some critics of intensive intervention projects who have labelled the approaches as a coercive 're-

education' of targeted vulnerable families using a range of punitive and stigmatising technologies (Garrett, 2007b; 209; Crossley, 2015). Other authors have suggested that aspects of intensive interventions show a creeping criminalisation of poverty where assumptions about crime and social exclusion are made (Hayden and Jenkins, 2014). There have also been arguments that coercive care encourages an individualised reaction to broader social policy failure (Squires, 2008). However, more positive viewpoints towards intensive interventions have highlighted the positive outcomes support has had on improving family circumstances.

## **2.15 The impact of non-ASB factors**

Many authors have discussed how families are referred to intensive intervention projects for the wrong reasons. The primary concerns expressed are that projects overlook the main issues of inadequate material contexts and unequal social structures which families struggle to overcome, and instead question the morals and values of those in poverty (Gregg, 2010). Gregg (2010) has also argued that family circumstances are not a lifestyle choice, but the effects of chronic ill health and marginalisation rather than serious offending behaviour. Critics have therefore problematized the "emphasis on the projects micro level management of families' lifestyles as a core part of the solution" (Parr, 2011a; p241). Questions have been raised as to whether priorities of establishing domestication do address the root causes of problematic behaviour and social inequality (Nixon et al, 2010; Crossley, 2015) or that interventions just improve families' competence back to a normative standard of behaviour through paying rent and maintaining a decent level of personal and household hygiene (Sayer, 2017).

In particular, it is the high levels of mental health, or undiagnosed behaviour or neurological disorders in children, that are reported in families referred to projects that have concerned critics. This is because evidence suggests behavioural, neurological and mental health needs are not resolved with medical treatment, but are instead resolved through routes such as attendance at a parenting course and a 'tidy home, tidy mind' mentality (Gregg, 2010; Crossley, 2015). Inadequate mental health treatment has also been highlighted by Thoburn et al's (2013) work who state that mental health is not always clinically diagnosed during interventions and is often only treated at a primary health care level (p231). Bereavement is also an under-acknowledged and untreated problem in families that are considered to be anti-social (Flint et al, 2011; Goldsmith, 2012). The reports evaluating FIPs and the TFP indeed show that lowering the prevalence of mental health is less successful than achieving other outcomes (Dixon et al, 2010; Jones et al, 2015). Poor outcomes related to reducing mental health could be an issue of inappropriate and under resourced mental health treatment (however it would appear many families referred to projects were accessing mental health treatment), or it could also show the debilitating effect mental health has on the ability of families to function and that mental health illness cannot always be treated in the short term.

Finally, the policy emphasis on parenting means that parents are in a position where they are implicated both as victims (they have mental health issues which need treating) but are simultaneously condemned for failing to carry out parental obligations such as child discipline (Morris and Featherstone, 2010). This policy irony has been recognised by several authors and has prompted Murray and Barnes (2010) to argue that there needs to be further acknowledgement of the challenges and lived experiences of oppression and the impact this has on bringing up children. The authors

call for increased reflexivity in practice which is mindful of vulnerable families' resources and social capital in obtaining institutionally guided best practice.

## **2.16 The impact of class-based knowledge and practice**

Concerns have been raised highlighting the possibility that some practitioners prioritise or value professional practice theory and evidence-based practice over approaching families on a case-by-case basis, including considerations of how families understand themselves, their situation and what knowledge or experience families inhabit (Bond-Taylor, 2014). This could possibly present a range of challenges for the practitioner-service user relationship. First of all, there are concerns about practitioners' ideas surrounding what is normative family functioning. Referred family members may admit they have problems, but tensions lie in how families would describe themselves that might be at odds with how practitioners define them in an 'ideological skew' (Bond-Taylor, 2015; 372). For example, in Morris' (2013) research, the family member was aware her family may have been perceived as chaotic by agencies:

*"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..."* (p202).

Despite accepting the need for support, families still see themselves as having love, family values and an ethics of care. The risk is that families will be viewed in terms of their deficits as only criminal, vulnerable and/or chaotic (Parr, 2009b). This has implications for how families see and want their problems to be addressed, in comparison to what agencies view as the solution. For example, Morris (2013) presents a family scenario where if there is violence in the household, the project worker might recommend that the perpetrator should leave the marital home. However, the family might want to get marital guidance and counselling to remedy the situation. This presents a clash of what the family thinks is the best course of action juxtaposed against professional objectives or risk aversion strategies. Morris (2013) believes that professional judgement can act as a barrier to behaviour change in families as it is the 'family narratives' that should be changed, rather than the actual family (p202).

The existing literature on intensive family interventions highlights middle class-informed support. For example, Gillies (2008) states that parenting support is aimed at the ineptness of the working class to properly regulate the behaviour of their children. Parenting 'expertise' and parenting 'responsibility' are now at odds with each other as Gillies (2008, 2013) argues that deprived parents do not always have the material means to provide safety and security as poverty-related factors serve as barriers in parenting capabilities. Whilst critics of intensive interventions have noted that project workers are often from working class backgrounds themselves, alongside the fact that parents actively seek support for their children's behaviour, it is argued that the values in practice are still middle class values which aim to enrich working class practices to normative middle class standards (Nunn and Tepe-Belfrage, 2017). However, some authors including Flint (2011b) and Cullen et al (2013) are challenging the class divide thesis as simplistic. Flint (2011b) argues that in the academic literature, working class voices are being undermined in favour of sociological assumptions of middle class authority. Additionally, in Cullen et al's (2013) study they find that there is a growing middle class presence attending parenting courses, which challenges the assertion that it is just the working classes that seek parenting support.

## **2.17 Punishing the poor**

In England, enforcement and deficit based approaches has been the defining feature of much of the policy related to anti-social families since 1997 (Hughes, 2010). In the Scottish context, enforcement was not made a central policy feature. This was because research had shown enforcement based policies were not always effective and ASB represented a range of deprivation and structural impacts, rather than being purely behavioural (Nixon et al, 2010). Nevertheless, FIPs and the TFP include coercive elements, which have been critiqued by Garrett (2007b), Gregg (2010) and Crossley (2015) as punishing the poor, as statistically, FIPs and the TFP are targeted at families who have unstable tenancies and/or live in social housing.

However, many projects are delivered by voluntary organisations. It is commonly referenced in the academic literature and in reports evaluating intensive family interventions that families felt less intimidated if support is delivered by the voluntary sector rather than statutory agencies as they could only instigate statutory powers rather than having statutory power themselves (Nixon et al, 2006). However, it is argued that although delivery of support is through a less directly authoritarian form, the third sector are still delivering government policy which has an underlying coercive element. Peters (2012a) argues that the increased role of the voluntary sector represents the expansion of social regulation, where families are now policed by community-based agencies as well as state-based institutions. Furthermore, some authors acknowledge that although the de-professionalisation of project workers does limit the amount of condescension families may feel, underpinning this relationship is still the potential for enforcement by other agencies such as housing departments (via Acceptable Behaviour Contracts, ASBOs, tenancy repossession), social services (Parenting Contracts and Parenting Orders), police (police warnings and criminal charges) and education (Acceptable Behaviour Contracts and school exclusion) (Nixon et al, 2010). Finally, even if families voluntarily consent to joining projects there is always the risk that families will lose their homes or face care proceedings. It would appear the new role of the voluntary sector is entangled within pastoral guidance and disciplinary power which incorporates a dual role of 'helper' and 'enforcer' (Peters, 2012b; 257). However, some projects run by the voluntary sector still argue their work is incentive-orientated rather than operated through enforcement mechanisms, alongside a rejection of punitive rhetoric in their organisational ethos (Bannister et al, 2007; Dillane et al, 2001). Furthermore, Flint (2011a) argues that the realities of actually applying sanctions to families may be overestimated.

Perhaps the most controversial aspect of the FIPs and the TFP model is the core unit. Garrett (2007b, 2007c) has strongly argued that core units are an extreme and worrying mechanism for regulating families, which are increasingly being endorsed as an acceptable approach to dealing with those families with vulnerabilities by practitioners. He argues that families who are deemed incapable are displaced from their environment to a space where they can be supervised in order to educate the parents and give children better life chances. Garrett (2007b) is concerned that this is the wrong approach to dealing with troubled families based on punitive techniques to overcoming family vulnerabilities that stigmatises and entraps them. The author questions whether the core block is indeed regarded as a 'last resort' and is sceptical of the claims that families are truly empowered. This is inline with Wacquant (2008) who is also sceptical about the extent that both support and sanctioning have the ability to empower families and increase social capital.

However, some authors warn that focusing on using a disciplinary gaze concentrates on the punitive elements of projects which allows little consideration of the positive elements of intensive interventions - and how intensive interventions also contest the assignment of 'anti-social' labels to families in favour of more holistic and socially

inclusive approaches (Nixon, 2007). Additionally, the disciplinary gaze also assumes all sanctions are negative, where there must be a consideration of the ethicalities and scenarios where the core block/sanctions might be appropriate (Nixon, 2007). For example, Thoburn's (2015) work counteracts some of Garrett's (2007b, 2007c) concerns and argues that families cannot always cope without support, which is why it is intensive. Furthermore, Fitzpatrick and Johnsen (2009) call for a nuanced understanding of enforcement and state enforcement that is not always "pure, unsympathetic punitive intent" and/or used as a first resort (p 293). For example, in their study on homelessness and street drinking, they found that enforcement was not a preferred method of intervention, however in certain circumstances practitioners used enforcement as a last resort because they were concerned for the service-user's safety, rather than implementing injunctions as a mechanism to punish. The results of their study showed that enforcement could have a beneficial effect on the health and wellbeing of certain homeless street drinkers only when:

- All appropriate support measures have been implemented and have failed
- Behaviour is negatively affecting a number of people engaged with the perpetrator
- Enforcement measures are not going to aggravate further any negative circumstances the perpetrator is already facing
- It will lead to positive outcomes, social justice and further support

Similarly, Nixon et al (2010) have argued that some critics fail to discuss where there are clear problems in families and that managing vulnerable families can be challenging. In some cases, the degree of seriousness of some behaviour necessitates enforcement action (which can include preventing severe incidents of child abuse or neglect). However, these authors, alongside most of the existing literature surrounding intensive family interventions, acknowledge that support factors should be prioritised and enforcement should be used as a last resort. Furthermore, Flint (2018) has shown that the debate regarding the ethicality of enforcement has become increasingly nuanced by the voices of those who are subject to conditionality and enforcement. In his study, he found that some recipients believed that conditions can be appropriate and can act as the motivation they require to make positive changes in their lives. Once again, this appears to only be appropriate in contexts where recipients are able to fully understand behaviour change requirements and the consequences of not meeting behaviour change conditions (Fletcher et al, 2016).

Some critics of intensive intervention projects have commented that support incorporates subtle governance technology, particularly because some families did not realise they were the object of an intervention (Hayden and Jenkins, 2014; Manochin et al, 2011). Emotional support, guidance, advocacy and counselling builds trust between service users and key workers. This might be interpreted as coercion through subtle means such as through the critical friend role and the fact the key worker is not a 'formal clinician' nor an 'informal carer' (Flint, 2012). This rapport can then be manipulated by key workers to inform families what they need to improve at (Boddy et al, 2016). This gets families to see projects as an 'opportunity' rather than a 'punishment' and disguises the fact key workers can gently challenge and coax families to regulate their behaviour in line with policy aims (Nixon et al, 2010; p317). Furthermore, authors have also expressed concerns that therapeutic interventions get families to psychoanalyse their past and reach "a point of 'responsibilisation' for their behaviour" where families come to accept they are victims of their own circumstances where a shift in their own behaviour is needed (Hodgkinson and Jones, 2013; 287).

However, supporters of intensive interventions have argued that intensive intervention projects adopt a social policy and welfare ethos as projects are focused on empowering and improving the health, welfare, education, housing and income of families referred to them (Nixon et al, 2010). Additionally, reports state that practitioners are empathetic and aware of the effects of poverty, with social work practitioners entering the field because of a desire to help families and because they have an ethics of care (Bond-Taylor, 2015). Furthermore, many local practitioners have rejected the label 'troubled' families and its associated connotations (Hayden and Jenkins, 2014). Many authors have drawn attention to the fact that families are accessing a range of services and experiencing better living conditions that should be considered a positive, and is a better alternative than not accessing available resources at all (Nixon et al, 2010). However, Jones et al (2015) discuss how evidence outlining positive outcomes such as amelioration of family circumstances has often been reinterpreted as draconian or dismissed as not an outcome at all by critics;

*“Unusually, and despite arguments that this was ‘a classic case of policy-based evidence’...an evaluation of the Dundee Families Project...indicated a way forward. A targeted, intensive ‘Team Around the Family’ approach was seen to have avoided evictions, with financial savings from children not entering local authority care and reduced costs to the police and courts” (p 125)*

Furthermore, Bannister et al (2007) argue that commentators criticise intensive family interventions without offering any practical solutions as an alternative. Additionally, criticisms that interventions are unethical also undermines marginalised voices who experience the real and tangible effects of ASB and poor environmental conditions (Batty and Flint, 2012).

It would appear that the voices of the families referred to interventions are also overlooked in some evaluations and wider academic debates. There is a significant amount of evidence to suggest that those engaging with the projects are largely positive about the support they received (Nixon, 2007). Families also reflect that some of their previous behaviour was fairly labelled anti-social (Dillane et al, 2001). Reflections in reports by families suggest many parents welcome the support offered as they felt that their needs might be met (Jones et al, 2015). Parents also stated that they wanted their children to attend school, have a stable tenancy and do not want to be in trouble with the police (Parr, 2011b). Parents voluntarily engage to access support they want, and projects are a preferred alternative to more extreme threats of prison and the involvement of social services (Peters, 2012a; Hayden and Jenkins, 2014). This has led some to suggest that projects may have been overly critiqued and the power of key worker authority is overestimated (Flint, 2012). In addition, contact time during intensive interventions can be for only a few hours a week alongside an end date of support (Batty and Flint, 2012). As Hodgkinson and Jones (2013) state, the point of FIPs is to upskill families, build confidence and self-esteem, and develop new ways of coping, to adapt to difficult situations and ultimately have more control of their lives, *without* a key worker.

Furthermore, there is a range of evidence to show how some families are effective at resisting support and projects do end up disengaging with families. Families can choose not to engage with projects - not only from the point of referral but when the intervention is taking place- if families do not feel that interventions are improving outcomes for them, or they feel they are not able to carry on without support (Flint, 2012). For example, in Pawson et al's 2009 research, a third of families disengaged with the support early for reasons including that they no longer needed or felt like they needed project support (p68). Families can also disengage from projects if there are



cultural differences, they disagree that there is a problem, there is an unmet need or where support does not go the way families anticipated or would like (Flint et al, 2011). In addition, Jones et al (2015) state that families can resist projects through 'compliance' without 'commitment'. This means families assure project workers that they are engaged with projects but do not actively change their behaviour (p148). Furthermore, both Holt (2010a) and Flint (2012) discuss how parents could resist parenting interventions if they were obligated to attend a parenting course under a Parenting Order. Many of the parents humoured parenting workers by making an effort but did not necessarily change any of their parenting practices, in addition to mocking the homework challenges and attending six out of eight classes where their absence would not cause any penalties.

This is not to say that families did not report feeling monitored and families could find interventions stressful and intrusive (Jones et al, 2015; Parr, 2011b). Peters (2012b) found that parents felt they did not have the option to refuse elements of the interventions such as the parenting course and Nixon and Parr (2009) found that parents are often overwhelmed by the multiple and continuous streams of support that they received, which increases feelings of being under pressure (p47).

## **2.18 Gaps in the literature**

This section will now consider the existing literature and discuss where there are gaps in knowledge. There has been a shift to paternalistic welfare and social policy in UK governments since 1997 (Rees et al, 2014). The range of programmes, legislation and policy that has developed out of a co-joined care and control approach has caused concerns in academia regarding the ethicalities of certain policy programmes, most recently the TFP (Crossley, 2015). There has been much research centred on the types of families referred to interventions, project design and behaviour outcomes. There has also been a wealth of research on the 'operational' aspect of the key worker role, including the relationship-based approach, service-user and key worker dynamics and the importance of key worker skill sets. However, there is a distinct lack of discussion regarding the micro-processes of how behaviour change is achieved, particularly related to how families understand, act on or resist behaviour based expectations, throughout the duration of the intensive intervention process.

Furthermore, intensive intervention research has tended to focus on practitioners from a professional angle with less thorough investigation into how the key workers emotionally invest in projects and families, their moralities, and how key workers might disrupt the process of delivering government policy due to their own personal ethics that might be at odds with national policy. There is a range of evidence surrounding key worker *perceptions* of family success, but less research has captured the emotions and challenges of both families and key workers in reaching behaviour change. It is less clear from the existing research how key worker's value, and act, on family opinion to avoid situations of disengagement, resistance and poor rapport.

Furthermore, the idea of what is 'success' and 'success to whom' needs to be explored further. Thoburn (2015) has already alluded to the fact that there is still an element of success in families who might not have changed their behaviour, but are fully engaging with services. The differences in what might count as a success to policy makers and what counts as success to families needs to be explored further as existing research suggests that increased self-esteem could be a prerequisite for change (Day et al, 2016; 65; Batty and Flint, 2012).

The literature suggests that families can resist certain aspects of project interventions (Flint, 2012). But it is not always clear what aspects of interventions families accept and what interventions they resist, and why, and how this affects the relationship dynamics between the family and the key worker. Selective consent (and therefore selective change and success) set in the overall context of family support, is something that needs to be explored further with a focus in particular on how families are forthright in procuring their own change.

It is clear in the literature that most evaluations find families' change in behaviour may not necessarily be sustained in the long term. It could be argued that the literature does not thoroughly problematise behaviour 'change' in evaluations, or explore the messiness of this process fully. Whilst Lloyd et al's (2011) evaluation distinguishes between full, partial or no success most evaluations take for granted the term behaviour 'change' as absolute, at least in the short term. It would appear instead that families are on a continuum, and a range of risk factors can cause a regression of behaviour. The factors that influence sustainability and explain why factors such as ASB return in families have not been fully explored. Perhaps linked to barriers to change is the prevalence of mental health issues which affects families' ability to make progress, and this is also an issue that needs to be further explored.

A range of authors have discussed the child-centred nature of family policy over the last three governments (Thoburn et al, 2013; Churchill, 2007). However, there are claims that there is a tension in meeting both child and adult needs, with some suggestions in the literature that adult mental health needs are not always prioritised and/or met (Lister, 2006). A review of policy evidence also appears to ignore the voices of parents, especially mothers, in terms of child-to-parent abuse cases (Holt, 2009; Hunter et al, 2010; Evans, 2012). This necessitates further exploration into the timing and acknowledgement of adult vulnerabilities and whether these needs are met in full.

## **2.19 Conclusion**

This section of the chapter will now summarise the existing literature and policy context surrounding intensive family based interventions discussed from the 1940's until the present context.

The literature suggests that policy was designed around families who had a chaotic culture, undomesticated routines and poor housing management. Dominant ideologies of children growing up without fatherly discipline and motherly love, leaving children with diminished life chances, are apparent in government policy. Additionally, uncivil families are regarded as choosing to commit ASB and as being overly-reliant on the welfare state. This poses a present and future financial risk, particularly in terms of children's long term outcomes and the costs to society (Bunting et al, 2017). It is conceptualised that deficiencies in the behaviour of 'chaotic' families can be regulated in policy through a shift in these families' self-responsibility.

A wealth of government legislation and policy programmes have been introduced, particularly since 1997, in order to affect behaviour change in 'problem' families. These have largely been based on an approach of sanctions, support and conditionality. The intensive key worker approach appears to have been successful at effecting behaviour change (Hill et al, 2002). It is clear across the evidence and even amongst critics of family interventions that there are elements of good practice in projects that families value (Day et al, 2016). The key worker model has been argued to encourage families to manage their problems, improve their situations and learn new skills to cope with adversity. These changes can be developed to manage crises (reducing immediate risk

or harm), stabilise households and relationships and be transformative (achievement of hard and soft outcomes) (see Batty and Flint, 2012; 354).

Evaluations suggest that many families' circumstances have been improved in terms of health, safety, wellbeing and confidence (Pawson et al, 2009). However, it is also true that behaviour change is not always guaranteed, no matter what support is offered (Jones et al, 2006). Other factors that affected progress includes resistance to support, mental health illnesses, dependency on support, addiction and staying in violent relationships (Pawson et al, 2009). Projects appear to be less effective in terms of addressing employment, parenting and mental health issues (Day et al, 2016; 69). There are also questions as to how sustainable interventions are in the long term.

Strong criticisms of family based interventions particularly lie with the misdiagnosis of family problems that overlooks underlying mental health problems. Furthermore, the intensity and intrusion into the private sphere of the family has alarmed critics (Garrett, 2007b). However, in response to these concerns, some authors have argued that intensive interventions are as much about support as they are about enforcement (Jones et al, 2015) and often projects that work with families often need their voluntary consent and prefer to use incentives rather than enforcement (Nixon et al, 2010).

The range of policies that have not fully changed behaviour has been, and remains, problematic for policy makers and solutions are unclear:

*“With a history of 50 years of identifying the ‘problem’ and ‘troubled’ families issue, and with initiatives ranging from a ‘family social services’ to an emphasis on punishing ASB, it might be wondered what more might be tried”* (Jones et al, 2016; 125)

Some authors have suggested that the ambiguous problem of chaotic families has meant that some historical policy themes including enforcement and intensive case work approaches are being repeated in a modern policy context and becoming increasingly incentivised (Lambert, 2016). Perhaps this shows that problematic behaviour in families is influenced by interrelated components of behavioural, social and economic life (Welshman, 2013; Hayden and Jenkins, 2014). It is clear in the literature that there is an ongoing debate about whether it is the cycle of poverty or the cycle of policy that is the barrier to overcoming the problems so-called chaotic families face.

The gaps in the literature have suggested that whilst intensive interventions can be successful at changing certain forms of behaviour, complete transformation of behaviour is not guaranteed or fully understood. There needs to be greater understanding of the complexities and micro processes which effect different behaviour change outcomes. These need to be understood throughout the process of the intervention, rather than merely at the point that the family leaves the project.

The next chapter will discuss the thesis' conceptual framework. This will outline in depth Foucault's concept of governmentality. In particular, the chapter will consider the concept of power and the relationship between power and resistance in order to understand the power dynamics embedded in intensive interventions.

### 3 Developing a Conceptual Framework

#### 3.1 Introduction

This chapter will draw on the work of Michel Foucault's conceptualisation of power, with a particular focus on his lectures on governmentality. The concept of power is evidently bound in the relations between national policy and local governance of families subject to interventions, and also between support services and families. Therefore, governmentality will provide a useful lens to comparatively frame the research findings in line with existing literature. The use of a governmentality approach in understanding power dynamics in this area of social policy is argued by Stenson (2012) to be contextually appropriate due to the rise of governance in the form of current welfare reform and the changing criminal justice system. It is also considered appropriate due to the rise of locally based institutions of power, including the third sector (Stenson, 2012).

This chapter aims to critically consider the policy rationales surrounding how and why 'problem' families have become both subjects and objects of power and knowledge both historically and in a contemporary context. The chapter begins by outlining the concept and criticisms of governmentality. It will then move on to understanding the policy frameworks and existing literature surrounding intensive interventions using a governmentality lens. Exploring how power is manifested at a national and local level is important as McKee (2009) argues that the existing governmentality literature does not adequately explore mentalities of rule in a contextualised and situated nature of social relations which often contest one directional assumptions of all-consuming power.

#### 3.2 The concept of power

Michel Foucault's scholarly studies developed from his interest in the subjectivities of human behaviour. In particular, his attention was focused on the malleability of behaviour which could be shaped by tactical forms of power in order to achieve desired micro-level outcomes. Foucault considered these different 'modes of social organisation' in the transition from the pre-modern society to liberal modernity, and outlined how rationales of power are constantly reorganised depending on contemporary norms of conduct (Kerr, 1999; 173).

In Foucault's works, power is always 'diffuse' in that it permeates all social relations. Power is targeted at a population, or targeted at sub-populations, in order to achieve political ends. The simplest definition of power is "the ability of 'A' to get 'B' to do something" through influencing 'B's' thought and conduct, either through coercion or strategy (McKee, 2009; 471). However, obtaining and sustaining power over 'B', or the expectation that citizens will follow sovereign law, is not guaranteed. There must, therefore, be an expectation that people will not obey laws, and 'A' must use tactics or an 'art of government' to achieve dominance, influence freedom and mitigate resistance. Manochin, Brignall and Howell (2011) compare the pursuit for power by 'A' as a 'history of 'problematizations' (p34). This is because power is not unidirectional from government to the citizen, or renders those overpowered by a greater authority as powerless;

*"We are not just passive playthings of material structural forces governing from above. Nor are we necessarily confined simply to resisting or adapting to agendas of governance, emanating from above"* (Stenson, 2012; 56).

In fact, as this quote by Stenson shows, everyone is subject to agential and structural forces, but individuals can also attempt to govern others (McNay, 2013). Within an ongoing power battle, power must be dynamic and intelligible to be productive.

The recognition that there was a historical shift in the form of power in post-medieval Europe prompted Foucault's concept of governmentality (McKee, 2009) with Foucault (1977, 2002) using the concept of governmentality as a lens to examine power. Governmentality studies observe *how* the governing of things, ourselves and others is accomplished and how 'B' becomes 'thinkable'. Governmentality can be defined as;

*"The centripetal, unifying tendency, the sum of the attempts, since the early nineteenth-century, to create the conditions to make possible a field of self-regulated, differentiated spheres of life and to create light, but effective, indirect controls 'at a distance'"* (Stenson, 1999; p52).

Dean (2010: 44) notes that power is utopian, in that it embeds an inherent faith that "a type of person, community, organisation, society or even world" can be attained. He argues that by thinking about the state's end goal - e.g; a crime free society or a strong economy - then the workings of governmentality can be deconstructed through tracing the types of interventions, laws and policy which are enforced.

Foucault (2002) traces the strategies pre-dating the 18<sup>th</sup> Century to develop a picture of forms of social control. Historically, Foucault argued that one of the ways of making citizens adhere to sovereign laws was through the power of the sovereign who had the right to take life and freedom away. This right was communicated to the public through visual spectacles (and deterrents) of punishment, including torture, execution, humiliation and hard labour (Foucault, 1991). The Enlightenment period during the 18<sup>th</sup> Century, encouraged an increase in public dismay and condemnation of the inhumane use of violence used to punish criminals for petty offences, alongside a belief that the sovereign should not have a divine right to take life, were factors which were influential in a change to public liberties (McNay, 2013). However, it has been suggested that whilst the sovereign might have been conscious about how their methods of rule were viewed by their subjects, it was more likely there was concern regarding how sovereign power was an inefficient and inconsistent form of control across territory, as opposed to considerations of whether methods of punishing were humane or not (McNay, 2013). Regardless of this, the state had its own "rational principles of order", that were apart from the transcendence of the sovereign (McNay, 2013; 116). There was now a shift in the strategy of taking life, to a strategy of 'fostering' and advancing life, and therefore the death penalty was no longer compatible with this (Foucault, 1991; 261);

*"Deduction" has tended to be no longer the major form of power but merely one element among others, working to incite, reinforce, control, monitor, optimize, and organise the forces under it: a power bent on generating forces, making them grow, and ordering them, rather than one dedicated to impeding them, making them submit, or destroying them"* (Foucault, 1991; 259).

In a criminal context, this included considering criminals as having the potential to be rehabilitated rather than irredeemable. This influenced the growth of disciplinary mechanisms including the institution of the prison. Prisoners would pay their debt to society through time and labour rather than through capital punishment. Additionally, religious teaching, disciplined routine, solitude and self-reflection would enable the prison to offer spiritual, behavioural and moral correction as a rational way of (re)training model citizens (Foucault, 1977). In a normative context, the transformation of the prisoner became a disciplinary control model that permeated other institutions (including schools, hospitals, factories) that could shape and regulate the body in

alignment with modes of capitalism and create an interconnected, collective system of disciplinary power for all of society (Foucault, 1977).

Furthermore, Foucault believed that there were challenges to sovereign power which were outward facing, which was a 'problem of the population' (Foucault, 2002). By tracing historical trajectories of changing social and economic structures, for example the development of feudalism to mercantilism and capitalism, created an increase in population and subsequently the population's mobility outside of sovereign territory. This meant that citizens were no longer 'bound together in a territory' where they had to obey the sovereign, but were now more socially mobile and subjugated to market forces of accumulation and production (Dean, 2010; 127). This required new forms of power that had to be calculated externally from the sovereign territory as the police would be insufficient in its successful regulation. This is referred to as 'society';

*"That is to say that government not only has to deal with a territory, with a domain, and with its subjects, but that it also has to deal with a complex and independent reality that has its own laws and mechanisms of reaction, its regulations as well as its possibilities of disturbance"* (Foucault, 1991; 242)

New methods of security shifted to calculated political strategies which were 'intelligible' but could be acquired and regulated at a distance, rather than by direct control, or by using force (Foucault, 1991). The population had to become an 'object of scientific investigation' (Foucault, 1991; 65). Using statistics, population change, birth rates and death rates, the population was measured as a form of biopower and life occurrences such as 'demography, public health, hygiene, housing conditions, longevity, and fertility' become a remit of state administration (Foucault, 1991; 67).

To organise industrial society, Foucault (2002) argued there was an art of government that was operated and diversified through a triangle of three distinct, but connected, and constant apparatus of power; sovereignty-discipline-government that are delivered through institutions of security;

*"We need to see things not in terms of the replacement of a society of sovereignty by disciplinary society and the replacement of a disciplinary society by a society of government; in reality one has a triangle, sovereignty-discipline-government"* (Foucault, 2002; 219).

This would include the combinations and net effects of deduction and negative power which sanctioned and took things away (via means of production) from the population (e.g. labour, time, resources) in addition to positive power 'bent on generating forces' through a healthy, stable, prosperous and productive population (Kerr, 1999; 180).

### **3.3 The trajectory of nation-state power**

Sovereignty has its roots in monarchist power which was "a referee, a power capable of putting an end to war, violence and pillage" (Foucault, 1991; 63). The sovereign, who was legitimised by God, in turn legitimises the judicial system. Therefore, sovereignty is signified through the establishment of a judicial system. For sovereign power to function, the population has to accept and obey the laws written by the ruler. This involved taking things from the population, including labour, goods and life and in turn providing means of protection, advancement and cultural identity.

Ideas surrounding governmentality arose when Foucault considered the writings of Machiavelli's 'The Prince', a written manual of how or how not to rule to maintain territory, given to the eldest son of the King during the Italian Renaissance (McNay,

2013; Foucault, 2002). Using this treatise as a context to discuss the reason of state, Foucault explained Machiavelli's reason of state was to discover threats to the territory and justify sacrifices in morality and blood to protect the principality. However, Foucault argued that the monarchical transcendence of the Prince was immaterial if the principality was acquired through means such as heritage, treaty or violence, because a precarious distance between the subjects in his kingdom would be apparent through an absence of 'connection' (p 204). This would equate to the population having no obligation to follow the Prince's laws or for the population to be answerable to the Prince (p 204). The precarity of the Prince's position would mean vulnerability to attack from citizens and enemies, compromising the preservation of both status and the principality regardless of whether the Prince used war strategies to maintain territory.

Foucault believed these war strategies were Machiavelli's art of governance, which Foucault disagreed with. Instead Foucault broadened government from categories of violence (Dean, 2010). Foucault argued it is not necessarily about the Prince having divine rights, but a symbol of order which means governance is consumed, respected and reproduced by citizens at a micro-level. Foucault reached this conclusion as he noticed that the Prince's rule over the population is not a direct mode of governance, but governing individuals and goods is repeated internally to the state within households (by the landlord), in classrooms (by the teacher), within families (by the male head of household) and by the police (Foucault, 2002; Dean, 2010). In fact, the Prince can only rule if these power structures are already operating (Foucault, 1991). Foucault (2002) established that "in the art of government the task is to establish continuity, in both an upward and downward direction" (p 206). Therefore, the ruler's art of government was in fact based on the embodiment of the modelled pedagogies the Prince displays himself and towards his goods to represent a stable principality (upward continuity) which allow the governance of the population, practiced not only by the Prince, but by the 'economy' of fathers, teachers, landlords, the police and the self (downward continuity) (Foucault, 2002).

Furthermore, Foucault argued the Prince does not need to defend what he has (territory and subjects), but his 'relationship' to govern what he has by identifying threat and protecting principality (through physical and food security, furthering economic activity and nation building (Stenson, 2012; 41-47). At the same time, this relationship 'binds' him to territory and the population, a connection which was previously absent (Foucault, 2002; 205). To achieve effective government, the Prince must also manage the relationship between citizens and 'things' (including wealth, resources, climate, famines, epidemics, fertility, life, death and customs (Foucault, 2002; 209)). Where there is concern for the prosperity and development of the economy and the population, not only does the economy benefit from collective productivity, but individuals benefit through monetary security and prosperity (Dean, 2010; p 125). Foucault (2002) applied the metaphor of steering and rowing a ship to exemplify how the government directs and controls what citizens do, but is also conscientious about what the outcome is for the individual (see Rose, O'Malley and Valverde, 2006). This entails accounting for the safety of the sailors through training, accessible landings and monitoring risks such as weather conditions in order for them to deliver the ship and the ship's cargo successfully. Power through the management of the 'complex of men and things' ultimately leads to a treaty between citizen and state as there is a 'convenient' end for both individuals and tradeable goods achieved through 'common welfare', as opposed to Machiavelli's thesis of governance through absolutism and domination (Foucault, 2002; 209-210).

Whilst Foucault (2002) accepted that sovereignty is a core element of power and governance, he criticised the over-emphasis on state theories within social science

disciplines. Whilst governmentalities and theories of the state highlight the uneven balance of power between the state and the individual and the reality of repression, Foucault argued there was a tendency for state theories to be concentrated on centralised, top-down images of enforced power through the image of the sword and judicial, financial and security institutions (Dean, 2010). McNay (2013) comments that;

*“Although strategies of government may result in the efficient management of the population, there is not necessarily a causal link between these strategies and a centralized state power”* (p 118)

Therefore, the analysis of power theories that assumes a central locus of enforced sovereign power and judicial law-making is limited in terms of a governmentality framework as it is falsely represented as all-encompassing. Firstly, it does not necessarily account for power that is calculated in the spaces between state centralisation and the population. This culminates in power being defined too narrowly and based on accepted sociologies of ideology, patriarchy and class elitism (Foucault, 2002; Dean, 2010; 34). Therefore, governmentality recognises the role of individuals within institutions and the complexity of governance.

In fact, power permeates through multiple statutory and non-statutory social bodies to achieve “...complex assemblages of agents, knowledges, techniques and practices [which] are pieced together to translate new rationalities and programmes into practical effects” (Garland, 1997; 178). Foucault’s writing opened up new ways of thinking about power in conventional government studies to show that power did not just come from the direct actions of the state, but was operationalised through a systematic network of institutions and agencies ‘governing at a distance’ that meant everyday experiences across the life course became known and administrated. These partnerships, that indirectly connected the citizen and the state, are contingent on the transportation of continuous knowledge and expertise through the private and public sector as a site of data collection and regulation:

*“Fanning out from these settings it cultivates alliances between the doctor and the mother, the teacher and the school child, the social worker and the neighbour etc and seeks to adjust the behaviours and self-image of individuals, bringing them into line with socially approved aspirations and identities.”* (Rose, 1996; 347)

For example, the alliances between agencies mean that uncivil problems such as crime and worklessness can now be governed through the platform of the welfare state by combining caring and curing practices and programmes. These objectives undertaken by statutory services, the private sector and charities include joined up approaches to assist individuals find routes into employment, reduce crime, ameliorate poverty and improve health.

The presence of the third sector in the power network has attracted a large amount of attention in the academic literature. Before the police apparatus took over the majority of ‘social discipline’, philanthropic and religious organisations were historically instrumental in disciplining the population (Foucault, 1977; 212-213). However, it would appear that charities are still viewed as a key institution in governing the population (Dean, 2010). This is because charities are in a unique position where they do not have the enforcement capabilities of the sovereign power, but can still assist the poor through “creating citizens capable of exercising regulated freedom, than it is about direct intervention” (McKee, 2012; 218). In this sense, support is delivered as advice, rather than entitlement or a form of coercion;



*“...you cannot rightfully demand that it take charge of your welfare, but neither do you have any grounds for refusing our advice, for it is different from the orders you once obeyed” (Donzelot, 1980; 56)*

Therefore, access to support (financial, practical and educational) is positioned in discourses of emancipation (Bond-Taylor, 2015). This shows that voluntary organisations can still embody elements of disciplinary power which may appear detached from government, but nevertheless still channel government power and dominant norms through coordinated action and the threat of sanctioning remaining in certain projects that offer assistance (Dean, 2010).

Secondly, reliance on state theory does not consider other mechanisms of power and discipline which are part of a larger and often discrete dynamic network of disciplinary power that is bottom-up rather than top-down (Foucault, 2002). Power that is not ruled by the market or the state can be dominant in society, at the level of the neighbourhood and by those deemed to have authoritarian status for example white men, privileged classes and by religion (Stenson, 2012). Power can also be bottom-up and be influenced by a range of historical and local cultural influences and interaction with family and personal values which form a ‘natural collective’ (Rose, O’Malley and Valverde, 2006) that could form and operate independently of doctrinal influence and the family-sovereignty relationship;

*“They are also, by the end of the eighteenth century, living, working and social beings, with own customs, habits, histories and forms of labour and leisure.” (Dean, 2010; 127)*

In more recent policy contexts, the mobilisation of community groups, expert panels and neighbourhood watch schemes has created localised self-management in communities (Millie, 2009). Relocating power at the local level was a decision made via New Public Management in the 1970s during the retrenchment of state intervention. Investment in communities continued well into the 1990s during the New Labour governments and during the Conservative-Liberal Democrat coalition Government’s Big Society and Localism agenda (Lowndes and Pratchett, 2012). As such, there was a rise in private securitisation, civic ‘contractual compliance’ and risk management approaches that amounted to governing social issues through crime control (Stenson, 2005; 272). These factors generated the imperative to obtain data sharing knowledge networks and construct preventative and mediation strategies, as well as prompting the creation and rise of occupations such as the child psychiatrist, health visitor and welfare economist, which were complemented by expanding governing apparatus such as youth justice courts, community safety officers and parenting courses (Dean, 2010).

However, an ‘enabling state’ does not mean that there is a reduction in governing as it invites a multitude of knowledges and agencies which become involved in steering crime and social control by understanding specific population characteristics that could be accounted for by new ways of regulation (Dean, 2010; McKee, 2009). This is because individuals are no longer presumed to be law-abiding, or targets to be regulated, but subjects situated in a ‘dense field of relations’ of ‘people, things and events’ that need to be acted upon (Rose, O’Malley and Valverde, 2006);

*“Freedom exists always in tension with the requirement for ever greater regulation and control” (McKay and Garratt, 2013; 746).*

However, Stenson (2005) highlights how there is not solely a struggle for power between individuals and local governing agencies, but a struggle for local sovereignty between governing agencies themselves, which can be particularly challenging for the

police to integrate and manoeuvre. This is because even though a range of issues may be present, governing agencies can select, prioritise, rank, specialise and give weighting to particular issues (Stenson, 2005; p271). In essence, all institutions can affect power and power transforms. This argument is important when considered within the sovereignty-government-discipline triangle. This is because even though Foucault and many authors applying governmentality highlight the power of local government agencies, which renders the end of sovereignty through decentralisation, Stenson (2005) argues that the local organisation of power ultimately shows 'sovereign command' and the 'significance of the state' where governing agencies are still battling for population and territory utilising the techniques of the sovereign- coercion and threat, with the end-point of the judicial system (p 273).

In fact, Kerr (1999) questions the vagueness and the justifications between the transition points of the triangle. Kerr argues that if society does create its own laws, how can self-governing nation states, which are supposedly outside of this type of law making, be able to regulate the population other than by sovereignty;

*"Governmentality internalizes a knowledge domain that defines itself in terms of an external relation to population"* (Kerr, 1999; 187)

Furthermore, Kerr believes Foucault's description of changing economic systems (feudalism to mercantilism) does not explain why sovereignty is dismissed by, or emancipates, government. In addition, Bevir (2010) argues that poverty is framed as the unfortunate residual effect of liberalism, rather than something that the state can intervene with. In reality, proponents of the governmentality thesis appear to "wish sovereignty away" by supplying vague explanations that are answered through the self-explanatory will of market principles and liberalistic ideology (Bevir, 2010; 190). However, this critique has ignored the fact that, to a degree, the market is 'politically constructed' by the sovereign, rather than the state having to rely on the power of government for its existence (Stenson, 2005; 272-273). In fact, Kerr (1999) does note that Foucault, over time, reconsiders the significance of sovereignty and restates that power forms are based on, and continually link back to, the fundamentals of sovereignty.

Additionally, Dean (2010) argues that even if there is an end to sovereignty, images of the sovereign still hold power in society. Even though the sovereign has a 'deductive' function and takes commodities in the form of money, labour, time and resources from the population (rather than for the population's own consumption/self-sufficiency), we still would not 'cut off the King's head' (Foucault, 1991; 259, 63) due to identifying with states of domination present in social relations and the 'social pact' (Foucault, 1977). This could be argued to be a consensus which is viewed as collectively reasonable by the population in order to avoid a state of chaos and citizens making their own individual rules. This is in addition to advocating 'payback' to society by those who break accepted societal rules (examples include community service, prison, injunctions etc). As such, it could be argued that sovereign authority might continue through 'public utility' (Dean, 2010; 124), where subjects would continue to be obedient, tax payers, self-regulated and ordered, not solely because the population has successfully become docile, or that there is governmentalisation of state agencies, but because order is transactional and offers the public a *general* sense of security, rights and familiarity:

*"We accept the authority of the law of the land and the institutions that enforce that law. Property rights are respected out of a duty to others and because of laws that seek to protect them as well as us."* (King, 2012; 350).

Furthermore, sovereign power is often accepted by the population because elites such as politicians and professionals, who have authority and the power to govern subjects, are also governed by the same rules of conduct and authority (Dean, 2010). As already discussed in relation to the modelled pedagogies of the Prince, Foucault (2002; 206) labels this 'upward continuity' where to govern the state successfully, the governance of the self, the family and the state has to be learnt, adopted and practiced by the Prince first. This shows those who govern are still governed themselves through rules of order and liberty that apply to all groups in the population, rather than through sovereign/citizen binaries. However, Kerr (1999) would critique assertions of public-led utility by arguing that Foucault 'cutting off the King's head' merely avoids a new state theory by 'enthroning' the market which has not only beheaded the King but social 'subjectivity'. In reality, it is likely that it would be a different version of sovereignty i.e. principles of the market the population submits to which is what is really continuing public compliance (p 175).

Finally, the weighting of power domination that is assigned to state theories can exclude a discussion of the impact of resistance, and power is often presented as inhibiting the freedoms of the population. Foucault (1991) argued that power would not be possible without the presence of resistance and the two cannot be discussed without consideration of the other. In fact, Foucault argued that liberty is a 'practice' and "no matter how terrifying a given system may be, there always remains the possibility of resistance, disobedience, and oppositional groupings" (Foucault, 1991; 245). Furthermore, Foucault noted that, whilst power regimes are not totally oppressive, they also cannot be entirely liberating. Power is instead a generative, constantly renewed battle between free individuals, rather than something that is guaranteed by historical events and can be reconfigured by the powerful and the less powerful alike (Foucault, 1991).

Although power cannot be totally emancipating, it has been noted that modes of power can be used to rebalance liberties, rather than prohibit them. For example, both King (2012) and Dean (2010) draw on the writing of Hegel to state that for freedom to exist and the continuation of social and cultural advancement to occur, there needs to be a social structure through rules which *enable* rights, rather than impede them, to allow individuals to act and live freely. This is an interesting assertion as whilst some may argue that certain types of legislation exacerbate the disproportionate resources of the most powerful (tax laws that benefit the most wealthy, benefit caps that inhibit those on a low income), it can also be argued there are instances where power 'rebalances' the freedoms of certain groups (for example between tenants' rights and private rented sector landlords) which can reduce power inequalities (for example tenant protection from rogue landlords, standards of housing safety and deposit protection) (see King, 2012 for a discussion of this). This dualistic argument can be applied to debates surrounding anti-social behaviour in the literature. On one hand surveillance and interventions have been argued to regulate and encroach on the freedoms of the most marginalised (Garrett, 2007b; Crossley, 2016). On the other hand, the conflicting argument is that interventions advocate for the freedoms of the wider communities and individuals where quality of life is affected by disruptive and threatening behaviour (Flint and Nixon, 2006).

However, as a caveat to the aforementioned discussion on freedom, it has repeatedly been noted in the literature that whilst Foucault discusses resistance, his detailed outlines and meticulous descriptions of power over the soul, mind, body, behaviour and space are underdeveloped and in reality, revert back to ideas of 'one dimensional' and 'monolithic' power which Foucault dismissed as outdated (McNay, 2013). Bevir (2010) argues that Foucault fails to capture how individuals dynamically and 'creatively' act

and respond to power and create individualised channels of power (p425). Kerr (1999) agrees and argues that although Foucault criticised Karl Marx's work as situating subjects at the mercy of power, Foucault's own conceptualisation of power is also all-encompassing and 'top down' and like Marx, has the effect of reducing and 'externalising' resistance to the unobtainable capacity of power, decided by the market (p 173). Kerr argues that this shifts governmentality to a theory of social reproduction where individuals operate in a "system of positive, productive power in a process of perfecting itself" (p 174). This appears to suggest Foucault has inadvertently positioned resistance as a means for power to become more far-reaching rather than disabled. Perhaps this has had the effect that some authors in the literature have used the governmentality thesis to interpret the state and state interventions as monolithic without necessarily considering power nuances (Garrett, 2007b; Flint, 2012).

### **3.4 Power and the mind and body**

As already discussed, governmentality does not provide a comprehensive or complete description of power that fully explains power 'over' population dynamics, or explains why sovereignty is rendered outdated. Nevertheless, Foucault stated that the political rationale of the art of government could only be systematically effective by operating separately from the state and the judiciary. This was possible through liberalism (and therefore the advancement of the state) as a form of governmentality (Kerr, 1999). The 'economy' was originally a description based on the model of the family but this needed to be reconstituted during a period of population expansion (Foucault, 2002; 202). This is because sovereign laws faced lag times matching the growth, mobility and changing social and economic relations of the population. The means of government therefore needed to have a different political reasoning from sovereignty and territory which would be outward facing and monitor the interconnected relationship between population, territory and wealth (Foucault, 2002; Dean, 2010). In this sense, power capabilities would be possible through government;

*"A power whose task is to take charge of life needs continuous regulatory and corrective mechanisms...Such a power has to qualify, measure, appraise, and hierarchize." (Foucault, 1991; 266)*

Government does not use the law in its pursuit of power, but uses tactical, scientifically informed rationalities to 'dispose' of things in such a way that will achieve maximum output. Government was the birth of the administrative state which viewed the population as an opportunity to collect 'wisdom' for the sovereign (Foucault, 2002; 212). Knowledge about subjects was obtained through population statistics (e.g. birth, death and disease) but information was also collected regarding economic development. Knowledge of the population in relation to the economy created the "political economy" where 'new networks' and 'new wealth' in territory become new subjects for the government (Foucault, 2002; 217);

*"The exercise of power creates and causes to emerge new objects of knowledge and accumulates new bodies of information...The exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power" (Gordon, 2002; XV-XVI)*

The knowledge that was gained from the administration and scientific enquiry at the level of the aggregate population was used to monitor life's landmarks, where power could then be dispersed through the institutions that monitor populations (such as schools, hospitals etc.) via government programmes of inoculations, access to housing and family planning etc. (Stenson, 1993). By improving wealth, longevity and welfare

conditions, better economic gains from a productive and healthy workforce could be achieved. Equally, responding to outbreaks of disease would legitimise the state through the provision of services.

However, by the 17<sup>th</sup> and 18<sup>th</sup> Centuries, Foucault noted that the end of government was the regulated movement and administration of the aggregate population and ordinary life, and what was required was an individualised disciplinary regime to filter order down to manage the habits and routines of the population at both an individual *and* combined level (McNay, 2013; 121). Knowledge of individual needs and desires was required in order to align them with the interests of the government, which bodies could internalise and relate to as an individual and through a collective identity.

Foucault stated that to understand how power influences thought and conduct requires a concentration on the microphysics of power that manifests on and within the body (Foucault, 1991). Discipline was processed by the body through hierarchical surveillance, normalisation and examination that allows a 'separation, analysis and differentiation' of bodies situated in space (Foucault, 1977; 170). Because power and knowledge therefore structure space, there needed to be a reactive accountability for bodies in space, both through ensuring the health and advancement of the body and through the optimised productive performance of the body. This ordering of natural life processes and the body's productivity is termed biopower, which is achieved through a disciplinary gaze of 'observation', 'recording' and 'training' (Foucault, 1977).

Foucault (1977) framed the internalisation and objective of disciplinary power as ultimately a clinical and managed 'ordering' of citizens through marketized processes and optimisation. This was to create the most efficient 'movement' of workers, regulated by time with no disruption to productivity, to produce economic gains (Foucault, 1977; 150). The aim of discipline is therefore to teach the individual the 'technique of command' and 'the morality of obedience' likened to a factory-monastery environment (Foucault, 1977; 161). Rather than the judicial system, power targets the soul and behaviour of the individual through shaping the mind and habits through repeated exercise that mould the body firstly as a machine of productivity and secondly as docile to power;

*"The individual subjected to habits, rules, orders, an authority that is exercised continually around him and upon him, and which he must allow to function automatically in him"* (Foucault, 1977; 12).

Pedagogically, discipline is achieved through 'modes of organisation' where bodies were strategically distributed by the tactical engineering of space; by architectural forms, partitioning of space and a feeling of 'permanent visibility' or surveillance, also known as the panopticon (Foucault, 1977; 201). The panopticon could be described as a visionary model of social administration. Rather than discipline occurring within an enclosed space, the panoptic design, through constant vigilance and monitoring enables power through invisibility, as workers would not know when they were being watched and would therefore self-regulate their behaviour (Foucault, 1977). Foucault noted that this ordering of space was typically found in prisons, however the arrangement and distribution of bodies in space was increasingly being mapped in other institutions including schools, army barracks, factories and hospitals. This is because disciplinary power made transferable through architectural form allowed the individual to have their own space to be monitored in, which was made comparable to other individual bodies in space and in relation to an overall system of production. In short, power is created through a division of space *and* between individual performance within space. Kerr (1999) notes that many contemporary forms of social institutions are increasingly being referred to as panoptic by social scientists. This can render the

capacity for creativity and social subjectivity obsolete by a model that is all-consuming and perhaps over-articulated due to an absence of discussions surrounding worker 'antagonism' and resistance (p 183).

In addition to spatial organisation, the art of government requires hierarchical surveillance by superiors to induce power. Constant supervision of activity, skill, application, efficiency and form encourages individual anxieties regarding how behaviour is perceived and possible consequences of this behaviour enforced by strict and higher authority. Order is then manifested internally through 'pedagogical and spiritual transformation' which can be used to model, teach, reject and chastise counterparts laterally across the hierarchy and as individuals move up the chain of command, thus creating top down and bottom up ongoing disciplinary regimes (Foucault, 1977; p121).

Understanding 'correct; conduct is also achieved through power acting on the body through normalisation. Normalisation is established through a set of desired norms of conduct that distinguish and operate on a scale between acceptable and unacceptable standards to allow bodies to be identified within this;

*"The law operates more and more as a norm, and that the judicial institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory"* (Foucault, 1991; 266).

This quote illustrates how power cannot be reduced only to binaries that distinguish between those who abide by the law and those who deviate from it. Instead, crime and the punishment must fully understand the subject by positioning the behaviour in a system of normalising assumptions or in terms of "the rule made to function as a minimal threshold" (Foucault, 1977; 183). Unearthing and diagnosing the reasons for the perpetrators' distance from the norm can be used to understand why the perpetrator would have committed the crime and steps can then be taken to work out how the offender can be made less individualised through treatment plans offered by a range of regulatory institutions;

*"The 'judges of normality in the figures of the social worker, the teacher, the doctor, are everywhere assessing and diagnosing each individual according to a normalising set of assumptions, or what Foucault calls the 'carceral network of power-knowledge.'" (McNay, 2013; 94).*

The process of normalisation is achieved by behaviour management through a dual system where non-conformity is punishable, and good performance is incentivised. Feelings of humiliation and praise are learnt through behaviours that are observed and/or experienced through reward or punishment. The aim is to achieve consistent desired behaviour and eradicate the undesirable behaviour of the 'shameful class' through appealing to the desires of individuals to be praised and a dread and fear of being punished (Foucault, 1977; 182). Where the shameful cannot relate to docile subjects or follow the rules, they were dealt with through mechanisms of coercion including division and rejection;

*"Having homogeneity as the rule, the norm introduces as a useful imperative and as a result of measurement, all the shading of individual differences"* (Foucault, 1977; 184)

Discourse operates to exclude the other and is endorsed by 'non discursive' practices of institutions and professions with status (Foucault, 1991). Foucault identified three principles that objectified individuals: a 'surface of emergence' that cultivated an

environment for a subject to become 'othered', followed by a 'delimitation of individuals' by authorities that have the ability to define difference and finally 'grids of specification' that categorise, probe and monitor abnormal subjects (Foucault, 1991; 72). For example, Van Wel (1992) discusses how the poor are socially constructed using discursive rationales for the issues, causes and solutions of poverty. How narratives are constructed can inform seemingly rational responses to unacceptable behaviour. However, these narratives might be responses to a partisan truth, and not necessarily a nuanced empirical reality of the individuals subject to interventions. This is labelled the 'structure of bias' by Van Wel (1992) and can be influenced by a range of historical, fictional and procured social artefacts. These dominant discourses can then be accepted in everyday practice, but are also subject to an ongoing battle for ownership of social processes, including from the voices of those who are discursively positioned (however, these voices can largely be absent from this process). These sets of discourses are not only aimed at the juridical subject (the anti-social) but reinforces the obedient individual in the social pact. These constructions can then inform the law in order to "maintain the integrity of its own identity...through notions of truth constructed in sociological, medical, psychological discourses" which must be consumed and acted upon by the population (McNay, 2013; 86).

The third principle, drawing on a combination of hierarchised surveillance and a normalising gaze, is a technique to classify and punish all individuals through examination. The examination is a mechanism which allows the movement of power from the accumulation of knowledge and truth to *and* from the individual (Foucault, 1977). As a result, Foucault (1977) argues that the exam is a successful technique in submitting individuals as objects through a process of 'characterisation', 'registration', 'documentation' and 'review' that positions the individual as observable and rateable in relation to a cycle of cumulative and collective knowledge;

*"It is the individual as he may be described, judged, measured, compared with others, in his very individuality, and it is also the individual who has to be trained or corrected, classified, normalised, excluded etc"* (Foucault, 1977; 191).

The range of state agencies creates a space for an ongoing gaze and examination of subjects. Using specialist knowledge, practitioners and experts can identify whether subjects (or their relatives) are capable of the desired conduct. Adjusting behaviour practices that the individual was capable of embodying would then be made actionable in treating problems such as 'illness, poverty, old age and ignorance' (Stenson, 1993; 47). For example, Swift and Parada (2004) studied families where there were child neglect concerns. The authors found these concerns were often justified on the basis of poverty factors, and the families were subject to intense surveillance which included knowledge gathering, personal and repeated questioning, observations and documentation of behaviour and invasive interventions (p 13). In order to keep their children in the home, parents would need to display, in a short time frame, what changes they had made to keep their children safe, in addition to regulating harmful behaviours that might put the child at risk (e.g. addiction).

The disciplinary gaze can be objectivising and coercive, but it was also successful in influencing individuals to embody political rule by problematising the self through subjection "...by means of certain techniques directed to self-improvement" (Rose et al, 2006; 90). Therefore, individuals could be both objects and self-implicated subjects of power (Foucault, 1991) through therapy and confessional stories;

*"The key technique of biopower – the confessional... Through various techniques – interrogation, hypnosis, the questionnaire – individuals are induced to reveal*

*the most intimate and precise details about the nature of their desires”* (McNay, 2013; 122).

Therapy is used to discipline the subject into ‘being led’ or ‘learning to lead oneself’ back to normatively informed values through contemplation of ‘self-inflicted pain’ (Dean, 2010; 23). Therapeutic strategies are often argued to be more sinister than the infliction of physical pain on the body because discipline is internalised and targets the soul (Dean, 2010). Therapeutic strategies guide subjects to diagnose and examine aspects of their identity by taking advice from a variety of specialists, each of whom is an expert in a particular problem (e.g. health, parenting, psychology, criminal justice) (Dean, 2010). This shows how the individual is deconstructed, not just as the anti-social or the criminal, but as pathologically unhealthy, an inefficient parent, work shy, defensive, or a deprived child growing up etc. Experts will then use treatments that allow the criminal/anti-social, the abnormal or the failed individual to manage themselves by being taught the skills, the capacity and the means to achieve self-responsibility (Lippert and Stenson, 2010; Batty and Flint, 2012; Flint, 2012). Rather than criticising the individual outright, practitioners engage the subject in self-reflection that encourages clients to understand why their behaviour may be problematic and try to empower them to conduct themselves through training schemes, education, counselling and rehabilitation (Rose, 1996; Flint, 2012). However, Stenson (1993) questions whether subjects can be truly reflective when the resources to help them change and adapt are absent or far away from their current situation, for example the skills to enter the labour market.

### **3.5 Power and the active citizen**

As discussed earlier in the chapter, the state depended on foundational power structures that are already performed by the family. However, Stenson (1993) states that by extension of the patriarchal breadwinner model and projected images of family life that was inherent in the economy of the family, there was an opportunity and a moral need for the formulation of profound discourses of the idle and the ‘scrounger’ (p 47). This was because the state had to mitigate the effects of widespread poverty through social assistance where charity could not meet demand. It was therefore necessary for the state to reinforce acceptable civil behaviour through dividing practices and the condemnation of the ‘other’ or undeserving poor, and to obtain the productive, motivated and rational being in the criminal and the lazy (Dean, 2010). Foucault (1977) highlighted the link made between crime and social problems that were attributable to idleness rather than ‘social struggle’ (p 275), and what was needed to correct apathy was routine activities of work through timetables of rhythm, exercise and repetition which would create the rational individual;

*“This useful pedagogy would revive for the lazy individual a liking for work...which labour would be more advantageous than laziness...[men] must be made to desire [it]...by supervision and discipline...the bait of gain; corrected in his morals, accustomed to work...he has learned a trade”* (Vilan cited in Foucault, 1977; 122).

The division between liberal and illiberal subjects was categorised by excluding those without the status of the autonomous rational person (the mad, the sick) and those who are free and autonomous but still have no “domination of aspects of the self” (Dean, 2010; 156; Rose, 1996). Morality was therefore entangled with ‘economics’ and its relationship with pauperism based on inflated notions of behaviour over structural factors (Procacci, 1991; 157-158). Rose (1996) argues that the nation state became driven by capitalist expansion, rather than through social wellbeing objectives. Thus,



the social and the economic became 'antagonistic' (Rose, 1996; p340) where on one hand society would be organised around private property but on the other there was a perceived 'right' to poverty where hardship was out of the individuals' control (Donzelot, 1980). In this context, it was important to get the family to operate in line with the functions of a liberal economy where all individuals were constructed as economically 'useful' (Rose, 1996). Subsequently, those who were not complicit were deemed problematic and were subject to examinations to determine whether poverty and the need for assistance was genuine, whilst also unearthing the causal accountability of families;

*"It is preferable to probe into the life of the poor rather than being moved by the sight of ragged clothing and open sores...This was why, in every request for aid, one had to locate and bring to light the moral fault that more or less directly determined it: that portion of neglectfulness, laziness, and dissolution that every instance of misery contained"* (Donzelot, 1980; 68-69)

As a result, pauperism, since the industrial revolution has a long-standing history of being associated with a specific lower class delinquency which includes a lack of resourcefulness, a culture of dependency and uncivil behaviours caused by a lack of responsibility. This is fuelled by readily available social assistance subsidies, which make a mockery of societal values;

*"Moreover, the fact that the poor on relief do as they wish with the money allowed them, and liberally dispose of what is theirs, is only too well illustrated by the ample descriptions of licentiousness, drunkenness and improvidence which characterises this section of the population."* (Procacci, 1991; 161)

Consequently, this discursive description had the effect of defining social problems as the poor *choosing* to act immorally by relying unnecessarily on charity and spending aid recklessly, rather than being socially in need. This is because individuals could receive material or financial means that had been given, rather than duly exchanged e.g. for labour. Consequently, social assistance had criminal inferences because it was taking aid that had not been earned in addition to notions of 'othering' because paupers were not part of a moral and rational community. The giving of charity perpetuated this type of lifestyle rather than expecting 'reciprocation' and 'integration' (Donzelot, 1980; 49). The culprits, known as the residuum or the 'outlaw class', were believed to embody a criminalised moral-psychological deficiency as taking social assistance would have been received without guilt or conscience (Foucault, 1977; 275). This moral deficiency, which was 'othered' by society could be treated through governmental instruments such as education, routinized hard labour, punishment, conditionality and segregation (this environment was typical of the Victorian workhouse) (Dean, 2010; 76, 159), before it could diffuse to the rest of the population. As Donzelot (1980; 70) notes, the state rationale when it came to the underclass was "control its needs or be controlled by them" and reinforced the idea that the problems and solutions for maintaining social order were behavioural rather than structural.

Perhaps excluding the post-World War II era where there was a desire for social insurance in austerity Britain, reactivating the discipline of regular employment as a solution to the dependency culture has been continuously reiterated over time since the implementation of the Poor Laws (Welshman, 2013; Lambert, 2016). Work remains endorsed as a significant site of subjectification, where the making up of the self-entrepreneur is a crucial programme of active and rational responsibility for optimisation and empowerment (Rose et al, 2006; Garland, 1999). Discursive descriptions that divide those who contribute to the economy and those who do not, create a continual redefinition of the poor as the undeserving 'other', a discourse which

remains a contentious debate in contemporary society and in policy. For example, after the English urban riots in the summer of 2011, David Cameron stated;

*“For years we’ve had a system that encourages the worse in people – that incites laziness, that excuses bad behaviour, that erodes self-discipline, that discourages hard work...above all that drains responsibility away from people...well this is [a] moral hazard in our welfare system – people thinking they can be as irresponsible as they like because the state will always bail them out”*  
(Cameron, 2011)

As Fletcher et al (2016) note, despite evidence suggesting the contrary, there remains an ongoing suspicion by the state and the media that interprets welfare claimants as rationally manipulating the benefits system to their advantage to maximise the income they receive and shirk self-responsibility. Subsequently, the constant re-emergence of anti-entitlement discourses attached to claiming welfare could be argued to represent a tactical strategy to achieve political and economic ends, by fuelling the resentment of voting taxpayers and committing to nudge claimants back into the labour market.

Discursive conceptualisations of the undeserving poor have encouraged the gathering of histories and lifestyles of families from a range of knowledge centres since the 19<sup>th</sup> Century (Dean, 2010). Reports, surveys and statistics explored social problems that included the prevalence of poverty, crime, addiction and suicide (Dean, 2010; 150). These outputs have drawn upon the impacts of upbringing, education, procreation, personality traits, domestic hygiene and material living conditions of the poor that were often deemed causal factors of their poverty (Dean, 2010; 152). This scientific enquiry took place because the poor were, as mentioned earlier more ‘individualised’ than the rest of the population. Procacci (1991) states that the poor therefore became a specific ‘field of analysis’ (p 164) because social disorder amongst the poor presented an opportunity to investigate patterns of behaviour and design regulatory solutions. Rose (1996) notes that the role of the social researcher and the collection of statistics reinforced the ‘social’ as a field of enquiry (Rose, 1996). Procacci (1991) suggests that it is this intense scrutiny of the behaviour and upbringing of the poor that ‘infantilises’ the destitute and triggers not only an on-going gaze, but a means to instigate a whole apparatus of re-education initiatives (p 166).

Policy and legislation is still argued to be informed by knowledge that pathologises the behaviour of individuals by embellishing certain types of data or without drawing on rigorous empirical evidence and or contextual factors in favour of discourse (See Ball et al, 2016). This can amount to over-surveillance of certain groups such as those who are unemployed and/or in poverty. Stenson (1999; 55) notes that the implications of ambiguous knowledge claims “evolve criteria and rituals for authorising what counts as truth and who is authorised to speak and write it”. This means that specific problematisations are made up of competing knowledges and political agendas from professional expertise which constructs social norms and acceptability as truths (McKee, 2009). As Foucault recognises, this focus on the poor by those in authority can be reflected in how law is constructed:

*“It would be more prudent to recognise that it was made for the few and that it was brought to bear upon others; that in principle it applies to all citizens, but that it is addressed principally to the most numerous and least enlightened classes”*  
(1977; 276)

In another example, King (2012) draws attention to the journey of ‘anti-social behaviour’ (ASB) which started out as a general definition by concerned politicians in the late 1980s and 1990s who perceived that there was a lack of respectful behaviour.

Similar to historical trends, the culprits of ASB were situated in working class communities that were purposefully socially excluding themselves from the rest of society through their uncivil conduct. ASB then became conceptualised and categorised by a range of different knowledges and evolved as its own field of expertise. This culminated into a legitimised means of regulation that was stabilised through integration in the functioning and managerial aspects of not only sovereign state governmental power (through the judiciary and the police) but through agencies (such as social housing management) and the perpetrator (through attached supportive and therapeutic orders) for respect in society to be restored. In essence, shaping what counts as 'offending' allows a targeting of certain populations by those in authority.

Under a disciplinary regime, Foucault (1977) states that the illiberal subject, such as the 'scrounger' and the 'anti-social', is more 'individualised' (or less regulated) than the liberal subject, which has been an ongoing concern to the political regime. The longevity of the problem subject questions the effectiveness of long-lasting effects of power. Nevertheless, the issue of the problem subject is periodically rejuvenated with new or modified forms of regulation in a political determination to regulate illiberal behaviour. Flint (2012; 2016) argues that the narratives of welfare reform and ASB policies fixate on this failure of regulation which prompts a recurrence of the politico-social values embedded in the social pact that present welfare as encouraging dependency and justifies coercive interventions. As such, there are temporal resurgences of sovereignty through welfare and criminal justice system reform (Lippert and Stenson, 2010) where both 'automated and impersonal techniques' and household service intervention 'reduces the spaces of counter-conduct' in order to make the individual take responsibility (Flint, 2018; 25).

Historically, local services and philanthropists would have powers of direct intervention in family life and would question families about matters of parenting, marriage, behaviour, and neighbourliness. They would assist the family with practical, financial and educational life skills;

*"They will also have to make individual visits to the poor; and the information to be obtained is laid down in regulations: the stability of the lodging, knowledge of prayers, attendance at the sacraments, knowledge of a trade, morality (and 'whether they have not fallen into poverty through their own fault')"* (Foucault, 1977; 212)

An example in a present disciplinary context will now be explored using Batty and Flint's (2012) work on family intervention projects which discusses the methodical procedures put in place by state and non-statutory agencies to deal with families who are exhibiting problematic behaviour (e.g. presence of ASB or criminality, mental illness, no children in school or worklessness). The aim of family intervention projects is to help families sustain a routine that is made more secure against the likelihood of criminal activity and ASB, and to optimise problematic families' skill sets in a range of domains (such as problem solving, parenting, budgeting). Rather than working with one person through sporadic service intervention, the whole family will be worked with. Firstly, engagement with families has to be secured. This is introduced by attempting to build rapport and trust, by being friendly, helpful, listening to family opinions and being non-judgemental. In general, the family must want to willingly engage with projects providing support.

Secondly, the assessment 'opens up' the lives of the family for evaluation (Flint, 2012), where information on the family is collected through agencies that may already have records of the family, and through documents such as the Common Assessment Framework (a form for professionals to record concerns about the health, development

and unmet needs of the children). Home visits are also undertaken by the key worker in order to unearth the causal problems of the behaviour and understand the dynamics of the family. This is usually an on-going process, with interventions often changing direction or new support needs being catered for if new knowledge of issues materialises.

Thirdly, a support plan is created, as well as a contract, stating the provision of support (through direct support, referrals to other services and advocacy (Flint, 2012; 350)) which families should choose to engage with voluntarily. By signing the contract, the family are effectively exercising their freedom by choosing to cooperate with services. The provision of support can include agencies from criminal justice, housing, parenting, education, social services, health, welfare benefits, voluntary/community groups and the private sector (such as private landlords) (p 348). The family are continually monitored through regular assessments of progress, until the key worker is satisfied that the family can function adequately without the need for intensive intervention. Exit planning may arrange continued support from other agencies (depending on how the project is positioned in networks of other agencies that can continue support), but the objective is for families to be able to function with a reduction of the problems for which they were referred.

The setup of family intervention projects embeds complex dynamics that could be argued to reinforce government modes of power through making the body and the whole family visible through surveillance knowledge, engagement, assessments and evaluations of families. Family intervention projects were originally designed to coordinate agency intervention to be more effective for families that were repeatedly coming to the attention of services, but not able to cope with all services at once and/or families who had not previously achieved any changes in behaviour. Key workers continually monitor and evaluate families and provide direct support that regulates the families' practical, emotional and financial skills in line with policy expectations. This is in addition to trying to support and improve families' relationships with agencies and coordinating interventions (that might also involve specialist support) to target longstanding family problems (p 352). Additionally, there are enforcement and coercive elements involved in some projects which could result in a loss of family tenancy and/or care responsibilities for children. Finally, key worker skill sets of being friendly, listening and being non-judgemental may also be seen as tactics to dupe the family into a trusting relationship, with a hidden agenda of change, and to collect information on the family.

Intensive interventions that work with families have been criticised for situating families within a public management system based on pre-emptive risk as a technology, that excludes the working class through delivering class based norms into the homes of families (Lippert and Stenson, 2010; Spratt, 2009). New forms of power are traceable in recent government policy which endorses the use of systems and databases to identify problems in families and take quicker action by improved departmental and service integration, and information sharing (Parton, 2008; 169). Ultimately, it could be argued that this reorganises the relationships between professionals and families by increasing the right to surveillance by practitioners and demeans any strengths, skills or knowledge that the family has in favour of professional practical knowledge - in addition to ignoring the impact of systematic structural inequalities. In contrast, Stenson (1993) questions whether programmes of support do function as panoptican power to regulate families in a liberalistic framework. He argues support that is delivered to families can improve the livelihoods of marginalised families by;

*“...help[ing] empower the citizen to exercise effective choices in a world where social survival, let alone success, involves not simply blind conformity to received social norms, but creative, entrepreneurial use of individual capacities as well as the opportunities open to him or her” (Stenson, 1993; 50).*

It is argued further by Flint (2012) and Batty and Flint (2012) that key workers can advocate on behalf of families (e.g. applying for benefit entitlement, bending project rules to accommodate needs, compromising relationships with other services) rather than making families feel uncomfortable and/or judged. This challenges the argument that project workers are ‘moral judges’ or teachers of correct behaviour; rather, they instead respect and empathise with the positionality of families (Foucault, 1977). Whilst family lives are still ‘opened up’, this was largely with the impetus to improve the situations of families by assisting them to access support services (Flint, 2018). However, despite notions of benevolence in the key worker model, the altruism of key workers remains arguable where it can be suggested support still embodies ‘authoritarian therapeutism’ with an underlying threat of sanction, surveillance and promotion of rigid behaviour pathways (Flint, 2018; 12).

However, achieving family change through certain models (e.g. the case worker approach) is not always guaranteed to change conduct or guarantee compliance (Flint, 2012). In relation to criticisms of governmentality made earlier, some authors have stated there is an acute absence of descriptions of resistance by Foucault. In fact, Kerr (1999) notes that Foucault “prioritises the physical body over consciousness and furthers the externalisation of subjectivity” (p 181) which implies that individuals subject to power cannot devise strategies not only of resistance but power over others. To apply this concern to the context of family based intervention policy, there are a number of declarations that policies which support referred families are ‘non-negotiable’ and families will be ‘gripped’, which suggests families subject to interventions have little scope or agency to make choices and/or resist (DCLG, 2012). However, Flint (2018) argues that such suggestions are an overstatement of the power of techniques of government when exploring the relationships between the governed and those that govern (p 10). For example, Hughes (2010) notes that the key worker role deliberately encompasses less authority than other social care roles to allow a ‘democratisation of decision making’ and family-influenced decision making that is not professionally led (p 552). Furthermore, the evidence suggests that most interactions between practitioners and service users rejects the authority of an inspector and formal/hierarchical interactions in favour of friendliness, listening and support. Additionally, spatial arrangements often take place in the space of the family home and mean that the situation between services and service users can be governed but not completely controlled as families can actively resist in a site that is non-clinical, for example by non-engagement or false compliance (Jones et al, 2015). This is true even for historical home visits as Donzelot (1980) notes;

*“It was impossible to go and verify the quality of the children’s education in a suspect family if the family was opposed, if it refused entry into that inviolable sanctuary, the home. The charitable organisations that carried out the placements also complained of the uncomfortable situation in which they found themselves with respect to the families, who might at any moment use their sovereignty to interrupt the educative activity” (p 83).*

Bevir (2010) argues that the governmentality literature does not focus on agency and resistance as a generator of power/knowledge, where individuals can understand, distort and react to the power dynamics through their own meanings and practice which might be at odds with existing structures. McKay and Garrett (2013) and Flint (2018)

draw on Foucault's (1977) idea of 'reciprocal determination' in their research which aptly describes the 'bi-lateral' relationship and conflict between services and service user. Additionally, there is evidence that practitioners themselves distort power flows in the delivery of government policy, and even socially approved behaviours are interpreted differently and resisted by street level bureaucrats via delivering informal support, discretion, empathy, creativity and favouritism to service users (Fletcher, 2011). Individual ethicality as a form of resistance in professional identities matters because it shows that power cannot always be totalised, even amongst 'governors' of power (Flint, 2012). Both Flint (2012; 2018) and McKee (2011) argue that these types of findings which adopt a governmentality approach in a local context are crucial in moving beyond popular assertions that generalise state policies as embedded in panoptican ideals, and dismiss more nuanced discussions of the manifestations and negotiations of power;

*"Whilst the analysis of discursive strategies is important, so too is a consideration of how these practices have been interpreted, implemented and experienced from below. Doing so not only avoids conceptualising governmental projects as fully realised and completed, but also offers important insights into how rule operates, is administered, and directly experienced"* (McKee, 2011; p15)

Allowing service users the opportunity to shape their support plans is another way in which vulnerable subjects are said to have emancipatory control and a voice. However, McKay and Garratt (2013) question whether social policies that embed empowerment elements are in fact inclusive. In their study which observed the partnership between vulnerable parents and teachers in schooling and education matters, they found that parents are judged according to how well they fulfil their duties as parents. However, when parents who had knowledge of the system challenged authority, they were either ignored, belittled and/or marginalised for the wrong type of participation. The authors refer to participation as in reality "constructing the field of action by putting in place particular pre-specified outcomes" (McKay and Garratt, 2013; 741). The authors suspected that by treating parents in this way, the parents would eventually reach an impasse and would realise they would only be valued by conforming to the guidelines. This shows that parents are still regulated even under the assumption that there is an interactive relationship between service user and services;

*"The voice of the parent is fully incorporated into decision-making is largely contingent upon the extent to which what is being said actually conforms to the received discourse and normalising gaze of prevailing authorities and professionals"* (McKay and Garratt, 2013; 743).

Government relies on the fact people are rational and will engage within the limits of disciplinary frameworks. This can be represented by the fact that the delivery and administration of welfare services has changed from a public or 'social logic' to a private one, more recently demonstrated through Payment by Results schemes (Rose, 1996; 347; Crossley, 2015). O'Malley (1999) argues that presenting welfare as hindering the claimant's freedom by inviting government into the private sphere constricts their consumer choice, independence and wealth. As such, this has created a systems change in the design and delivery of social policy that is increasingly based on market principles of performance management and competition (Dean, 2010). Now individuals who claim welfare benefits or are social housing tenants are reconfigured as a consumer rather than as a service user, and are required to express their freedom and independence through rational choice and self-informed decision making (Manochin, Brignall and Howell, 2011). The aim is that service users' learnt consumer

behaviour can help claimants become 'active', 'autonomous' and 'accountable' in all aspects of their lives, without the need for the long term use of the welfare state (Manochin, Brignall and Howell, 2011; 28). However, harnessing personal agency as a form of emancipation, not only by the state, but also by third sectors, still relies on marginalised individuals to compete in structures that require self-activation (McKee, 2011; Bond-Taylor, 2015). But, as Flint (2018; 22) notes, not all claimants, even though they may be aware of the conditions and discourses surrounding claiming benefits, are able (or able to learn), to act rationally and in line with behaviour expectations if they are particularly vulnerable:

*“So, although elite government narratives filtered through to the subjects of intervention, they were often unable to frame precise mechanisms of intervention as forms of meaningful practice in the ways intended by policy frameworks”* (Flint, 2018; 22)

If a claimant is unable to act rationally it can mean that support can be terminated if agency cannot be activated from claimants, even if support is advocacy based (Nixon et al, 2006). As a result, factors such as mental health will not always fit easily into fixed models based on rational behaviour or be easily controlled or predicted.

### **3.6 Conclusion**

Foucault summarises the regime of power as the “ensemble formed by the institutions, procedures, analyses, and reflections, the calculations and tactics that allow the exercise of this very specific and albeit complex form of power which has as its target population, as its principle form of knowledge political economy, and as its essential technical means apparatuses of security” (2002; 219-220).

The concept of governmentality is useful to understand the forms of governance and 'patterns of rule' embedded in government policy and how this may have evolved over time, particularly because it “uncovers the emergence, expansion and consolidation of apparatuses of administrative intervention in, and control over the social world” (Kerr, 199; 176; Bevir, 2010).

Foucault attempted to show how power is dynamic in nature and circulates as a constant network of truth making claims through a variety of self-interested groups including government officials, care professions, the media, regulatory bodies and social scientists. Applying the concept of governmentality can reveal 'what external power imposes itself on science' (Foucault, 1991; 55; Jessop, 2007) and the 'political role it plays' in asserting the truth (Foucault, 1991; 74). Using the concept of governmentality can also be a lens to reveal how those that govern behaviour understand how conduct can be changed through the (re)organisation of production, knowledge, discipline and technologies.

This chapter has outlined how Foucault's sovereignty-government-discipline triangle has explored how power over the population can be continually productive, organised, problematised, diagnosed, measured and influenced through changing economic systems. Foucault's conceptualisation of power is argued to challenge political theory which purports that the state has totalising power and explores other power sources (Rose, O'Malley and Valverde, 2006). However, there are important criticisms of the concept of governmentality, which problematises Foucault's assertion that resistance is synonymous with power. In particular, it would appear that when Foucault 'beheaded' the king, society was organised by 'enthroning' neoliberalism. However, by 'enthroning'

the market, Foucault made it less clear in what spaces resistance and social subjectivity can actually occur (Kerr, 1999; Bevir, 2010).

Furthermore, this chapter has also outlined how recent policy is seeking to realign the government of the self and local centres of power with wider governance goals (McKee, 2011). This study of intensive interventions has applied a governmentality framework which explores not only an embedded disciplinary gaze in policy and programmes but also nuances of power which revealed that “governable subjects do not necessarily materialise in their anticipated or envisioned form” (McKee, 2011;14). This theoretical framework and analytical lens also necessitates further empirically based research exploring the relationships between choice and authority within a local social and practice context. The following chapter outlines the methodology and how using Foucault’s governmentality framework will inform the research design in order to address the previously identified gaps in the literature and formulate the research questions.



## **4 Methodological framework**

### **4.1 The research design and methodological approach to researching families who are subject to intensive interventions**

This chapter will outline the aims and objectives of the research and describes the research process. Within the methodological framework there will be a discussion of research design, rationale and justification for selecting a qualitative approach to the research. Key theoretical and methodological issues will also be outlined. The chapter includes a reflexive commentary on the research process and also discusses the challenges and limitations of the research approach and the data that was produced. The research fieldwork period commenced in January 2015 and ended in January 2016.

### **4.2 The ontological and epistemological research problem**

The choice of methodological approach to address a research problem and gaps in the literature in the social sciences can never be truly objective when considering the 'sociology of sociology' (Letherby et al, 2013; 128). There is a need to reflexively consider *how* knowledge becomes constructed and accepted as knowledge. Instead, the methodological approach must be studied in relation to ontological and epistemological positionalities, which are based on philosophical principles regarding the origin of knowledge and biases towards how this knowledge becomes knowable (Halmi, 1996). This is because research always has an intention and a purpose (Letherby et al, 2013).

Traditionally, there has been a separation of qualitative and quantitative methods. Quantitative methods are usually associated with a positivistic paradigm, in pursuit of more rigorous, value-free production of 'facts' that are independent of subjective interpretation and theoretical understandings of the social world, and are commonly used in the natural sciences (May, 2001;11). This approach makes the social world knowable through predictive and experimental methodological design that "views the social world as an orderly, rule-governed, stable reality that can be completely and exactly known" (Halmi, 1996; 364). However, some social scientists have claimed that while methodological approaches sympathetic to a positivistic paradigm might be able to make generalisations about human behaviour, they cannot explain or predict all human behaviour. This is due to subjectivities in human experiences, consciousness and perceptions of the social world – or how "we can 'act on', as well as behave in 'reaction to', our social environments" (May, 2001; 10; Bryman, 2012). Furthermore, May (2001) argues for the need to open up ways of exploring how people interpret, resist and engage with rules and ideas in society that form social life, rather than assuming human beings are simply determined by them. Methods based on conceptualising society in this way are understood as interpretivism and often use a qualitative approach to capture the complexities and 'messiness' of the social world. Furthermore, conceptualising experiences in terms of temporal and spatial structural contextualities "allows us to question whether those problems and experiences that are sometimes defined as private, and thus the responsibility of the individual, are really the result of wider issues in relation to society and societal norms and values" (Letherby et al, 2013; 128).

This invites a greater contemplation and contextualisation of both local and wider social phenomena, where the presence of social issues can often be debated as

apportionable to individual factors and/or macroeconomic and political influences respectively. However, concerns regarding qualitative inquiry are centred on the extent to which qualitative methods can give a voice to respondents and categorise the complexity of the social world, particularly given their often heavy reliance on interviews, the lack of quality benchmarking and the fact that they may mirror quantitative methods in terms of focusing on 'cause' and 'effect' measurements of selected social variables (Hammersley, 2008).

Ontological and epistemological issues within the family based interventions literature have been intensely debated by academics, perhaps due to the political and practical ways 'science' has been used to justify particular responses to families with problems. For example, some authors have argued that the 'scientific' evidence based on the 120,000 'troubled' families used by the government as a rationale for the Troubled Families Programme (TFP) was unfounded and manipulated based on discursive problem family discourses in order to justify punitive approaches to working with families (Levitas, 2012; Ball et al, 2016). Furthermore, methodological issues were explored in chapter 2 which highlighted the tensions between the types of methods and data used in evaluations and research to conceptualise family problems and behaviour change. In particular, concerns were raised in relation to the lack of control groups in case studies, results that were based on the subjective perspectives of professional practitioners, and the inadequate numbers of participants that could merit generalisations. The respondents were also suggested to be more likely to be families achieving successful outcomes through interventions, rather than families who had disengaged (Gregg, 2010). When considering these methodological debates present in the literature, it could be argued that 'hard' facts and figures based on metrics are seen, even by academics, as more 'scientific' and more credible than softer outcomes (Batty, 2014). However, Batty (2014) warns that measuring behaviour change based on particular criteria and using numerical methods of analysis may totalise family success without allowing space for ambiguity over whether families have indeed been 'turned around'.

Despite debates in the literature surrounding what research findings can be considered most credible, perhaps one of the most compelling ontological and epistemological debates in the intensive family based interventions literature developed between Garret (2007b, 2007c) and Nixon (2007) based on a primarily positive evaluation of six FIP projects (Nixon et al 2006). Before the debate is outlined, it must first be highlighted that there can be issues with research that is commissioned (for example by the state) that risks being 'technocratic' and 'subservient to the state' because methods and outcomes *might* be influenced by the source of the research funding and the desired outcomes the relevant institution depends upon (Letherby et al, 2013; 128). This issue was a concern for Garrett (2007b) when he questioned the integrity of the results and the authors involved in the report. Garrett (2007b) was interested in the transparency of the researchers' positions and remit and whether the researchers introduced themselves properly and briefed the respondents about who they were and what they were doing. There was a suggestion that the evaluation was catering to the research funder's desired outcomes and embellished the extent to which FIPs are empowering rather than compromising the freedoms and private lives of socially excluded families. Nixon (2007) responded to Garrett's (2007b) concerns about the report's methodology by arguing that the methods allowed the voices of socially excluded families, policy makers and FIP workers to be heard and that these were fairly represented and that criticisms, positive outcomes and resistance to project mechanisms were included in the evaluation. In addition, Nixon (2007) argued that the results were credible as they were similar to other existing evaluations of intensive interventions. Nixon (2007)

claimed that Garrett (2007b) dismissed all these factors. Whilst Nixon (2007) acknowledged that with all research bias does exist, this was not a reason to stop working with the state and policy makers. Nixon (2007) criticised Garrett's own ontological position as being unbalanced and skewed towards a focus on sensationalising the disciplinary, punitive elements of projects that does not acknowledge nuanced understandings of power and resistance. This exchange shows that the ontological positions of authors and researchers are varied and "the researcher imposes their informed logic and values on the communicated reality of vulnerable family members" (Fisher et al, 1996; 2088). This debate reaffirms the responsibilities of researchers to ensure that their own methodological approach is always reflexive, clearly outlined and justified, with its limitations acknowledged.

### **4.3 The research problem**

The review of the literature has identified that there are gaps in clarity when understanding the complexities and nuances of behaviour change that occurs in families over time. As discussed in chapter 2, the preference for metric-based measurements of behaviour change in policy and practice (although there has been multiple qualitative approaches to researching family interventions) does not always allow enough space to account for these nuances. Furthermore, political assumptions surrounding how policy delivery effects behaviour change through 'gripping' families, partnered with the impacts of continued welfare reform, has produced a need for renewed research regarding the experiences of families subject to interventions, the relationship between service providers and service users and the realities of the impacts of intensive interventions during service delivery. In addition, it is clear that new research must problematize 'success' and behaviour 'change' and requires further exploration of when, why and how behaviour is judged as problematic and/or transformed.

### **4.4 The research rationale**

The overarching aim of the research was to understand the ethical, normative and policy implications of intensive family based support. The purpose of the research was to add to the knowledge base of intensive family interventions by building on existing research documenting the process of behaviour change and resistance.

### **4.5 The research enquiry**

The methodology needed to consider carefully methods used in previous research exploring family interventions and to take into account the researchers' reflections, limitations and criticisms when designing the research approach. Factors to consider included both logistical and analytical challenges, for example, getting 'buy-in' from gatekeepers, sustaining family engagement (as families who have chaotic lifestyles can be a difficult cohort to sustain engagement with) and having a large enough sample size to enable a sufficient quality and robustness of analysis (Nixon et al, 2006). After careful consideration, the research adopted a qualitative approach which would engage with families and service users who had experience of, or were still interacting, with services. This was because, to achieve the research rationale, methods had to be selected that would capture the complex narratives, circumstances and histories of families' background, behaviour and interaction with services.

A qualitative approach can be defined as “methods of data generation which are both flexible and sensitive to social context in which data are produced, rather than rigidly standardised or structured, or entirely abstracted from real-life contexts” (Mason, 2002; 3). A qualitative approach presents an opportunity to interact directly with respondents and enable in-depth conversations and new topics of exploration with those regarded as a problem and/or subject to policy decisions. Furthermore, qualitative approaches could be argued to be participatory as they embed a collaborative element between the researcher and the respondent and cultivates a space where respondents can have their voices heard (Letherby et al, 2013; 130). This avoids respondents being reduced to ‘objects’ of the research (Flick, 2002). For example, large extracts of interview data can be used as one mechanism of ‘thick description’ where respondent’s voices can be heard (Jenson and Laurie, 2016; 279).

Whilst using baseline statistical data is useful for policy makers to extract figures for trends and quality testing, the use of quantitative methods was not appropriate in this research context. Firstly, the scope of the studied project interventions would not enable a large enough number of participants to be researched in order to undertake statistical analysis. Secondly, quantitative methods would not individualise and enrich personal contexts, present an exploratory picture of support needs nor unpick ‘successful’ behaviour in its entirety, which is what this research aimed to explore. Thirdly, by employing multiple qualitative approaches it was still possible to collect robust information and findings, quality tested from across multiple sources of evidence (Bowen, 2009). Finally, the aim of the research was not to generalise the results at national population level – or even to make claims about how to change problematic behaviour - but to undertake “research of the present to analyse how the past has led to current situations” (Jenson and Laurie, 2016; 105). This enabled a reflection on how local policy is informed by national policy and what could have been done earlier for families, rather than to only theorise at a national scale.

The scope of the research did not set out to undertake a full programme evaluation, but focused on the perceptions of behaviour change of families and practitioners, whilst exploring what factors influenced and prevented behaviour change. An objective of the research was to capture the timeline of family journeys whilst the family intervention was taking place. As a result, a longitudinal approach was selected. By using this approach, interim changes could be captured *during* the intervention or mapped in a timeframe after the intervention rather than a before-and-after approach to measuring change, often used by existing research evaluations. This method contributes to existing longitudinal approaches by enabling an identification of the nuances and fluctuating nature of behaviour change which would reveal temporal moments of behaviour progression, slippage, crisis points, coping mechanisms and resistance, to highlight the complex and non-linear journey of behaviour change. Using a longitudinal approach to map family journeys allowed families and practitioners to reflect on their own respective journeys, whilst also capturing the complexities, contradictions and positive and negative emotions relating to key moments on these journeys.

The methodology was designed to use a range of different data collection methods in order to encapsulate the complex journeys of families and the impact of intensive interventions on behaviour change. This included using a case study approach, document analysis, semi-structured interviews and participant observation.

#### **4.6 Research questions**

The research questions will now be discussed, followed by an explanation of how the selected methods would contribute to the collection of rigorous data findings.

#### **4.6.1 What are the social and political context and conditions in which families labelled as troubled are conceptualised as being problematic?**

It was important to understand why families come to the attention of services and how families were defined as anti-social, problematic and/or troubled. In particular, how responsibility for problematic behaviour was apportioned and the required action was needed in the opinions of different stakeholders and family members.

The methods used to answer this question was document analysis of local and national policy and practitioner interviews. Analysis of policy rhetoric was undertaken in order to reveal the rationales of certain interventions, and which types of families services were targeted at. Analysis of local policy considered how national guidance is interpreted at a local level, including the operationalisation of policy, (discretionary) referral criteria and what the intentions of programmes of support were. Practitioner interviews highlighted understandings about what is considered acceptable behaviour, and whether key workers resisted any aspects of government policy.

#### **4.6.2 How are behaviour change mechanisms constructed and enacted in practice by professionals and what are the outcomes of intensive interventions?**

The research explored what interventions were offered, by whom and how they were different from services offered previously. It was important to explore which agencies were involved in the delivery of support, and explore what capacity (including a consideration of opportunities and constraints) agencies have to change behaviour. Furthermore, how well professionals understood their role, put into practice policy rhetoric and the operationalisation of partnership working needed to be considered in order to address this research question.

The methods used to answer this research question were based on reviewing document analysis of local policy, alongside data provided by practitioner and service user interviews and participant observation. Interviews with practitioners provided data on their experience of working with service users who were subject to intensive interventions, a discussion of their relationships with families and what challenges/barriers they faced in motivating behaviour change. Understanding what (positive and negative) impact projects had on families was facilitated by asking families about their individual experiences of engaging with projects. Participant observation allowed an insight into how behaviour change mechanisms were delivered in practice and interpreted by service users. The outcomes of intensive interventions considered factors such as avoidance of homelessness, family break up, having children taken into care and social exclusion. In addition, factors that are internal to the family such as how engaging with projects had effected family cohesion were examined.

#### **4.6.3 How do families with problems experience intensive interventions and make sense of their own behaviour and behaviour change?**

This research question considered the lived realities of families, perceived outcomes of project support and the sustainability of improvements in lifestyle and behaviour. This included how families conceptualised their behaviour, choices and decisions, and how

families understood the consequences of their behaviour and processed the perceived need for behaviour change. This was compared to practitioner understandings of the families' behaviour. The data enabled exploration of what changes in behaviour occurred (according to practitioners and according to families) relating to employment, schools, ASB, family cohesion and household management. If relevant, families discussed at what point service intervention might have been more beneficial to them, and what they believed were the 'conditions' needed for success.

To answer this research question, service user interviews and participant observation were undertaken. Answers and observations were mapped over the course of the research period where repeat interviews with families captured change (and how positively or negatively this was viewed), conflict and crises, in addition to how perceptions could change over time. How families viewed themselves and their relationship with their key workers was discussed to capture dynamics of compliance, resistance, compromise and negotiation.

#### **4.6.4 What are the ethical, normative and policy implications of families subject to family based intensive interventions?**

The aim of this research question was to reflect on the extent to which policy is in line with the lived realities of families subject to intensive interventions and how well practitioners understood, or were aware of, ethical dilemmas inherent in programmes of behaviour change. In particular, the data needed to address whether all family needs were met, what were the positive and negative outcomes of service intervention and any incidents where changes in family life might be considered unjustified. It was also important to understand how families felt about interventions and the threat of sanctioning. National and local document analysis and practitioner and service user interviews were drawn upon to answer this research question.

### **4.7 Case study approach**

A single area based case study was chosen for the research. Case studies are a popular approach in the existing evaluations of intensive family interventions (Nixon et al, 2006; Flint et al, 2011). The use of a case study approach was informed by the research rationale to explore the behaviour change of families subject to family support situated within a local context and operating within a localised system. This approach enabled the observation of key interactions between key workers, agencies and service users.

A case study can be described as a method to "explore and investigate contemporary real-life phenomenon through detailed contextual analysis of a limited number of events or conditions, and their relationships" (Zainal, 2007; 2). As Yin (2003; 13) notes, using a case study legitimises a place-based approach which means it is possible to investigate social processes and the operationalisation of policy in a 'real' context, especially when social processes and context are not easily separated. Crucially, a case study approach allows an exploration of local interpretation of national policy and how this is translated in practice. This enables the presence of discretion to be explored as well as a mapping of the relationships within local partnerships.

A case study approach often concentrates on understanding a small number or even a single case (Gomm et al, 2000). This allows both detail and deep understanding of the case study being researched. However, a drawback of this method is that case studies

are often place specific and cannot be generalisable. However, as already stated, the aim of the research was not to generate a generalisable picture of national policy efficacy.

Another criticism of the case study approach is that the case study is less scientific than other approaches and cannot be validated as more than (often biased) 'story telling' (Yin, 1981; 58). Gomm et al (2000) attribute this concern to the way the data is collected, recorded and analysed which they describe as unstructured and open-ended and therefore could be interpreted as less rigorous. However, Yin's (1981) work contests this assertion, arguing that there can be different types of case studies involving exploratory, descriptive and explanatory strategies (see Yin, 1981 for further discussion). Having a range of different case study approaches can answer certain research questions through explanation of phenomena more fully than other methods when "the boundaries between phenomenon and context are not clearly evident" (p 59). The case study can also include variables that survey designs cannot capture. This may be why case studies are a popular method used in the intensive intervention literature as they allow more detailed richness and capture the messiness of community-based problems and social and behavioural interactions which can only be situated in context rather than standardised (Zainal, 2007).

However, Yin (1981) does agree that the researcher needs to be aware of how to collect data and analyse case study data. There is a risk that describing events can become a detailed narrative, when the data should be organised around the conceptual themes of the research in order to be able to draw on the evidence from other methods used. Another limitation of the case study approach is that there can be a large accumulation of data over time which needs to be systematically organised and readable, especially if the research has adopted a longitudinal approach (Yin, 1994).

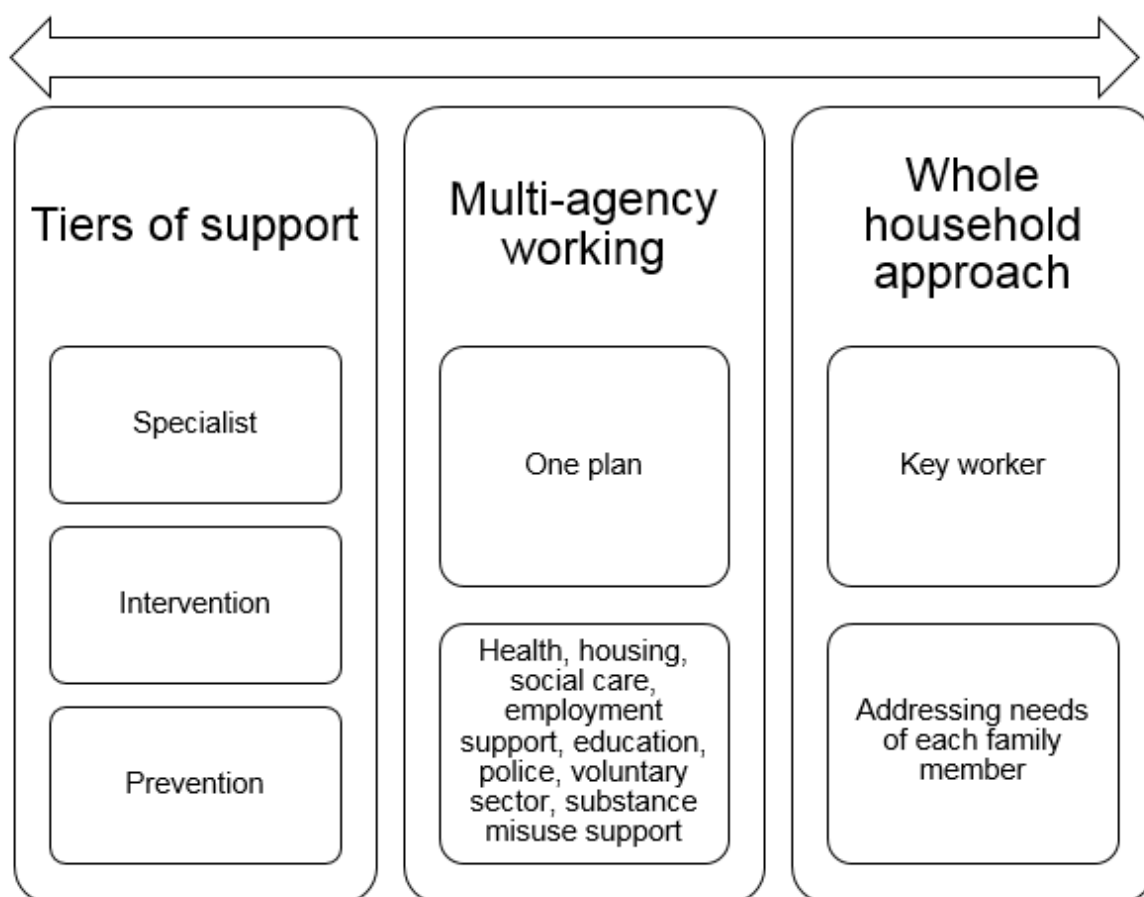
The research design of the case study approach was influenced by Yin's (1994) three principles of data collection:

- Firstly, the researcher collected data from 'multiple sources of evidence.' This included document analysis, semi-structured interviews and participant observation
- Secondly, a 'case study database' was created including constructing records of case study notes and documents
- Thirdly the approach involved 'maintaining a chain of evidence' by consistently linking the conceptual framework and the research questions to the case study. The case study material was also used in the final thesis in order to generate conclusions and suggest policy recommendations. The results were also compared to other case studies in the literature.

#### **4.7.1 The case study city**

In the research, a northern English city was selected as a single case study in order to "explore those situations in which the intervention being evaluated has no clear, single set of outcomes" (Yin, 2003; 15). The name of the city will remain anonymous in order to protect the identities of the respondents participating in the research. The city was chosen because there is need for an analytical lens to investigate how families are referred and worked with in contextual practice. The northern city was selected because it employs its own multi agency support service and whole household approach to manage vulnerable families which is imperative in scrutinising the delivery of intensive family support.

The city in question is a large post-industrial city. Before the launch of the TFP, the case study local authority had already rolled out a number of family intervention projects by 2010 across the city that adopted a whole household approach and delivered intensive support to families with complex needs. This was coordinated by a key worker. Project themes included tackling crime, child poverty and ASB and housing. A diagram of the policy structure of the case study local authority is set out below:



**Figure 1: Policy structure in the case study local authority**

The local authority restructured its services at a city wide level to reflect a wider collaboration of statutory, public and third sector services and coordinated critical practice through engagement, referral, assessment and family support through a whole household and Team Around the Family approach. Whole local authority system change would also embed more intensive support targeted at families. This included the roll out of an integrated multi-agency support model, based on one worker for one family and structured family intervention programmes. The array of support delivered by a range of professionals was to improve the amount of support families could access. The collaboration of services involved with families included regular multiagency meetings between key workers and other practitioners who were providing families with support in order to make case planning more efficient.

Consequently, significant local service integration in line with the required service reform outlined by the national TFP had largely occurred before the launch of the TFP, already informed by a previous pilot and the FIP model that encouraged multi agency working. Therefore, when the local TFP was launched in 2012, new services were not created but existing services were enhanced by further investment to strengthen and



upscale service capacity and efficiency and increase the timescale families could engage with services for. The local authority in question decided that family support workers would not just work with eligible families but adopted an inclusionary practice through working with families not strictly on TF-related programmes. This, it was believed, would encourage service integration and more accessible services for families in need.

The local programme response to TFP reinforced the need for a whole household approach which was key worker-led and used a support plan tailored to family needs and multi-agency engagement. This would be based on early intervention and pre-crisis intervention, and would continue to use the Family Common Assessment Framework to identify, assess and support eligible families. Other notable changes within the local TFP included the recruitment of additional specialist workers in the fields of adult mental health, anti-social behaviour (ASB), employment and training, domestic violence, truancy and social work, alongside increasing the numbers of key workers working in MAST (Multi-Agency Support Team). Specialists were also employed to develop good working practice models and systems to be rolled out across the city alongside data management and analysis. This included contracts outsourced to services outside of MAST, including the voluntary sector and funding given to an alcohol support family service.

In line with national policy, the local TFP still had policy aims of reducing crime and ASB, improving educational outcomes and assisting individuals to enter employment and sign off benefits. This was in addition to aiming to achieve better health and wellbeing outcomes, increasing family functioning and better service efficiency. A family was eligible for the local TFP intervention if they met two or more out of the three criteria of poor school attendance, involvement in crime and ASB and adults claiming out of work benefits. In addition, families were eligible if they met one of the local authority's discretionary criteria which included substance misuse, mental ill-health, domestic violence, social care involvement, homelessness (including risk of homelessness and continual change of address), adult offending, poverty, young carers or sexual exploitation. The targets of the local TFP have been re-worded for anonymity reasons. They are:

- A whole family approach which is based on a support plan and one lead worker
- An integrated approach that promotes one model of working across the city and integrating multi agency services
- Have effective data management systems to measure behaviour change, review family support plans and behaviour change sustainability
- An aim to help all families that are eligible and in need of support to reduce the number of troubled families in the locality

The partner agencies working with the local authority included (specialist) housing services (homelessness services, social housing, Registered Social Landlords, an ASB family intervention project), education and welfare services, the police, community youth teams, social care, Jobcentre Plus, NHS public and community health services, Child and Adolescent Health Services (CAMHS) and third sector organisations. Team Around the Family meetings with families and services would occur every four to six weeks.

#### **4.7.2 Case study organisations that worked intensively with families**

As already mentioned, a variety of agencies and contracted voluntary services worked in partnership with the local TFP. To achieve representation of the local authority, third sector and partner organisations, it was ensured that intensive intervention project workers were recruited from these three sectors. Practitioners were also interviewed more widely from the list of partner organisations outlined later in the chapter. The only organisation that was not contacted during the research was the police. Whilst the police do have interactions with families and agencies, police services tend to be a responsive service that do not work as holistically or intensively with families that are referred to more pastoral based services.

After an initial meeting with the local TF programme coordinator, the agencies involved with the TFP were contacted by the researcher. These agencies were delivering services both for eligible and non-eligible troubled families. These will be described below:

#### **4.7.3 ASB Family Intervention Project**

The ASB family intervention project is a programme that was developed in 2003 for families that are homeless or are at risk of becoming homeless due to ASB. The service states it is a holistic approach to help families maintain their homes, integrate into the community and improve their parenting, employability, health and wellbeing.

The service is in partnership with the local authority who funds the programme. It offers support to three families in its core unit and support to 14 families in dispersed settings. Families are referred from across the local authority and referrals are assessed by a multi-agency admissions panel. The service is delivered by 11 staff members.

The service is intensive with a support plan that will address family issues in addition to tackling any ASB. Families will be challenged to change their behaviour with enforcement procedures used if poor behaviour is not corrected. Support is delivered through a core building, dispersed supported tenancies or through floating support. Families engaged in the project can access support 24 hours a day, all week. Key workers work unsociable hours and spend several hours with families each week.

The project was selected to take part in the research because key workers work directly, intensively and holistically with families to change their behaviour. Furthermore, the project is established as one of the first family intervention projects in the case study city and the 'one worker one plan' model the project was based on was eventually rolled out more widely across the city. Both sanctioning and support form the project's delivery of services model, which provided an opportunity to explore conditionality in more depth.

#### **4.7.4 Multi-Agency Support Team (MAST)**

The model of joined up agency support was rolled out by MAST. In the case study local authority, there are three MAST teams. MAST is working with 1,598 families containing approximately 3,477 children. There are 164 prevention and intervention workers across the three MAST areas. In particular, MAST aims to improve the wellbeing of families with a new born, families that are experiencing breakdown, families that are having problems getting children to school or children that are having behaviour problems at school. Families with parenting concerns (for children and teens) are also targeted. MAST aim to tailor services in public health, education and social services, whilst also directing families to other support services they might require.

The aim of the multi-agency approach is also to ensure that Team Around the Family agencies are coordinated and properly liaising with each other, limiting silos and ensuring there are accessible referral routes for specialist services. The working structure of MAST is composed of three levels which are prevention, intervention and specialist support. The aim of prevention is to detect problems in families before the family reaches crisis point. In terms of intervention, the aim is to get the screening of family problems correct first time in order to reduce re-referrals. Additionally, the goal is to tailor appropriate resources to families according to their needs, including referrals for specialist support.

Family Prevention Workers are based in local communities in order to detect problems in families, attempt to secure engagement with families and ensure they can access the services they need. Family Intervention Workers reflect the role of key workers, and work more directly with families. The aim of the key worker approach is to have a detailed understanding of each family member using the Family Common Assessment Framework, and to coordinate support plans and services. The key worker must also ensure that there is family consent, collaboration and input. Specialist workers adopt an advisory role to prevention and intervention workers who want to refer families for more intensive and/or specialist forms of support. MAST was selected to participate in the research due to its role in delivering services to families across the local authority area.

#### **4.7.5 Community Regeneration Charity**

The Community Regeneration Charity has worked with over 9,000 service users. The charity has an open agency referral system which also includes self-referrals. The charity states its ethos is to improve the quality of life for local people in the community. A range of courses related to health and wellbeing, employment, training and education are offered. Advocacy workers also undertake home visits in order to deliver support, advice and guidance to families, design support plans and signpost to other services. Advocacy workers can speak on behalf of families related to care needs, housing, finance and issues affecting family life. Advocacy is only offered short term. The community regeneration charity was selected to take part in the research as the charity is contracted by the local authority to work with families referred for TF support.

#### **4.7.6 Housing Association**

The housing association has accreditation from various institutions including the Social Landlords Housing and Nuisance Group for its ASB procedures. The housing association is also the regional winner of a community impact award for their Respect project that involved working with a sports team, the police and the fire service to educate young people about ASB. If a tenant complains about ASB a case officer is allocated within 24 hours who will speak to the family and deal with the complaint.

The housing association has over 2,400 properties in the case study city. Additional specialist support is offered to service users to help some tenants live independently in their alternative accommodation. Therefore, the housing association's services located in the temporary accommodation unit was chosen to participate in the research because it is contracted to deliver specialist support to families under the TFP criteria. Furthermore, it was imperative to include an organisation from the housing sector in the research because more and more housing services incorporate pastoral and advocacy care, particularly when families are homeless and enter into temporary accommodation (Cameron, 2010).

Within the unit, it is obligatory that a care plan is formulated that both the family and the key worker must sign. When families are referred by the local authority housing service, they are obliged to pay rent consecutively for 11 weeks before they are eligible for housing priority. Advocacy support is provided through weekly key work sessions that take place in the family home. Support includes registering children at school, registering the family at the GP, providing transport subsidies, providing food packages and providing help with finances and/or budgeting support. There is also an office on site that allows families to access advice throughout the week (however the office is closed at the weekend). The key workers have a good working relationship with social care, ASB and Community Youth Teams. The core unit site is monitored by CCTV and there are sign in and out sheets for visitors that come to the site. After six months, families have to leave the unit; however support services are put in place for the families' transition back into the community including furniture grants and further advocacy help.

#### **4.8 Document analysis and understanding of policy programmes**

Document analysis was selected as an important approach to understanding the political and social contexts in which families become labelled as 'problematic' by exploring the rationales that frame policy context, cultural construction and subsequently localised practice. May (2001) regards document analysis as a method that can explore "how meaning is constructed, but also the ways in which new meanings are developed and employed" in document production and dissemination (p 193). Bowen (2009) notes that, unlike primary fieldwork undertaken by the researcher, document analysis is a useful approach as the document material has been produced without researcher input, bias or influence that can be present in a study that has a single investigator and/or method. However, May (2001) warns that using document analysis as an approach should not decontextualize document intention to fit personal, political and/or research aims.

Another advantage of document analysis is that documents are often publicly available and simple to access (Bowen, 2009). Documents can form a chronological record of events, policy and discourse over time, which allows contextual comparison. The documents can then unearth potential research questions that need to be explored further. Document analysis therefore helped inform the research questions.

However, the researcher must be careful not to repeat "a simplistic description of data" (Elo and Kyngas, 2008; 108). Instead, document analysis must be used to understand the document content by considering its purpose, meaning and inherent socio-political process. In addition, document analysis can be limited in that documents are not always produced for research analysis and may have missing or omitted pieces of information (which of course, can be a finding in itself) (Bowen, 2009). Additionally, documents are not always accurate and can be selective in what information is included and how it is presented. Consequently, Atkinson and Coffey (1997; 47) advise researchers to "approach them [documents] for what they are and what they are used for". Therefore, document analysis should not be used as a standalone method but can be argued to be more useful in conjunction with other methods which allow an understanding of how discourses present in documents may have been filtered and embedded into everyday practice and attitudes.

Documents that can be used for content analysis can be of a variety of media. The documents analysed as part of the methodology included press releases, Prime Ministers' speeches, government publications and research, legislative acts, reports, survey data and national and local policy documents. It was felt that it was important to

use document analysis within the research methodology because, as already discussed in chapter 2, there has been concern in the academic literature about the presentation of events, for example government responses to the 2011 urban riots, and concerns about TF data collection methods (see Crossley, 2015 for a discussion about denial of freedom of information requests regarding the TFP).

Below is a table of some of the key documents that were used for document analysis:

• Document	• Analysis
• <b>Listening to Troubled Families (Casey, 2012)</b>	• The researcher analysed the findings from research carried out by the director general of the Troubled Families Programme which aimed to understand the contexts in which families labelled as troubled live in.
• <b>The Troubled Families Programme: Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities (CLG, 2012)</b>	<ul style="list-style-type: none"> <li>• Ultimately it was possible to use the document to understand the government's position on issues such as welfare, unemployment, crime and ASB. The researcher could analyse this through considering the logistics of how the Troubled Families Programme aimed to roll out service reform across the country and how the numbers of troubled families in each local authority should be targeted using the stated referral and discretionary criteria.</li> <li>• The framework of the Payment by Results scheme and how local authorities could claim for families that had been turned round was considered in the analysis alongside the role of Local Authorities and partners in delivering the Troubled Families Programme.</li> <li>•</li> </ul>
• <b>Working with Troubled Families: A guide to the evidence and good practice (DCLG, 2012)</b>	• The document allowed an analysis of the framework of how practitioners and professionals could work effectively with troubled families in order to produce the desired behaviour change
• <b>Reports evaluating Family Intervention Projects and the Troubled Families Programme (Bewley et al, 2016; Blades et al, 2016; Day et al, 2016; Dillane et al, 2001; Dixon et al, 2010; Flint et al, 2011; Jones et al, 2006; Jones et al, 2015; Lloyd et al, 2011; Nixon et al, 2006; Pawson et al, 2009; Local Government Leadership and City of Westminster, 2010;</b>	<ul style="list-style-type: none"> <li>• The documents included case study information about local projects and FIP development. Within the reports demographic information of families who are referred to intensive interventions could be analysed in addition to the contexts families live in, which included descriptions of a wide range of social, economic and environmental issues.</li> <li>• The reports allowed a comprehensive analysis of the positive and negative outcomes and impacts of intensive interventions and the suggested recommendations for programmes moving forward.</li> <li>• The strengths and criticisms of different types of methodologies of the reports could also be analysed.</li> </ul>

<p><b>White et al, 2008)</b></p>	
<ul style="list-style-type: none"> <li>• <b>Improving lives: Helping Workless Families (DWP, 2017)</b></li> </ul>	<ul style="list-style-type: none"> <li>• The document allowed an understanding of the latest direction of the Troubled Families Programme, which will now target parental conflict, in addition to continuing to tackle worklessness.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Legislation including the 1998 Crime and Disorder Act, the 2003 Anti-Social Behaviour Act and the 2004 Housing Act</b></li> </ul>	<ul style="list-style-type: none"> <li>• Analysing government legislation allowed an understanding of government definitions of what constitutes ASB, the role of institutions such as housing and the criminal justice system in tackling ASB and wider social problems, the importance of parenting in targeting ASB, alongside rationales and details of punitive behaviour injunctions such as ASBOs and/or incentives for good behaviour such as demoted tenancies. These documents also reveal when more supportive measures were introduced into legislation (for example Family Intervention Projects), the increasing role of the community, in addition to criticisms from successive governments at the limited effectiveness of measures to tackle ASB.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Respect Task Force (2006)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Analysing the Respect Action Plan allowed an understanding of how the government wanted to tackle disrespectful behaviour by drawing on community values, intervention and prevention measures and citizen responsibility.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local Policy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Analysing local policy documents enabled an understanding of how national policy has been interpreted at a local level. As the case study local authority had already implemented many of the changes, policy documents outlined what further changes would be made to improve the delivery of services.</li> </ul>

**Table 4: Key documents used for analysis**

To analyse document content, Scott (1990) recommends a systematic approach that considers the authenticity, credibility, representativeness and meaning of the document. During the process of content analysis, questions should be asked such as ‘what is happening, and why?’ (Elo and Kyngash, 2008). This should engage with wider interpretations of documents, for example through the media and broader debates in the academic literature. It is important to use the existing topic literature to ascertain the impact of different political contexts and different levels of government on how discourses and policy mechanisms relating to problem families have developed and/or remained constant (Welshman, 2013). This also allowed a robust comparison of the data found in the thesis research.

The documents revealed to the researcher that certain policy documents could be selective and situated in the context of TFP aims and ideologies, including being skewed towards positive elements of the programme and/or presenting troubled families in particular (often negative) ways (Ball et al, 2016). However, many of the documents were informative and presented background information on the policy development of problem family discourse, and the sociocultural, political and economic contexts of how intensive interventions developed. Data was extracted from these documents which were then used to develop emerging key themes of citizenship,

responsibility, distinguishing 'difference' and action to deal with problem families. These themes assisted in developing a broader understanding of how policy, the portrayal of families and the intervention methods used to deal with problem families had progressed over time. Furthermore, the themes that evolved from document analysis were important in order to allow a comparison of the results collected during the fieldwork.

#### **4.9 Semi-structured interviews**

A popular qualitative approach is using semi-structured interviews (Punch, 2005). Liamputtong (2006) describes the process of interviewing as a way of understanding people's experiences and interpretations of the social world through 'verbal messages' (p 96). Interviews were chosen as the most effective method to capture families' experiences as Jenson and Laurie (2016) and Silverman (2013) state that using interviews as a data collection method creates the space for depth, insight and reflection on respondent's thoughts, feelings, memories and behaviours. The interview approach was semi-structured in order to allow theory-guided questions that explored the concepts of power and resistance but would still allow exploration, personalisation, fluid conversation, new subjects to emerge and the ability for the researcher to probe on certain topics (Bryman, 2012; Kvale, 1996). Whilst some standard interview questions were directly related to the family and the project (Who lives in the household? How long have you been working with the project/the family for?), most of the questions were open-ended in order to capture participant's narratives which could provide a space for new themes to be identified (Clifford and Valentine, 2003). Jenson and Laurie (2016; 174) argue that the interview process can be beneficial for respondents as it can be a positive experience and allows respondents to feel listened to and that their opinions are being valued.

Interviews were deemed more suitable than questionnaires in order to gain enriched replies. Due to the sensitive nature of some of the topics surrounding intensive family interventions, a questionnaire would also be inappropriate. However, limitations of interviews include the amount of time it takes to complete the interview process, particularly when it is longitudinal in nature. This includes not only recruiting, arranging, travelling to and from an interview and carrying the interview out, but also transcribing and analysing the data (Doody and Noonan, 2013). This was a weakness of both using interviews and a longitudinal approach in that it took 12 months to carry out the repeated interviews.

Furthermore, Bryman (2012) recognises that the researcher, based on their own body language, social cues and conversations, may influence the participants' interview answers which may encourage participants to give socially desirable answers. This was an important factor to bear in mind when considering the nature of the research. This may be because the family are in a situation where they are at risk of losing their children, their home and/or they fear authority and stigma and are concerned that anything they say might be held against them. Furthermore, families might not tell the truth, particularly if there are any illegal activities taking place or welfare eligibility issues. However, many families spoke openly with the researcher about these dynamics.

In addition, there were issues during the research where families had little to say, did not elaborate on their opinions or could not remember what had happened during their last meeting with their key worker. Lack of rich responses is an issue explored by Allen (cited in Flint, 2011b) who states "a key problem is that the social sciences ask questions about housing phenomena that are fundamentally different to the types of

questions posed (if they are posed at all) by people as they dwell in everyday life” (p 81). As a result, parts of the interviews could go off topic as family members did not always have something critical or reflective to say, and one word answers were sufficient.

Interviews were conducted face to face with both practitioners and service users usually in the homes of families and in the offices of practitioners and they could last from 20 minutes to three hours. Triangulation of research participants ensured that the researcher had a full range of views to answer the research questions. This allowed a comparison of perspectives of different stakeholders in the process and avoided over-reliance on service user or policy maker or practitioner evidence. With permission from respondents, interviews were recorded with a Dictaphone and transcribed in order to assist with the analysis of the interview. In some situations, recording the interviews were not possible where there was a large amount of background noise. In these circumstances, notes were taken.

#### **4.10 Interviews with service users**

The focus of the interviews with service users was to establish the participant’s engagement and interaction with services over the course of time between interviews, and whether (and what) support had been successful in changing behaviour. It was also important to explore what challenges or problems family’s may have faced both before and during the course of the intervention and how they had conceptualised the need for behaviour change. The nature of the interview was to understand the rationale and what impact service provision had provided for the service user, and whether they had found that (un)helpful. In particular, the interview was to establish what would have been different if the support had not been provided. The content of the interview would centre around what had happened between interview visits- had there been a crisis, how had the family managed it, what had the key worker done to assist, if at all. An example of the interview schedule can be found in appendix 1. As policy is very parent-centric both at a national and local level, there was a specific concentration on researching parenting within families, which would explore challenges parents face, agency involvement and any positive/negative outcomes of parent support.

The interviews were important to gain an understanding from the family’s point of view, of what problems they were experiencing, any unmet needs, how they were currently managing the situation and what they would like to see happen (if at all). This was also an opportunity for the family to reflect on historic and present support and offer suggestions as to how support might be improved.

The first interview with families was to gain an insight into the family background and dynamics and garner the support history of families, as well as understanding their current interaction with services and their day to day life. This involved asking families when they began working with projects, the reasons for referral, how they felt about engaging with support, their relationship with their key worker and whether and how it had made a difference to their lives. There was also a discussion about whether the family had experiences of being sanctioned.

Repeat interviews were based around exploring what had happened in the time between interviews. These questions centred on gauging the amount of interaction between the key worker and the family, what support had been delivered (if any) and who had led this support, how the family’s felt about the nature of the support and if it had made a difference, and in what ways.



The research tracked ten families who experienced intensive interventions over several months. Originally, two families were recruited to track behaviour change after their case had been signed off. However, one of the families (family 2), who had a long history of on and off formal and informal support, had their case reopened during the research due to behaviour concerns relating to two of their children. Using a longitudinal approach is a unique way of researching respondents as most existing evaluations researched families at the beginning or during the intervention and then some months after the intervention had ended. As already discussed, this approach aimed to capture behaviour change during the engagement period. This approach could be argued to allow better quality interviews as the intervention process progressed and rapport was built with families, whilst also enabling an opportunity to clarify and address any missing information. This approach meant that the research could capture family opinions of different aspects of project delivery as they occurred, rather than only speaking retrospectively about the project as a whole. The researcher aimed to repeat interviews with families once a month over a seven-month period, however due to the circumstances of some of the families these interviews could be every six weeks or every two or three months, with families occasionally cancelling the interview. Interviews were done on a one to one basis with service users and practitioners and were conducted in the homes of service users and in the offices of practitioners. Family 5 requested that the interviews were conducted over the phone.

Family	Composition	Project	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7
1	Mum 4 children (2 at home)	Community regeneration charity	x	x	x	x	x	x	x
2	Dad and Dad 3 children	Community regeneration charity	x	x	x	x	x	x	x
3	Mum and Dad 4 children	FIP	x	x	x	x	x	x	x
4	Mum and Dad 3 children	FIP	x	x	x	x			
5	Mum 1 child	MAST	x	x	x	x	x	x	
6	Mum 1 child	Housing Association	x						
7	Mum and Dad 4 children	Housing Association	x	x	x	x	x		
8	Mum (pregnant) and Dad 4 children	Community Regeneration Charity	x	x	x	x	x		
9	Mum	Housing	x	x	x	x			

	4 children (0 at home and 1 child in prison)	Association							
<b>10</b>	Mum and Dad 2 children (1 at home)	Housing Association	x	x	x	x			

**Table 5: Details of the interviews with families**

In total, seven visits and interviews were made to families 1, 2 and 3 and six telephone interviews took place with family 5. Five interviews took place with families 7 and 8 and four interviews were carried out with families 4, 9 and 10. Family 6 was visited a total of three times, however, only one interview was carried out as the respondent failed to answer the door to the researcher on the following two occasions so it was decided that it would be appropriate to end contact.

As families were recruited who were directly engaged with the local TFP, some families had the same key worker or were receiving support from the same organisation. Whilst a broader representation of organisations might have provided more rigor, this arguably could show the consistency of the key worker approach when working with families in addition to the diversity in how parents might respond to interventions delivered from the same organisation. Furthermore, a range of practitioners from partner agencies were interviewed alongside parents attending the parenting course in order to mitigate against over-reliance on certain organisations.

In line with some evaluations, families involved in the project were relatively large with seven out of the ten families having three or more children (Nixon et al, 2006; DCLG, 2017). Only four out of the families taking part in the research were single female headed households which is not representative of many of the existing evaluations (Nixon et al, 2006). However, most interviews tended to be with the mother of the family, although in family 2, 3, 4 and 7 the father(s) were equally as participatory. In a few of the interviews in family 7, the second eldest child joined in the interview.

The age of the parents ranged from their early twenties to late forties with the average age of parents being in their thirties. The age of children ranged from age two to earlier twenties. All of the families interviewed were claiming a range of out of work welfare benefits including Job Seekers Allowance, Employment Support Allowance, Disability Living Allowance, Income Support and Carer's Allowance. All families had experience with a range of local authority and community based support services (including housing, education, welfare and social care) prior to the current service intervention.

One concern with using a longitudinal approach was that the families might be difficult to track if they had chaotic circumstances or an unstable tenancy. Therefore, a small number of ten families was deemed an appropriate number to work with in terms of the scope of a PhD project, although there was risk of participant attrition. Except for family 6, this approach largely avoided this attrition. This shows that it was important to build rapport with the respondents.

Five parents were interviewed following attendance at the parenting course which will be discussed in more detail in the participant observation section of this chapter. Pen portraits of each family are also provided in appendix 2.

#### **4.10.1 Interviews with practitioners and policy makers**

In addition to service users subject to intensive family interventions, interviews were carried out with practitioners on the front line and local policy makers. Interviewing practitioners, policy makers and frontline staff was necessary in order to explore both the policy side of the Troubled Families Programme and how this worked in practice in a local context. Speaking to practitioners enabled a discussion and reflection on the work they did with families and their view of family dynamics. This included what their interpretations of the problems families had were, challenges families faced and how they aimed to change the behaviour of families. This then enabled a comparison of practitioner and family perceptions. Furthermore, the interview allowed a space for practitioners to speak about behaviour change and how to measure it – in particular what worked and what didn't work with families, what they held back from families (for example if practitioners felt families were too vulnerable or fragile to handle certain behaviour change demands) and what techniques and mechanisms they employed to maintain engagement. It also created a space where practitioners could talk about the challenges of the job and the limits to effectiveness that may or may not be policy related, but more systemic and/or logistical. It also allowed the emotions of practitioners to be explored, in terms of how they felt about families that had/were coping with trauma, were challenging to work with, resisted support and/or were vulnerable. Limits to practitioner tolerance, in terms of family's journeys and in terms of underlying discursive assumptions within policy could also be explored.

Practitioners were recruited from public, voluntary, private and statutory agencies, which are listed below:

<b>Practitioners</b>	<b>Organisation</b>
<b>Key worker for families 1 and 8</b>	Community Regeneration Charity
<b>Manager and key worker for family 2</b>	Community Regeneration Charity
<b>Key worker for family 3</b>	Local authority/FIP
<b>High support key worker (joint interview with key worker for family 3)</b>	Local authority/FIP
<b>Key worker for family 4</b>	Local authority/FIP
<b>Key worker for family 5</b>	Local authority/MAST
<b>Key worker for families 6 and 9</b>	Housing Association (temporary accommodation unit)
<b>Key worker 7</b>	Housing Association (temporary accommodation unit)
<b>Parent practitioner 1 and parenting practitioner 2</b>	Local authority/MAST
<b>Specialist substance misuse support worker and manager</b>	Substance misuse organisation
<b>TFP service manager</b>	Local authority
<b>Manager</b>	Local authority/FIP
<b>Social worker, Children and Adolescent Mental Health Worker and Community Youth Team Worker (job</b>	Local authority

share)	
<b>Manager</b>	Housing Association
<b>Health visitor</b>	Local authority/National Health Service
<b>School nurse</b>	Local authority/National Health Service
<b>Parenting practitioner</b>	Private parenting practice

**Table 6: Interviews with practitioners**

The decision to interview practitioners that worked in a range of statutory and voluntary organisations was in order to capture any similarities and/or differences in working practices. The rationales for why certain practitioners were invited to take part in the research were:

- Key workers were selected to participate in the research because they could reflect on family journeys and/or progress and give insights into the delivery of policy and practice. Other themes could also be discussed during the interview including discussions of local policy, funding constraints and service delivery, knowledge of local needs, their opinion of future policy priorities, how to measure impact, and the challenges of working with families. The research intended to conduct monthly catch ups with key workers, however this proved difficult due to key worker workload. Instead, an interview was held with key workers at the end of the research period in order to discuss family progress.
- It was important that the research covered substance abuse as previous evaluations of intensive interventions identified this as a major and prevalent issue for many families (Dixon et al, 2010; White et al, 2008). By recruiting the manager of the substance misuse organisation, s/he could comment on the role of substance misuse support in delivering the discretionary TFP criteria policy outcomes and the implications this had for families who experienced substance misuse issues whilst also facing conditionality
- The health visitor was recruited to take part in the research because the job is considered a preventative role which could explore the screening practices and risk assessments of young families
- Parenting practitioners were selected to participate in the research because the theme of parenting is a significant policy area both at a national and local policy level. Recruitment of the private parenting practitioner was deemed necessary as parenting is often presented as a working class issue (with universal parenting support often stigmatised (Cullen et al, 2013)), and neglects the fact that middle class parents access parenting support and can be prepared to pay for private parenting support (Cullen et al, 2013)
- The school nurse was included in the research due to concerns made by other practitioners that reductions in services and long waiting list for CAMHS was adversely affecting the mental health and wellbeing of children who came from vulnerable families
- Interviewing practitioners with policy and service delivery roles (including the TFP service manager, the housing association manager and the FIP manager) provided an insight into the institutional dynamics of how professionals perceive the opportunities and challenges of the TFP framework
- The participation of the social worker/community youth team and CAMHS worker enabled an insight into agencies that included formal funding partnerships of the TFP as well as job roles that were part of the management board partnership, but not working directly with families

As already discussed, the police were not invited to participate in interviews, which perhaps was one limitation of the research. However, it was felt that the police may have less in-depth knowledge about the families and the microprocesses that were subject to holistic and intensive support.

#### **4.10.2 Recruitment of interviewee groups**

During the initial design stages of the research, there was a concern that families may already have a large amount of contact with agencies and further interaction in a research project might be too overwhelming. The decision to recruit families who were subject to intensive family based interventions was conditional on initial and continuing consent. If families were finding taking part in the research too much, the researcher would withdraw the family from the research project.

Initial contact was made by contacting the service manager in each of the agency groups (voluntary, private and local authority agencies) through email and arranging a meeting. During the meeting, the scope of the research project was explained and where relevant the researcher was put in touch with key contacts (for example workers in MAST and the family intervention project). A copy of the thesis on completion was promised. Once the researcher had buy in from each organisation, service users were recruited through a key worker. The key worker was asked to recruit suitable families that would not pose a risk to the researcher or were too vulnerable. The researcher was aware that there might be selection bias where key workers would choose families that were engaged with support and were therefore not necessarily representative of all families referred for intensive interventions. However, in the interests of researcher safety, project practicalities and family wellbeing, it was felt that this was the most appropriate way of recruiting families. In addition, recruitment of families by any other route (such as social media, leafleting) would have been difficult in accessing hard to reach populations, especially as there may have been barriers such as suspicion of the research and/or fear of consequences of their answers.

The key worker was asked to brief families about the research and determine whether families would like to be involved. An introductory meeting was then arranged with the researcher, key worker and the service user. During the meeting, the research project was explained to the family and what was expected of them. They were asked to sign a consent form to ensure they were clear about the research design. Families were informed that their key workers would not be told of the content of their interviews and families would not be informed of key worker interview content. Permission was also sought from families in order for key workers to talk about their family case. Families were reassured that no real names would be referred to in the research outputs and pseudonyms will be used to conceal the identities of respondents. During the first interview the researcher was able to observe the interactions and work sessions between project worker and service user. Once the researcher attended an initial meeting with key workers and families, the researcher would organise the interviews independently from the key worker via a phone conversation.

A payment of two £10 high street vouchers was made to incentivise engagement. One voucher would be paid at the start of engagement, and one at the end of the research process. This method was selected in order to keep engagement over the research period. Family 6 received one voucher as engagement ceased after the first visit. Whilst some authors argue that financial incentives might sway families to take part in research they do not want to be involved in, others argue there is nothing unethical about rewarding respondents accordingly for their time (Jenson and Laurie, 2016).

Where possible, interviews were undertaken in public spaces or over the phone, however most frequently, the research took place in the home setting. In some families this was necessary due to child care constraints or due to conditions such as agoraphobia and physical disabilities. This allowed participants to feel more at ease in their own space. The researcher's academic supervisors, alongside a personal contact, were aware of the address where the interview was taking place and what time the interview was expected to finish.

#### **4.11 Participant observation**

Participant observation was chosen as a research method because according to Gans (1999; 540), participant observation "allows researchers to observe what people do, while all the other empirical methods are limited to reporting what people say about what they do." In essence, participant observation enables a situated understanding of behaviours, interactions, social processes and opinions in an active and 'natural' context, rather than one that is simply narrated in an interview (Marshall and Rossman, 1995; 80). Thus, the process of participant observation can be described as immersive and interactive as the researcher is present in the environment. The presence of the researcher allows an inductive understanding of the social interactions that take place in this space and how people make sense of this space without making 'assumptions about what is important' beforehand (May, 2001; 148). It could be argued that participant observation allows a closer insight to understanding the complexities of participants' lives as they are played out as the researcher can observe the "daily activities, rituals, interactions, and events of the people being studied" (DeWalt et al, 1998; 260).

May (2001; 149) argues that using participant observation can help the researcher understand social processes where the researcher is less likely to "impos[e] their own reality on the social world they seek to understand". However, whilst the researcher might not 'impose' on the research setting, there are concerns participant observation analysis is from the researcher's viewpoint and lacks external validity (Patton, 1999). Gans (1999) is also concerned that participant observation can be used to explain how the researcher felt about the site of the research, rather than striving for objectivity regarding the social and political context of the research. Furthermore, DeWalt et al (1998) state that a limitation of participant observation is its 'individualistic' approach that is determined by "the researcher's personal characteristics, their theoretical approach and the context within which they work" (p 261). However, Patton (1999) argues that researcher influence should be used to the researcher's advantage by reflecting on how interaction with participants has affected their own attitudes, biases and behaviours.

During the research, there were several times where I could observe key worker sessions between key workers and families (with family and key worker consent). This was helpful in order to observe rapport between key workers and respondents and understand which issues were being dealt with, why, by whom, and how. I could then follow the progress of these issues in the next interview (both with practitioners and with families) and probe further. There was also interaction with family 7's social worker who visited the family during the interview as well as being able to observe how families and key workers dealt with family crises. Below is an example of the researcher's notes from an observed key worker session with Family 4;

*"There was no electricity in the flat because Nick and Sophie had not paid the bill. Nick was out. The flat was cold and the family were wrapped up in onesie's and having to knock on the staff room door to get hot water from the staff kitchen kettle. Whilst I was*

*there I observed a student project worker interaction with Sophie. He had given the family a folder a few weeks ago to help the family organise the post they received in order to manage the bills in order to stop being cut off and building up debt (apparently, the post used to go straight into a drawer unopened). The folder had lots of dividers in to indicate which letters needed to go in which sections (electricity, rent, water etc). The student asked Sophie why herself and Nick had not maintained the folder and whether it was too much for her or whether she couldn't be bothered to keep up with it. Sophie said she had been busy with the children but would keep it in a safe place now so that she could manage it. The student said he would try and make sure that she filled in the folder and asked Sophie if she would mind if he could come and see her for half an hour each week to check she had managed to keep it up to date. She said yes because she wanted to stay on top of it. He was aware both myself and Amy were 'half' watching him, which may have influenced the way he was interacting with Sophie in a friendly but challenging way. Whilst the project worker was going over the folder with Sophie, myself and Amy were playing with the children. The boys had got a box of toy blocks and had tipped them out all onto the floor. It was clear that Amy had taken on board the advice from the practitioner parenting training course as I could see she was she using descriptive commentary ("now you've got a yellow brick") and telling the boys they could only have a certain amount of toys out."*

Part of the research also involved attendance at a parenting course held at a local school and a two-day parenting training course run by the local authority. The researcher attended the parenting course in order to observe what material was delivered to those subject to family based interventions, which have a large emphasis on parenting. The researcher attended 13 out of the 14 weeks of the parenting course. Consent to attend the parenting course and the parenting training course was arranged and obtained by the TFP service manager and the parenting practitioners who were running the courses. Furthermore, five out of the regular eight parents who attended the parenting course were recruited for interview. Each parent who took part in an interview also received a £10 high street voucher.

I was fully immersed in the parenting course and would contribute to discussions with the parents (such as reflecting on what could a parent have done to stop a child running off/what are the 'blockers' of play) where I could. Notes were taken during the session each week which were then typed up. How observations were made was by dividing a note page in half. On one side of the page notes from the course content were made including parenting techniques, course materials and practitioner tips. On the other side of the page, notes could be made related to the parents' interpretation of course material, for example, whether the parents understood the material (did the parents appear to be engaged, were parents asking clarification questions or empathising with the scenario?) and whether there was any resistance or scepticism at the material being delivered. I could also observe the group dynamics, for example how parenting practitioners managed the group (e.g. making sure everybody had a chance to share their views), dealt with challenges (for example if a parent did not think the technique would work with their child) and how they approached parents who got upset. I also could observe parents' interaction with each other, for example when they shared parenting advice or connected over similar experiences (such as child removal). My handwritten notes were typed up more comprehensively after the session finished.

Whilst I used broad structures of surveillance, normalisation, examination and resistance to organise my observations, these categories were not rigid and I was open to allowing additional themes to emerge. The aim was to try and understand parenting problems and solutions and how practitioners and parents understood and negotiated these, and search for patterns over the weeks. The observations recorded over 13

weeks were then used to develop and inform wider themes in conjunction with the interview material.

Below are abstracts from the observations I took from the parenting course in week 1 (the material of the parenting course is covered in more detail in chapter 7);

**Week 1 10/03/2015**

COURSE MATERIAL	INTERACTIONS
<ul style="list-style-type: none"> <li>• The room had about fifteen chairs in a circle with one practitioner by the flip chart and the other sat by the parents, possibly so it felt less like a teacher/student classroom environment and more integrative. There was tea, coffee and biscuits on a coffee table in the middle of the circle.</li> <li>• This session was mainly about the structure of the parenting course and what the parents would learn over the weeks.</li> <li>• Ground rules were shared, with particular emphasis on confidentiality- i.e. that what is discussed in the group stays in the group. This is because previously there has been issues with gossip and on Facebook that they would not tolerate.</li> <li>• The parenting practitioners emphasised if there were any child protection concerns, they would have to pass them on.</li> <li>• The practitioners said that they call each of the parents each week to see how they are getting on and how they were finding the homework.</li> <li>• Icebreakers were used to help the parents get to know each other</li> <li>• The concept of 'praise' and why it is important to parenting technique was outlined by practitioners</li> </ul>	<ul style="list-style-type: none"> <li>• One parent revealed it had been a big achievement to attend today as she has got an anxiety disorder so it was a big challenge for her to attend. However, by the end of the session she was one of the most vocal out of the group, clearly reflecting she felt comfortable with the group dynamic.</li> <li>• Questions about 'what do I do if...' this was evidence of engagement and parents wanting to problem solve.</li> <li>• A parent commented 'have you ever said that I won't be as bad a mum to my kids but you end up being twice as bad'. There was a clear desire to be a 'better' parent, with one parent staying behind after the session to get extra homework and another parent attending even though her baby was 4 months old.</li> <li>• The parents talked about how, at times, it was difficult to get partners or family members to cooperate and engage with certain parenting techniques. One parent talked about how she is more calm than her mother (her children live with her mum) who would 'scream' at the children, and the two styles are inconsistent. Another parent agreed that she has a similar situation where she doesn't let the children jump on the settees but her mum does.</li> <li>• One of the women said that her mother is very negative and unsupportive of her and told her 'that her partner was going to leave her because she had let herself go.' She was very upset and emotional from this criticism and started crying. One of the practitioners was very supportive of her and sat next to her and comforted her with the other parents offering advice such as 'throw away your mother' and 'don't listen to it' and 'there is no perfect parent'. The practitioner reassured her that she wasn't the first to cry or the last to get upset as family life can be stressful. There was clearly a strong group rapport building even in</li> </ul>



<ul style="list-style-type: none"> <li>• One of the practitioners was very helpful and informative to a parent and said next session she would bring her leaflets for her about local baby services</li> </ul>	<p>week 1.</p> <ul style="list-style-type: none"> <li>• There was evidence of some resistance during the session. The parents were initially sceptical about how 'praise' could improve relationships. Furthermore, one lady didn't want to take part in the playdough homework as she hated having playdough on her hands. The practitioner said that was fine because the idea is that the children do it.</li> </ul>
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**Table 7: An example of notes taken during the parenting course, week 1**

I was initially concerned that the parents might view me as an intruder as I am not a parent and would not necessarily be able to contribute any knowledge to the group. However, the parents appeared to accept me as a student, as they too were attending the course to learn.

As a way of giving back to the parenting course I produced a resource for the parents which included a summary of the material learned during the course each week and included the voices of the parents in the examples (such as their responses to 'what different types of play are there?') in the leaflet. This booklet was gratefully received and has now been rolled out in the local authority as a training and learning resource for both parents who attend the course, and practitioners who are being trained in enhancing parenting skills. Furthermore, I would stay behind and assist in tidying up the room, putting chairs away and washing up cups as a way of helping.

#### **4.12 Analysis of the data**

Researcher bias and subjective interpretation mean that the researcher cannot be completely neutral, objective or detached during the research process as undoubtedly "the researcher imposes their informed logic and values on the communicated reality of vulnerable family members" (Fisher et al, 1996; 2088) both in data collection and analysis of results. Furthermore, there is an issue that the researcher might be also interpreting "the working class in relation to academics' own (middle-class) lifestyles" (Flint, 2011b;82).

Even though the analysis of the research cannot be completely neutral, there are frameworks of analysis that can help researchers reflect and be mindful of bias. For example, to analyse behaviour change and project impact it was useful to draw on Blamey and Mackenzie's (2007) approach to conceptualising change and draw on theories of Realistic Evaluation. Firstly, a thorough breakdown of the programme design, processes, goals and targeted groups needs to be understood in order to contextualise behaviour change (p 446). Then, by framing interacting 'context, mechanisms and outcome configurations' (CMO) of the individual/family alongside the structure of interventions allows a consideration of the 'motivational', 'situational' and 'causal' explanations of behaviour change (p 446). By mapping CMO it is possible to discern which aspects of the programme had the 'desired effect' on behaviour change, in order to contribute to theory and reflect on what the personal and programmatic barriers/limitations are, in addition to triggers for change (p 450). Reflecting on these aspects of the interventions allowed an understanding of family behaviour change.

Additionally, the thesis' theoretical approach was drawn on in order to frame the broader data by referring back to the concept of governmentality. I aimed to outline and analyse the process of government and how families subject to intensive interventions are governed (and also resist interventions). Understanding the concept of governmentality would be applied both in relation to policy and in practice and in the actions of conformity and resistance in families. Using governmentality as an analytical tool enabled exploration of those that govern and those who are governed and the different rationalities and technologies used to achieve desired outcomes. Using power as a concept allowed an analysis of family dynamics and their relationships with projects including the observations and examinations that select, act upon and aim to regulate families. This enabled exploration into the points at which families accept being governed in addition to how families govern themselves. It also facilitated analysis of how interventions can be both controlling and liberating and what the most effective ways of governing may be.

The data was analysed using thematic analysis, which can be described as “a form of pattern recognition within the data, with emerging themes becoming the categories for analysis” (Bowen, 2009; 32). Emerging themes formed from undertaking document analysis, participant observation notes, alongside an initial reading of the interview transcripts, served as a starting point to analyse the data and develop categories (Charmaz and Liska Belgrave, 2012). This is known as open coding where using an inductive approach, there was then a process of carefully going through the data and constructing and consolidating the codes and categories based on observed patterns to build broader themes and re-coding, adapting or collapsing initial ones (Creswell, 2014; Flick, 2002). This was a process of ‘going back and forth’ between data collection and analysis in order to make sure that codes represented the data as closely as possible, and that they uniquely ‘belonged’ to the category, rather than merely picking out an observation that could also belong to another category too (Charmaz, 2008; 168; Elo and Kyngas, 2007). If new themes emerged throughout the coding process, then the data was reanalysed.

Drawing on the thesis theoretical framework, the analysis then drew back on the overarching coding scheme of hierarchical observation, normalising judgement and examination which was used to further organise the data. This process allowed the data to be compared and contrasted with the overarching coding scheme of hierarchical observation, normalising judgement and examination in order to assimilate, challenge and build on theory, also known as axial coding (Strauss and Corbin, 2008). The relationships between the categories and wider theory could then ‘explicate a story’, also known as selective coding (Creswell, 2014; 196). The analysis process was only completed when there was theme saturation and a robust picture was generated of how behaviour change was understood, completed and resisted based on the coding scheme of hierarchical observation, normalising judgement and examination, which could then contribute to developing nuanced theories of behaviour change.

#### **4.13 Limitations of using a qualitative methodological approach**

Whilst limitations of the individual methods used in the research have already been discussed, it is important to acknowledge that adopting a broader qualitative approach also has limitations. These limitations include;

- The small sample size. Due to the scope of the research, only 10 families have been selected

- The sample of families may contain selection bias because they will be chosen by the key worker who might select more 'successful' or engaged families
- Results will be based on the subjective opinions on behaviour change by staff workers and service users
- There was no control group enabling comparative and counterfactual analysis
- Due to the timeframe of the study there was no long term focus on the sustainability of outcomes
- As the research had qualitative approach it was difficult to measure indicators of change attributable specifically to the intervention
- Due to confidentiality reasons, opinions and contradictions cannot be verified by the key worker and/or service user (Flint et al, 2011).
- The research may ask long complicated questions, ask closed yes or no questions and lead respondents (Pezella et al, 2012).

Finally, participants might feel distanced by the researcher's own social standing which is different to their own (Demi and Warren, 1995). Letherby et al (2013) argue that the researcher must be aware how our physical, moral and intellectual identities influences the research 'process' and the research 'product' (p131). I am white, female, able-bodied, was twenty-five at the time of the research, from a middle-class background and not from the local area or with the same regional accent. Furthermore, although parents were aware I was a student, I do not have any children which may have appeared odd to parents attending the parenting course. All these factors need to be considered when reflecting on researcher-interviewee interactions. However, as can be seen by the number of repeat interviews undertaken with families, rapport was successfully built with most of the families. To build trust I would go to interviews in casual clothes, accept cups of teas (some practitioners were not allowed to do this) and talk about myself (mainly questions to do with my own family, university and holidays) if I was asked.

However, perhaps it could be argued that it is not just the researcher who has power. As many interviews took place in participants' own homes, they also retained a certain amount of ownership and choice over whether the interviews took place and whether they answered my questions (D'Cruz, 2000).

#### 4.14 Ethical considerations

Vulnerable research participants are "families that are susceptible to harm because of their socioeconomic status, their minority status or other stigmatising status" (Demi and Warren, 1995; 188). Yee and Andrews (2006) argue that there is an increased emphasis on the researcher role in situations of research that involve researching vulnerable participants as ethical questions can appear spontaneously during the research and cannot always be anticipated or be accounted for before the research begins.

There were many issues involved in the research process that required careful consideration of ethical protocols. These will now be discussed below:

<b>Ethical consideration</b>	<b>Ethical protocol</b>
<b>Limits to confidentiality</b>	Whilst the research aimed to keep the case study city and the participants as anonymous as possible, the researcher could not guarantee that the information within the thesis would not allow the

	<p>local authority and the participants to be identified. Efforts were made to minimise this risk. For example, the case study city and the agencies working within the case study city would not be named in the research. Population statistics on the size of the city, alongside other specific information that might reveal the case study of the city (such as certain places the participants talked about) would be anonymised. In the thesis and in future publications, the case study would simply be described as a 'northern and post-industrial English city'. Whilst there is evidence of dialect in the respondent's quotes, the researcher checked that there was nothing distinctive that would attribute the phrase/word/saying specifically to the case study city.</p> <p>However, the name of the parenting course that the parents were referred to may be identified as the analysis discusses the set up and the material involved in the delivery of parenting support. However, the parenting programme was a national parenting programme and lots of local authorities across the country have adopted this programme, and therefore does not reveal the location of the local authority.</p> <p>Making sure the case study city was left anonymous was vital because there could be implications for the local authority in terms of if certain responses within the thesis that criticised national policy were interpreted as whistle blowing by the Department for Communities and Local Government. For example, the comments that practitioners and frontline staff made about having to 'play the game' to receive funding via Payment by Results could invite investigation into the local authority. However, the participants appeared comfortable talking about these issues, despite the risk of it getting back to DCLG, as they were confident that DCLG were very aware of the embedded bureaucracy within the Payment by Results framework.</p> <p>All respondents were assured that their names would not appear in the thesis and pseudonyms would be used. The participants had the choice to decline the interview being recorded and/or notes being taken and they were also reassured that the only person that would hear the interview recording would be the researcher. Service users were told that key workers would not be informed of what families had discussed during their interviews, and equally, families would not be informed of the content of their key workers' interview. However, there is still a chance that if either of the respondents read the thesis, they would be able to take an educated guess if any quotes were related to them and/or about them. However, if questioned the researcher would not confirm either way by drawing on the confidentiality agreement all parties signed.</p>
<p><b>Negotiating informed consent</b></p>	<p>Before respondents agreed to take part, it was imperative that all participants understood the confidentiality agreement and any concerns they had could be discussed either over the phone or during the first meeting. Only then would the researcher begin the research with the respondent. Participants were also made aware</p>

	<p>that consent was rolling, and they could end their engagement with the project at any time if they no longer wanted to participate. They could also stop the interview anytime and they were made aware that they did not have to answer any of the researcher's questions. Informed consent was constantly re-established when ringing participants to arrange interviews and checking that they were still willing and happy to take part. This also took place during interviews when checking that participants still gave permission for the interview to be recorded. If the families were finding the research too overwhelming, they would be withdrawn from the research investigation.</p> <p>Parents who attended the parenting course were informed beforehand by the practitioners about my presence on the parenting course and could consent whether they were happy to attend that particular parenting course (there were several running on different days). Upon meeting the parents, they were again made aware there would be nothing that would identify them in the final thesis, and they were under no obligation to undertake a follow up interview with me after the course had taken place.</p>
<p><b>Ensuring no harm</b></p>	<p>As already discussed in section 4.10.2 of this chapter, the project workers were asked to put forward families that were regarded as low risk and would not be overwhelmed by the research. This was considered the most appropriate way of selecting families that prioritised both the research and family's wellbeing. Even though this presents issues of representativeness of families referred for project interventions, safety concerns are of greater importance. The safety of the respondents was also prioritised during the research process. The researcher was conscious of the emotional stress that questions may have on respondents before embarking on the research (Tee and Lathlean, 2004). It was reiterated to respondents that they did not have to answer questions and could withdraw their consent at any time. The researcher was sensitive to subtle clues if families were uncomfortable or the research process was too much for the family.</p> <p>As already mentioned, the strictest of confidentiality was maintained during the research process. However, due to the vulnerable nature of some of the families, there are ethical questions that have to be raised regarding participant confidentiality. Fisher et al (1996) state that whilst there is a professional commitment to protect participants, there is also a legal one to protect participant welfare. Consequently, informed consent carries the implication of shared responsibility for the safety of respondents if the researcher is made aware of anything that may cause harm or safety concerns to any family members. It was agreed during the ethics process that any problems should be reported to the researcher's supervisors who have experience in the field of intensive interventions. The consent form also stated that if there were any issues that had/or would potentially cause harm to the respondent, then these would need to be reported to their key worker. During the research, there were three incidents that required advice from my supervisors and then passing on the</p>

	information to family key workers. Families were told that this was the procedure. These are discussed in further detail in section 4.14.1 to 4.14.3.
<b>Protocols for fieldwork</b>	<p>The interviews were mainly taken in the family home, or in the offices of the practitioners. Whilst doing the fieldwork in a public space is preferable, due to issues such as childcare, agoraphobia and disability, interviews often took place in the family's home. However, conducting the interview in the family's home could be argued to have made participants feel more at ease.</p> <p>The arrangement during the fieldwork was that both supervisors and a personal contact would be aware of the time and place of the interview and would call the researcher's mobile phone after one hour to check in.</p>

The research revealed that a consideration of ethics is not just related to the fieldwork process itself (surrounding confidentiality, safety etc), but the research outcomes can also have ethical implications in terms of policy practice. For example, the informal assessment of success by key workers presents a number of different ethical questions. First of all, this reveals the expectations of policy and the reality on the ground are conflicted, which key workers are having to balance. As a result, key workers are forced to negotiate expectations of behaviour change around the different needs and challenges of each family. However, the implications of this is that practitioners are informally assessing behaviour change success based on a case-by-case approach to families, and claiming Payment by Results, when the families have made 'good enough' progress relative to the family, rather than policy expectations. This finding could have immense implications for the transferal of policy funding as it could be interpreted as an abuse of the Payment by Results system and could result in tighter regulation and monitoring by central government. Alternatively, the findings could serve as another prompt for policy makers to reassess how families are supported, behaviour change is measured and for soft outcomes to be valued.

#### **4.14.1 Incidents with family 1**

Carla (family 1) received a warning from her housing officer about the state of her front garden which was strewn with rubbish and was overgrown. Under the conditions of her tenancy agreement she was asked to clear her garden to an acceptable standard. Whilst the key worker had physically helped remove some of the rubbish and had ordered skips on her behalf, the problem continued. Carla had decided to pay for two gardeners to clear her garden and make it look presentable. The price quoted was an amount (£400) that she could not afford, and when the gardeners came to collect the money she did not have the funds available. I was interviewing the respondent when the gardeners came to collect their money. When Carla realised who it was she quickly ran and hid in the kitchen and as I was not sure what was going on, I followed her and hid with her. The gardeners continued to knock on the door and would not leave, as they knew Carla was in. Carla asked me to go and tell them that she wasn't in and to come back on the Thursday (when Carla would have been paid). When I answered the door, the gardeners were very confrontational towards me, with the youngest gardener shouting and trying to intimidate me. I shut the door and locked it but they knocked again. I took a pen this time and when I answered the door I said I would take their number and get Carla to call them. After I closed the door the second time the

gardeners sat in the van on the drive for some time in order to intimidate Carla until eventually they went away. It transpired in the following interview that the gardeners had reportedly then thrown paint over Carla's daughter's house when the police and Carla's daughter's boyfriend had got involved in the matter. This has culminated in death threats in a note written by the gardeners:

*“One way or another we are getting our money’...it was at my daughter’s when they threatened; “watch your mum’s back, she’s dead” (Carla, family 1)*

I talked to Carla about the incident after the gardeners left and she agreed that the best course of action would be for me to pass the incident on to her key worker in order for her to decide how to deal with the situation.

There was a second incident that involved Carla during the research process. I phoned to see if Carla was available for an interview. I had not been able to get in touch with Carla for a few weeks. When Carla answered, she was crying. She said that her benefits had been stopped, she had not eaten and couldn't afford any food. In addition, she stated she was feeling very unwell and was in a significant amount of pain as she had run out of medication. I felt it was appropriate to phone Carla's key worker to help the situation but unfortunately, she was not available. I went to see Carla and took some tinned soup and sat with her until the key worker could be reached. Eventually the key worker arrived and because Carla was having chest pain it was decided an ambulance should be called. Fortunately, Carla had not had a (suspected) heart attack but was experiencing withdrawal symptoms from not having her medication in addition to an anxiety attack.

#### **4.14.2 Incident with family 3**

In family 3 there was an issue of child to parent violence where Annie and Craig's eldest son regularly defied his parents and was often physically violent towards them. I was visiting the family for an interview. Joseph had refused to attend school that day and was asleep in bed (his bedroom was downstairs and situated off the room where the interview was taking place). Annie was worried about getting a complaint and a fine from school so she tried to get her son out of bed, first of all by asking him several times and then finally by removing his duvet. He reacted very violently by throwing some keys at her, lashing out at her, swearing at her and finally repeatedly slamming the door on her when she was crouched over. Craig restrained his son whilst Annie ran outside. I was alarmed by the situation but did not want to leave in the middle of this in case the family felt judged. Instead I stood outside with Annie whilst both she and the situation had calmed down – and to check that she was alright. I let the family know I would need to pass the incident onto their key worker. Their key worker then passed this information on to social care. I was worried this would affect their rapport with me but the family agreed that this was appropriate and continued their engagement with me.

#### **4.14.3 Reflections on the research process**

At the beginning of the chapter, the need for clarity and consideration of bias and limitations of methodological approaches was discussed. One way of achieving this transparency is argued to be achieved through researcher reflexivity. Self-reflexivity in the research process is a way to “understand ourselves as part of the process of understanding others” (Ellis and Berger, 2003;486). Furthermore “self-reflection is an essential type of quality assurance because it encourages the open acknowledgement

of biases that all researchers inevitably bring to a study” (Jenson and Laurie, 2016; 281).

On reflection, I can accept that my responses to the incidents might be interpreted as naive. However, as the situations presented themselves I felt I did not act unprofessionally. My supervisors were informed of each situation and there was a discussion about the appropriate action to be taken.

The existing literature explores the realities that families with problems experience on a day to day basis. This includes the manifestations of social exclusion, for example, domestic violence, mental health, child neglect and poverty. During the research, I anticipated that there were real possibilities when I would be interviewing families with similar problems and that there may be occasions when I would feel emotionally overwhelmed. Before the research began I accepted that I might not be able to maintain emotional distance at all times and indeed there were times when the research process was distressing, including the three incidents mentioned in an earlier section of this chapter. Stories of rape, attempted suicide(s) and domestic violence were extremely upsetting, alongside turning up for interviews where respondents were so mentally poorly that they could not even get out of bed. For example, when I arrived for an interview with family 9 and the respondent buzzed me into her flat, I walked upstairs to find her sobbing in the bathroom. Another experience where I felt moved during the interview was during a visit with family 7. They were telling me about the suspected link between aspects of their son’s problematic behaviour and the fact that their nephew had died. They believed that their son had been emotionally affected by the family death as during the funeral their son, who is aged 11, had jumped into the grave when the coffin was being lowered, because he did not want to say goodbye to his cousin.

Stories that were told to me could also directly affect my relationships with respondents. When I started meeting Carla (family 1), she would comment on my hair, which is extremely long in length. She told me that she used to have very long hair too. After several references to my hair, it transpired that her ex-partner would threaten her with a knife as a form of control. To assert his authority, he had used the knife to cut off her long hair. After learning this story, I would always visit with my hair tied up as I did not want to upset her and clearly my hair reminded her of a traumatic event.

Some of the stories could also provoke shock. In particular, Terry (family) 1 told me about how when he was younger he would be tied up and restrained to a bed because of his Attention Deficit Hyperactive Disorder. Although his parents (and society at the time) did not necessarily understand his disability, and the fact the abuse was historical, the treatment of a child in this way meant that I could not always keep my emotions neutral.

There were also occasions during the research where I felt intimidated. In two families where there was domestic violence the male partners would stop what they were doing and come and sit in the interviews. I got the impression this was to stop their partners talking about certain topics or asking for help or to prevent me asking questions. In these circumstances, I would ask questions that were general and avoided certain topics of conversation- which clearly affected the quality of the interview content. Interviews where their partners were not present were much more open with clear references to their partner’s aggression made. It was interesting how the atmosphere appeared to change when violent perpetrators were at home. For example, in family 1, Carla would always whisper if her son was home and if he came back whilst I was at the house, I got the impression it would be best if I left. I acknowledge that I could have been mis-reading these cues.



There is a growing literature about the implications of the research process that can have an effect on the researcher, both during the research, and again during transcription (Kiyimba and O'Reilly, 2016). However, it is argued that it is not about avoiding highly emotional research but making sure these issues are discussed more openly in university and other research settings in order to develop better structures of support (Dickson-Swift et al, 2009; Hubbard et al, 2001). My supervisors were supportive in these circumstances as they have extensive experience of working with vulnerable families. Jenson and Laurie (2016) encourage a development of 'research resilience' where respondents' lived experiences are used as a way to try and improve social exclusion.

#### **4.15 Conclusion**

This chapter has outlined the methodological approach adopted in order to answer the research questions based on identified gaps in the existing literature. The chapter began by considering broad philosophical debates related to the origin or knowledge and debates about the most 'objective' approaches to obtain knowledge that has scientific rigour. The justifications for a qualitative approach were then explained and justified. This included a description of the case study approach, participant observation, interviews with practitioners and service users and document analysis. How the data was analysed was explained. Ethical considerations were discussed in addition to a reflective commentary of the research process.

The next three chapters will outline the empirical findings. Chapter 5 analyses competing concepts of behaviour change present during the research. Chapter 6 explores the power dynamics present in the service and service user relationships during intensive interventions. Chapter 7 considers the theme of neglectful parenting and behaviour accountability.

## 5 The concept of behaviour change

### 5.1 Introduction

The first chapter of the analysis considers the anticipated outcomes of behaviour change in national and local policy and whether this is comparable to the realities of behaviour change that were achieved by practitioners working with families in the case study city. This incorporates what is understood as successful behaviour change in policy terminology and how this is interpreted, embodied or resisted by practitioners and families themselves. The chapter seeks to understand how behaviour change, as defined by policy, is conceptualised and operationalised by practitioners and professionals working within the case study city. The structure of the chapter is as follows: the beginning of the analysis will discuss tensions in policy expectations of behaviour change, which were often disconnected from the lived experiences of families facing a myriad of barriers to behaviour change due to the implications of mental health, trauma and unmet basic needs. The chapter then moves on to discuss the personal, spatial and temporal nature of behaviour change and critiques the linear continuum of behaviour change in national and local policy. There is then a consideration of how the ambiguity of behaviour change is reflected in policy, which is often synthesized by quantification of outcomes and Payment by Results when, in many cases, there may be no, temporary or relative behaviour change.

### 5.2 The relationship between severe mental health problems and unmet basic needs

In many of the families, the reason for the referral was a manifestation of problems that was not necessarily committed with intent;

*"We had one family in here not long ago, it wasn't so much ASB really, one of the complaints was that the postman had reported to social care the number of flies inside the property, when they'd been round to deliver mail, inside was crawling with flies and it was cos there was rotten food and other substances, so you do get families where that is actually the main issue" (Manager, Family Intervention Project)*

In fact, the referrals for many of the families that took part in the research were underpinned by poor basic skills and unmet basic needs. Families struggled to cope with and sustain tasks such as getting out of bed, going food shopping or cooking a meal. Unmet basic needs relating to health, medical conditions, personal and household safety, finance and nutrition were a recurring concern in families. Several practitioners spoke about having to begin support 'further behind the starting line' as many individuals in families had 'retreated' from everyday life. Most of the support that was delivered to families by the professionals centred on meeting these basic needs. The first steps addressed by practitioners included providing food, medical support, signposting and housing needs. Secondly, when these needs were in the process of being met, most work was done around trying to get families to maintain meeting their own basic needs and making shopping, cooking, attendance at appointments habitual, or, as part of a routine for families. It was clear change was about maintaining basic need, rather than advancing families from a point where they were already able to manage daily life:

*"The fact that she's not hiding her sanitary towels any more is a massive step*

*forward, she's not brushing her teeth every day, let's work on that one now. She's going to be on her own and [my] job is to give her the skills to be able to manage, and even if the only skill they give her is not to hide away from it."* (Manager, Community Regeneration Charity, family 2)

Practitioners would talk about a pattern common in families that was often inextricably linked to the reason their basic needs were unmet, which was the trend of 'avoidance' behaviour. For example, ignoring paying bills (families would hide them in the drawer), missing (agency) appointments or neglecting selfcare. Rather than managing the situation, there would be an outcome of eviction warning letters, sanctions and hospitalisation until the family would attract the attention of services through crisis.

It was the consensus of practitioners that ignoring or not managing problems to the point of crisis was a sign of families not being able to cope due to mental health problems. Depression, alongside other personality and mental health disorders, was an illness present in every family and in each of the parents from the parenting course that took part in the research. The debilitating effect it had on families' abilities to cope on a day to day basis was evident, with certain family members unable to get out of bed, leave the house without experiencing panic, having anger issues or attempting suicide. In family 5, Ellen's son had stopped attending school altogether because of his anxiety stemming from his dyslexia and being bullied. In family 10 Scott had lost his job because of severe depression and in family 1, Carla, who was a victim of domestic violence, would rock back and forth on the sofa or would become bedridden when she felt severely ill.

Often, mental health problems were longstanding and the majority of families had experienced a traumatic incident. In some families, mental health and trauma were ongoing. This included domestic violence, rape, child abuse, historical child neglect, homophobic attacks, cancer, transmission of HIV, bullying and bereavement. In most of the families, the adults had been taking medication for depression for many years. In three families, parents would take each other's depression medication, or painkillers to cope, or would stop taking them as soon as they felt things were not as chaotic. However, help with more significant and long-standing mental health and emotional barriers was more difficult due to lengthy waiting lists for accessing psychological mental health support. Both in national and local policy, the discussion of 'trauma' as a lived reality is either missing or under-emphasised and under-acknowledged.

However, families did not always seek psychological treatment for trauma or mental health, even though they were aware that they were ill. Their levels of education about where and how to access information or who to ask was low and due to social isolation, individual family members did not always have another person to turn to or ask. Another barrier to seeking support was that family members did not ever remember feeling any different, or did not think they were deserving of any support.

Families' interaction with psychological mental health treatment was complex and was clearly influenced by time factors. Where families were referred to mental health services by key workers such as counselling, psychotherapy, Improving Access to Psychological Therapies (IAPT) and Cognitive Behaviour Therapy (CBT), this was often only accessible for short periods of time. Practitioners argued the implications of short term support increased the risk that practical support that had been put in place plateaued or was often undone once interventions finished. However, it was evident practitioners would put off referring family members for treatment at the start of interventions as it might overwhelm families when it was preferable to deal with (other) basic needs first. When key workers did refer families for psychological treatment, the long waiting list and unavailability of long term mental health support often prompted

practitioners to deliver a therapeutic service themselves. These previous examples of timing considerations reflect not only the constrained mental health resource availability, but also an ambiguity of when to refer families with mental health conditions that needed further psychological treatment by practitioners. In fact, key workers that were adopting the role of a mental health practitioner was a concern raised by a mental health worker who explained that practitioners were often dealing with mental health issues that were beyond their professional remit:

*“Some of the things MAST workers are asked to do are beyond the training they have actually got...the people in CAMHS [Child and Adolescent Mental Health Services] have had years of professional training, degree, post-graduate, Masters I must have had at least ten years at university, MAST workers haven't had that and you can't expect that level of training is not just an add water kind of thing...they need a robust support system for doing that kind of work”* (Children and Adult Mental Health and Community Youth Team worker)

The pressure and demand for mental health services had prompted the local authority to train some Multi Agency Support Team (MAST) workers in IAPT and CBT training. This was partly because practitioners were often thought of as a source of emotional support to families, but also because Child and Adult Mental Health Workers (CAMHS) workers did not have the capacity to take on certain family cases because of the sheer volume of referrals. Instead, CAMHS hold consultations with MAST workers about the direction of treatment without necessarily having to meet the family. It would appear that the time and demand pressures to deliver a fundamental service means mental health services are increasingly delivered at a distance.

Additionally, families repeatedly reentered the system and MAST was criticised by practitioners in the voluntary sector for not always knowing where to refer families, and would instead try to 'offload' difficult families onto charities. These referrals followed the same pattern of no behaviour change in families because of mental health reasons. Rebecca (key worker, family 1) stated that she had to re-refer a family (whom had complex mental health problems) back to the service that should never have been referred to the charity, because of the level of specialised support needed. It would seem that families who could not be helped at that moment in time, or had complex mental health problems that were long term, would constantly be referred on, with family problems not necessarily being solved:

*“I do know all the families we got from MAST that were referred from [local TFP] had had MAST involvement before and had failed and they passed them to us. So all the families we had were not just your first time [local TFP] criteria, they'd been through the system on numerous occasions and nothing, they were still hitting the [local TFP] criteria so nothing previously had worked. They were very challenging families.”* (Manager, Community Regeneration Charity)

Furthermore, the Health Visitor spoke about how parenting courses were often used to fill the time before one to one mental health support could be accessed, and/or as something for parents to do. This was the case for Jenny (parent 2) who had suffered domestic violence from her ex-partner and was extremely paranoid and anxious that he was trying to trace her. Her MAST worker had recommended that she go on the parenting course as her course of treatment because of the effect her paranoia was having on her parenting. Whilst this may be true, and indeed anxiety may have been affecting her parenting, it may well have been the case that counselling or another psychological service would have been a more appropriate, or a complementary, intervention.

Practitioners were mindful of how severely ‘damaged’ families had been for many years and were realistic about the implications this had for the possibility of change. Whilst there was an enormous amount of compassion for families who were struggling, it would appear mental health was also a concern for practitioners when it came to the issue of children. The parenting practitioners stated that untreated mental health concerns in families could be flagged up as a child protection concern. This was because if parents were experiencing periods of depression, they may not have been able to adequately supervise their children. This was the scenario for Sean and Megan (parents 3 and 4) who felt that existing mental health problems would be used as a material consideration by social services to prevent the family from having their son back from foster care to live in the family home. It was clear that Sean and Megan felt this sent out a negative message about asking for help with mental health issues:

*Sean: “She is waiting [for a MAST worker] but I am going to tell them to do one when they come because I will be like sorry we can’t have your help because social services are holding it against us”*

*Megan: “Yeah they are holding it against me cos apparently MAST have said I need mental help...but that is just because I asked for some sort of counselling because I was stressed all the time over the girls but this all happened before I started the parenting course so I tried to explain to the social workers that it is not even true anymore...they will hold it against me cos I asked for help in the first place which is what you are meant to do if you are struggling with children and one thing and another and you need help” (Parents 3 and 4)*

It is clear that mental health is a prominent issue within the families that took part in the research, however being able to cope with its effects on one hand, as well as simultaneously managing other basic needs was clearly a challenge for both practitioners and families.

### **5.3 Problematising behaviour change**

Support with budgeting, access to housing and medical services successfully assisted families 8, 9 and 10 with alleviating some of the problems they were experiencing, which culminated in rapid behaviour change, including better cooperation with services, meeting the conditions of their tenancy (including paying rent) and improved family functioning. However, it was more commonly the case, in the relatively short time-span practitioners could work with families (which ranged from a few home visits to two years of support), what can be achieved, certainly at the beginning of the relationship (in the context of significant vulnerability), was rudimentary in terms of wider national policy ambitions- but critical in meeting family needs. Existing studies have also documented this finding, which has created significant criticism in the literature surrounding the Troubled Families Programme appearing to be a ‘perfect social policy’ (see Levitas, 2012; Crossley, 2015). Government figures suggest all local authorities have successfully turned round all the families central government estimated were troubled in that authority (see DCLG, 2015). When the policy strategy manager for the case study local authority was questioned about the rate of success in the case study city, s/he explained:

*“It isn’t that we picked [number of allocated families to be worked with] and we were successful with all of them, we were working with over 2000, we claimed success for [number of allocated families to be worked with] which is what we had to claim success for, so there’s a bit of a balancing act between the political rhetoric and getting outcomes with families” (TFP Service Manager, Local*

Authority)

Despite recognising that the number of vulnerable families exceed government estimates, the TFP Service Manager, and many other practitioners, alluded to the ambiguity in the number of complex families 'successfully turned round' in programme outcomes. Practitioners admitted that what counted as 'successful' behaviour change could be subjective, generalised and not necessarily attributable to the programme itself. Nevertheless, practitioners at a local level would "have to play the game" by being incentivised to exaggerate family progress to DCLG in order to fulfil the criteria for Payment by Results (TFP Service Manager, Local Authority). For example, in family 2, Terry's niece was at one point signed off as being 'turned around,' as the key worker had fulfilled the Troubled Families criteria of getting her registered at a school. Even though Terry's niece was attending school, she then went on to assault her Head teacher and caused criminal damage at the school. However, in terms of Payment by Results, Terry's niece had successfully met the criterion, irrespective of her violent outburst and the fact it could become a police matter - or another criterion for TFP re-referral:

*"It's very much on the paper bit, she was attending school, all the services were in place to help her deal with the issues, there was never a drugs and alcohol issue and there weren't going to be any employment issues, so for me it was the mental health side of it. And they still tick it now, well I suppose they don't, she is going to school, they've still got the mental health services for [Terry's mum] so they wouldn't tick it now but they still need help" (Manager, Community Regeneration Charity, family 2)*

Based on discussions with practitioners about behaviour change success, alongside tracking families' behaviour changes over several months, it was clear that what counts as 'success' by practitioners could contain complicated and nuanced understandings of behaviour change that could not reduce family journeys to a simple binary of 'turned round' or no behaviour change. Whilst behaviour change is successful and sustained in families, three types of additional change outcomes (no behaviour change, relative behaviour change and temporary behaviour change) were identified during the research which are not indicated in national policy discourse and frameworks. The following section will explore the ambiguity of behaviour change and how practitioners used their own informal measures of success to negotiate the Payment by Results system whilst also taking into account the impact of historical patterns of behaviour change in the families they supported. It is important to note that these types of changes within families are not deterministic and may shift in the future.

#### **5.4 No behaviour change outcomes**

There is a wealth of research reports that explore the relationships and the outcomes of families' interaction with services and intervention programmes which were discussed in chapter 2 of this thesis. These outcomes recognise families do not always engage with support and as a result disengagement and/or enforcement occurs. However, there is limited research that considers the policy and service implications for families where there is compliance, but families cannot achieve change, despite repeated multiple service intervention and/or enforcement action. An example of this scenario was a reality in family 6. Hannah had moved 21 times in her 21 years and had been through the temporary accommodation service three times in the last five years, with the expectation by her key worker that she would probably be back again in the future. In her interview, Hannah talked about being settled with her son and finding a

house with a garden. However, the rehousing process had been delayed because she was being investigated by the local authority for purposefully making herself homeless due to a history of abandoning properties allocated to her. Her key worker suggested it was her unsettled childhood, alongside mental health problems that had made it difficult for Hannah to be able to cope with staying in one place. Struggling to achieve any change, or maintain stability was a pattern in many of the families and the parents that took part in the research. These families found it very difficult to function without the help or support of services. Similarly to family 6, family 1 had received many years of agency help. Carla, the head of the family, continually found it difficult to independently manage problematic incidents that arose in the family over time:

*"Part of what I should be doing or what I should achieve with people is encouraging and motivating people to actually start taking some control back themselves...I don't think that applies to Carla I think it is more of a panic and she just can't face it I think she completely cuts herself away from things, buries her head in the sand. The long term cases are not supposed to take more than twenty hours I have totted up about one hundred and fifteen hours already, and that is not really taking into account the phone calls and the letters and everything else so it has caused a bit of friction. The trouble is before I was involved, Shelter were involved for six months and prior to that she had MAST involved, she has never not had someone there doing things for her, picking up the pieces when she's forgotten, or failed to do things herself, and it is difficult because I have been told by [housing association] I am not to work with her, I have no one to refer her on to, cos she doesn't really fit into anybody's criteria, it is just the level of support she needs...it is frustrating when you don't see any progress cos all you want is for someone's life to improve, even if it is just small measures and every time you got a step forward it wasn't long before you were going straight back to square one again"* (Rebecca, key worker, Community Regeneration Charity, family 1)

Similarly to Ryan's (key worker, family 6) comments about why Hannah (family 6) was unable to manage her housing situation, this quote by Carla's key worker also reflects many of the issues that were outlined in the first sections of this chapter. Carla experienced a range of severe mental health problems that often manifested in avoidance behaviours and culminated in cycles of crises. For example, Carla was from a different part of the country and would often go and visit family there, sometimes for long periods of time. However, when she went away on one occasion during the research, she ran out of her medication and her benefits were sanctioned for missing a Job Centre Plus appointment. Carla and her son lived off biscuits and sandwich paste (although her neighbour eventually bought her food and her key worker managed to get a food bank donation), whilst the administrative consequences of the situation were sorted out by Rebecca (key worker, family 1). This scenario could have been avoided before Carla travelled if she had let her key worker know in advance, but Carla was unable to manage this. However, in terms of needing support to change, she does not fit into service 'criteria' because it is about her inability to cope with meeting her own basic needs which results in outcomes that get the attention of services, rather than directly committing anti-social behaviour. Despite this, Carla has received both formal and informal support, which has occurred over long periods of time, and been of an intensive nature, but it often has limited effects on Carla's ability to manage daily life. Carla acknowledged herself that she was aware her life was chaotic, and that she needed help, but she was not sure what kind of help she needed, or how she could manage chaotic periods that occurred in her life:

*"I know I need help but it is hard to explain...you are in a glass box screaming*

*and shouting but no one is hearing" (Carla, Family 1)*

The families who were aware they found it difficult to manage independently and engaged well with support would feel anxious about support ending and wanted to keep service engagement in place. In family 2, the family were safely rehoused in the city after a homophobic attack several years ago. However, support has continued informally after their case should have been closed. Terry would get extremely anxious about problem solving when new situations occurred, and because of his agoraphobia, he would rely on Maggie (his key worker) to deal with the same problems that repeated themselves: for example, official letters or phone calls he received, sorting out Job Centre Plus appointments, or concerns with the behaviour of the children. This had resulted in continued support to the family and wider family members by the key worker and no formalised exit from the project. This had led to attachment issues with the key worker over five years:

*"I've got her on my Facebook and I've got her number, so if I need her desperately, or I need to talk to somebody, she's still there and that's what I like about Maggie" (Terry, Family 2)*

*"I'm not going to see them every week, we're not in crisis at this moment in time, we've got some issues going off but we're not in crisis and I'd much rather deal with the issues than deal with crisis. So for the sake of going and visiting once every few weeks cos he's got a letter that he doesn't understand and me going it just wants binning or make a quick phone call, it's done, no crisis. The last thing I want is for him not to deal with it and just hide it cos then what? He'll face it but then don't remember what's been said, gets in a flap, misunderstands what's being said so he might as well ignore it" (Manager, Community Regeneration Charity, family 2)*

Maggie stated that after five years of support, the family had not changed but were 'no worse' than when engagement commenced. She stated that she didn't think anything she could ever do would have an effect on, or stop, the family's chaotic dynamics – however, it was necessary to continue to deliver some sort of support to stop cycles of crises. This scenario presents two main difficulties for services. Firstly, it was apparent that conversations between practitioners take place about having to accept that, as a service, there is a point where no more can be done for the family, as the family are unable to change. Secondly, it was clear that due to families not being able to complete tasks themselves, practitioners would complete work on the family's behalf (for example filling in forms, registering children at school, ringing utility providers) and were concerned that this was perpetuating their reliance on services to always be there:

*"They are under an umbrella here they are under a safety net where we support them and ultimately that might stop some of the children being removed, once they are out in the community and they haven't got the support like they have on sight, that is when the trouble causes" (Manager, Housing Association)*

As the need for long term support is not necessarily provided for in national and local policy, the unmet need of families who were unable to change, alongside the risk of family reliance on support, culminated in a moral dilemma for practitioners. As a result, practitioners in the voluntary sector often carry on informally working with families in their free time, or refer onto other services in the hope there will be resources available in order to continue assisting families and prevent them falling back into cycles of crisis.



## 5.5 Relative change or 'good enough' change that is personal to the family

Relative change is progress that in terms of policy is not necessarily quantifiable, but is a significant achievement to families. For example, families can exhibit changes in behaviour such as opening letters or writing down phone messages, attending GP appointments or redecorating. Therefore, behaviour change has been achieved. However, the nature of the change is pertinent to the family rather than accepted as part of policy success criteria:

*"You can't really track progress cos they are really little steps a lot of them, it only makes sense to the person who works with that person, I have got someone who is 21 now if you are going to judge it objectively, she has not made any sort of headway but for her as a person it is a lot and it is going to be a long hard slog, so sometimes I think you have to get your point across that things are changing"*  
(Key worker, Housing Association)

Family progress that is significant to the family's wellbeing, rather than in line with policy expectations, can be defined as 'distance travelled' (see Flint et al, 2011). It was evident that there had been significant 'distance travelled' in family 4, where new feelings of confidence had prompted Sophie to speak on the phone on her own behalf, rather than asking the key worker to do it for her:

*"We came back from [city] and I lost all my cards, everything, on the coach or on the train, I thought I will ring up and to be honest I knew I wouldn't get it back anyway I knew I had lost the cards...and I thought I would ring up on the off chance, and they weren't [there], and we come back so I weren't able to pay the bills... so as soon as I got back, Amy [key worker] didn't even know, I went on the phone rang them all up and sorted everything and Nick went 'bloody hell you can do it can't you' and I went, you know what I can cos Amy has given me the confidence, before it was can you do this please can you do that please, or I would just like ignore it...my problem was 'what do I say?' then Amy used to be like, tell them whatever you know even if you don't understand and how much do you have to pay, ask them what you need to do, ask them, they are not going to think you are stupid"* (Sophie, Family 4)

Whilst other outstanding issues within the family remained, this was a significant milestone for Sophie. The idea of behaviour change and success that was 'good enough' for the individual family was often spoken about by practitioners. Being 'good enough' was the compromise between the limitations of key worker practice, family ability and national policy aspirations, and was used as an informal measurement tool by the key workers. The idea comes from 'good enough parenting' which is based on parents not striving for perfectionism but making sure daily quality time is spent with children (Boddy et al, 2011). Practitioners used the concept of 'good enough' to make decisions about the limits of change for families, what counts as success and what they were capable of achieving during the intervention:

*"This moment in time I have minimal concerns because their money issues are better than I thought they would be at this point, they are managing better than I thought and I feel we have taken them as far as they are capable of going at this point, so although there are things that could be better, we are not going to be able to take them any further at this point, they might be able to make improvements in the future but right now they are at their capacity to change"*

(Key worker, family intervention project, Family 4)

Determining what was 'good enough' for each family had been informally adopted into professional practice across a range of the projects involved in the research. The measurement of 'good enough' would also be used as a discretionary measure to close family cases, or rehouse families not because they had been 'fully' successful by policy standards, but because the family had shown improvement and had done enough in terms of minimum key worker, national and local requirements. For example, in family 7, there remained issues with parenting, child welfare, health and addiction which had not improved during the intervention. However, the family were still being put forward for rehousing because their progress was deemed 'good enough' because they had demonstrated a capacity to change by maintaining paying rent and by cooperating with services.

## 5.6 Temporary change outcomes

It could be argued that the term 'turned round' as used in policy discourse implies a permanent change in family behaviour. However, families could often successfully change their behaviour temporarily, but then regress back into past routines, habits or vulnerabilities. This pattern of temporary behaviour change occurred during the course of interventions and when services withdrew from families after a period of sustained behaviour change. However temporary behaviour change could also be instigated when there was a removal of services due to funding issues that families relied on to function. This was the case in family 5 where to manage Dominic's anxiety, he could only engage with education via home education and specialist teaching units for children with anxiety. However, when these services were removed due to funding constraints, Dominic was unable to cope with and engage in mainstream education and his mental health deteriorated.

It was clear practitioners viewed behaviour change sustainment as a greater issue than changing behaviour itself and key workers acknowledged that in some cases, despite being 'capable', families would not be able to sustain success after interventions had finished:

*"...turned round had this feeling of a point in time when a family suddenly flips, sustained success is saying we want to know that that turnaround point is maintained long term, I agree with that, I think we should, cos some families will require top-ups, they may have a different crisis, so it's now how we support them all with the exit plan and say if you want to maintain the progress you've made these are things you need to keep doing."* (TFP Service Manager, Local Authority)

A pattern of temporary behaviour change appeared to reoccur in family 3. The family had worked with social services on several occasions and each time the family would successfully meet the behaviour change requirements of the intervention. These interventions were largely based on enhancing Craig and Annie's ability to parent the children and ensure that the children's living environment was hygienic. However, the family's case was continually reopened due to new reports made by the children's school and by the family's neighbours registering concerns about the decline in the children's welfare. These incidents included severe bruising found on two of the children, sexualised behaviour displayed by one of the children, publicly smacking and aggressive behaviour directed towards the children by Craig, cumulative school absenteeism by the eldest son and the unsanitary state of the children's living environment;

*"What has always been said about Annie and Craig is that they do not maintain the interventions what they learn, they are quite capable of carrying them out but they do not maintain and it always goes back, and this is why they seem to get social care back all the time, what I have said to Annie and Craig is that this time we are aiming to maintain things. I have pointed out to the family that in the past the house has been very very dirty even though they do do the cleaning, this is the time to try and keep on top of it and with bedtimes...you are constantly challenging, and challenging and challenging and it becomes draining." (Key worker, Family Intervention Project, family 3)*

The key worker attributed Annie and Craig's inability to maintain behaviour change as laziness as s/he believed that Annie and Craig had previously demonstrated the skills to be independent and in control of their children's behaviour management. However, over time Annie and Craig would lose interest and momentum in maintaining their household routine and would eventually relax their parenting standards, until re-involvement of services became necessary. The key worker suspected that Annie and Craig's lenient parenting was encouraged by their eldest child who would become increasingly defiant until he got his own way. However, Annie and Craig's failure to enforce boundaries also affected their four younger children. Their inconsistent bed time routine culminated in the children staying up late each night, and the noise would disturb the next door neighbours and end in subsequent complaints to the local authority. As the key worker outlined in the previous quote, the challenge for her was not to model to Annie and Craig new skills, it was about getting them to maintain a structured and consistent routine. Evidence of support used to reinforce household routine was evident in the family home in the form of weekly cleaning rotas, daily routine timelines (e.g. dinnertime at 6pm, bath time at 7pm, bedtime at 8pm) and behaviour charts.

Additional practitioner perspectives on why change could have a temporary lifespan centered on new and unexpected challenges families faced. During interventions, families both independently, and with support delivered by the key worker were able to resolve the situation. However, the skills they learnt from one problem were not always transferred to new crises or different problematic scenarios. This put several of the families at a high risk of regressing back into avoidance behaviour. This temporariness and the fragmented nature of change may explain the cyclical nature of families that were repeatedly re-referred for support. Practitioners were advocates for the availability of long term support for this reason:

*"We are taking families that are really vulnerable, some that are really damaged, we are trying to give you the skills to equip them for life, we are doing it over two years and we are still trying to equip them for life that is really hard and in short term work you go, let's do a tiny bit here and they are expecting it to last for how long and you can't" (Key worker, Family Intervention Project, Family 4)*

Practitioners appeared to implicitly reject the idea of families being 'turned round' and were willing to accept there were limits to the impact of support which may mean families would face further difficulties in their lives that might need further support. Despite setbacks families may experience in overcoming a new scenario, other families may not need support all the time or to the extent that they needed the first time. There was an implied consensus amongst practitioners that this would not be a regression that would require social care interventions.

## **5.7 Conclusion**

This chapter has explored family journeys and the different types of behaviour change that was experienced by families subject to intensive interventions. In particular, the chapter reflected on the impact of mental health and trauma that can hinder family progression, particularly because mental health needs are not always acknowledged and/or treated by specialist mental health services. The following chapter is the second analysis chapter and will explore the relationship dynamics between those who govern and those that are governed.

## 6 Relationship between key workers and families

### 6.1 Introduction

The second chapter of the analysis will explore the relationship dynamics between key workers and families. The available literature on intensive family interventions has already explored the power dynamics between families, practitioners and agencies – however, the research has revealed further nuances not explored by the existing literature. This chapter aims to explore these nuances and focuses particularly on the working practices advocated by practitioners, finding that, whilst key workers were compassionate towards families, there was a limit to their tolerance, especially regarding the needs of children and anti-social behaviour. Equally, families had their own boundaries, both in terms of what behaviour they deemed acceptable and what they were prepared to accept in terms of the form of support delivered. On this basis, families could accept and/or challenge comments made on family dynamics and suggested support. The chapter begins by examining the different struggles for power between key workers, other practitioners and families. These observations are then reflected against the practicalities of delivering support and the judgements key workers develop when support is resisted. The chapter then turns to the constant moral decisions practitioners must make, where on one hand they are emotionally and professionally invested in the family they are supporting, but on the other hand, are faced by their moral and professional limits to tolerance.

### 6.2 Disrupting practitioner power

Governmentality literature can often assume a monolithic and totalising view of power which misses out the messy nuances and subjectivities of governance (Flint, 2018; McKee, 2011). Furthermore, much of the intensive intervention literature argues there can be an imbalance of power in the key worker-family relationship, and interventions are primarily punitive and coercive (Garrett, 2007b). However, this research found that the key worker-family relationship could not be generalised in this way. Firstly, it is important to note that all the families liked and trusted their key worker. Families did not always see practitioners as interfering or agents of control and often acknowledged that they were there to help. Secondly, practitioners did not need to use a 'stick' as families wanted to engage with support and would often shape what that support looked like (DCLG, 2012). Additionally, a family's choice to actively engage with interventions should not be viewed simply as docility, without considering the family's own rationales and rules for accepting support. These nuances can be demonstrated in family 7's reasons for referral. Family 7 were open about their rationale for making themselves homeless, which was in order to get support because they were aware that their lives had become chaotic. Six members of the family slept in one room and their eldest son had tried to commit suicide because he was so unsettled. The parents engaged with support because they wanted their children to go to school and have a stable home and for them to be closer as a family unit. The parents were extremely reflective and were happy to accept help around budgeting and parenting to create a stable environment for their family. As a result, the family were successfully moved into their own property after three months:

*Andrew: "I mean I got into a bad crowd which understandably I shouldn't have, I was a child really, I didn't really grow up as much as I wanted to grow up at the time, but therefore I went through bad friends, then bad situations led to even*

*worser situations, then a lot of friends that wasn't really true friends tried to intimidate me"*

Holly: *"Now we have turned everything around"*

Andrew: *"That is why we have come here, which is what we tried to say at that CAMHS meeting, the reason why we left, the reason why things have probably got so out of hand" (Family 7)*

In the majority of the families it was the relationship with the key worker that was the biggest change in their lives. Simply having someone else to talk to who was not a family member or friend, and who was someone they could express their worries to, was valued by the families, regardless if change happened in other aspects of their circumstances:

*"I feel confident to tell him [key worker] something that he won't judge me on, you know like I was scared to tell people certain stuff cos I thought I was going to get judged, you know, you are mental or there is something wrong with you, whereas Ryan don't look at me like that he is more of a friend than a worker cos he is that understanding or whatever and I do trust him." (Hannah, Family 6)*

Being listened to and valuing family opinions made a significant difference to family members' confidence and feelings of self-worth. It is interesting that the key worker's approach to working with families appears to surprise them, and this appeared to be very different to how agencies may have dealt with them (albeit with good intentions), or made families feel, in the past. Therefore, the key worker had a crucial role in lowering families' anxieties and feelings of being 'investigated', by reducing the number of visits made by certain agencies by acting as the 'go-between' and breaking down complex information. It was apparent that the families were grateful for feeling less overwhelmed by the amount of services that were directly involved in visiting the family, in addition to not having to constantly repeat the family situation, which could often be tiring and a shaming process for families:

*"To me, Liz [key worker] is the third thing in a triangle, because since Liz has been here we've not got the social worker, cos she thingies with the social worker, any sort of stuff, and she also goes into school, so we've not got school on our back. So it's cutting like, two visitors out, you know to the house, just to one and she's the one involved, she's like the go-between" (Craig, Family 3)*

By being perceived to be working with and for the family, the difference practitioners could make to families' potential of accessing resources, and subsequently social inclusion, was clear. Key workers would advocate for families on their behalf, as many of the families found it difficult to express themselves, got confused and frustrated, or did not have the confidence to resolve or manage challenges. Without support, families often went without food, medical care and money:

*"There were some things, I wouldn't have done, I was in too much of a mess, when you have got so much going off anyway...I think what Maggie [key worker] did is basically take a lot of pressure off me and remember things I would forget, like trying to join doctors and dentists and things like that cos when your minds not fully there and you've got that much else going off, it's easier to say right can you do this, and she used to go have you done this have you done that" (Terry, Family 2)*

National policy discourse states that key workers will 'grip' families and 'make' them change their behaviour (DLCG, 2012; Casey, 2012). However, the research suggests this is an overestimation of practitioner authority. The findings indicate that individuals cannot be forced to change their behaviour and challenges the claim that power over families by agencies is totalised. In reality, the struggle for power is much more nuanced and the agency of those subject to state intervention should not be overlooked or taken for granted, a discussion which is often missed in the existing literature on intensive interventions (see Garrett, 2007c; Nixon, 2007).

Many of the key workers explained how families demonstrated agency by refusing to partake in meetings or left the room during a key work session. Many of the key workers also recounted how families could also be passive towards support and would not answer the door, answer letters, pay rent or address rent arrears, and would procrastinate, miss appointments and be un-contactable. For example, family 4's key worker was often left feeling frustrated that she could not always monitor the family's whereabouts:

*"I want to bang their heads together, they don't answer the phone, they don't plan properly, they leave a full fridge and freezer worth of food, which upsets me for them so much because they can't afford to do that, they go away for a week, and that is not a problem, it is when it turns into more than a week and I think you are not contacting me I don't know what is going on, the children are not going to school and nursery, what are you doing? We have been through that again and again and again, when you go away please stay contactable with me, cos you are breaching your tenancy if you don't, they have to work with me they have to stay in contact with me, and it bothers me loads cos I don't know what is happening with the children, they are not at school, I don't know what those two are doing, I don't know if they are paying their money that they should be paying, I look at their rent account and they have missed paying cos they frequently don't pay next week's rent when they are away. While you are away plan how you are going to communicate with me, and they just don't, and they do the exact same thing again and I think you knew you were going, they just go haha"* (Key worker, Family Intervention Project, family 4)

Even if families and key workers had a good working relationship, families would still withhold information, whether that was because they were frightened of the consequences or chose to keep something back in case a judgement was made against them. Whilst families would have been made aware that certain types of information (including illegal activities and child protection issues) should be reported to their key workers, families might feel that some issues were personal (particularly if they did not directly affect any children in the house) and they had a right to keep this information to themselves. In one example, Rebecca (key worker) suspected that Lewis was domestically violent towards Ruth (family 8). However, when Rebecca broached the subject with her, Ruth chose not to deny Rebecca's suspicions, but neither did she open up about any abuse she may have suffered. Because Ruth did not want to talk openly to Rebecca about it, perhaps because she could have been frightened, Rebecca could not act and arrange appropriate support without Ruth's confirmation that domestic violence was an issue or without her consent to arrange support. This withholding of information also affected Rebecca's relationship with Lewis as she held back on suggesting certain services to Lewis (including mental health services) due to being wary of him, not only because she felt threatened by him, but because she was unsure of how he would react to this suggestion of support. This example, along with other examples where families could withhold information, revealed that practitioners spoke about constantly having to be tactful about how they

approached families and certain topics because most families could easily disengage and stop engagement with their support.

Whilst families wanted help, some families would turn down support that was suggested to them if they did not think it was necessary, or could display tactful behaviour themselves, or stop accessing support completely if they did not get the outcome that they wanted. For example, the main reason Sean and Megan (parents 3 and 4) went on the parenting course was not just because they could not cope with three daughters - rather, it was because they thought it would help them get Sean's son back from foster care. However, when they got to the end of the course, the parenting practitioner had recommended that their parenting ability was not good enough to cope with having a fourth child in the house, which caused Sean to give up attending the parenting course two weeks early as he felt there was no point him going anymore.

Support was often delivered in the family home, or in a 'non clinical' site, which means the family also had a degree of power over the practitioner and control over space. It was apparent that practitioners could feel nervous about invading the family's space:

*"She said you know you've wasted five minutes of my life I will never get back now because you are in my living room and I could feel in myself thinking, oh next time I hope she is not in. You are human too and you are not always going to get it right, it was hairy and she did once send me a text which I did save somewhere saying I know I have been a bit of a bitch and I have been horrible but I do appreciate what you have tried to do for us"* (Manager, substance misuse organisation)

Even in 'clinical' sites such as the core unit or in meetings outside of the home, it was evident that families were not simply subservient to control and that families had the option to disengage with practitioners on a given occasion. In the core unit, key workers worked Monday to Friday, 9am-5pm hours. CCTV monitored the site and the key workers stated it was only when they were off site that anti-social behaviour would occur, suggesting residents waited until the level of surveillance decreased before engaging in problematic behaviour such as drinking, criminal damage and fighting. It could be argued that surveillance did not act as a completely effective deterrent as even with cameras, residents still had the power to commit anti-social behaviour, whether they were being watched or not:

*"When I first started that is what really got me down about the job, cos if I think I come to work every week and I put a lot of time into doing things for other people and it all goes to shit anyway, what have I spent my time doing, you are talking to people about not engaging certain behaviours, when we are with people they are fantastic they are engaged, they are proactive, they will phone this person they will set up this but as soon as we are not there that is when it changes, not even when they move, CCTV over the weekends is all it takes is for them to know we are not going to be here for two days and it is free for all, it is like a jungle"* (Key worker, Housing Association)

However, there was also instances in the research where families did refer to feeling monitored by practitioners. Louise (family 9) felt extremely uncomfortable being in the core unit and believed that the cameras could see what she was doing through her windows. It was argued by some practitioners that surveillance was required and was effective as families did not always do what was asked of them unless they were being watched:



*"They had bedtimes off to a T, they never knew when I was going to call in and pop round, they got them sorted, and then it did drop a bit cos of Joseph, but once that structure is put in place for the bedtimes it is easy to re-turn round, here they are struggling, they don't want to do it, Craig wants to sit downstairs and watch TV, Annie wants to go upstairs and go to sleep, and leave it to Craig so it is not happening and when they know I am going round, Craig will go upstairs to the girls, but then I am not going round, he is wanting to watch his football, watching Big brother and it clashes with Big brother" (Key worker, family intervention project, family 3)*

It was clear in the research, for behaviour change to take place, co-production between families and key workers was needed. Decisions or consent would constantly need to be obtained by families and therefore the family had the opportunity to comply or not cooperate with support that was suggested to them. The research shows key workers would often need to think about how they might approach families with suggestions of support and how they might mitigate potential resistance, as opposed to assuming that families were gripped:

*"The core unit is a delicate ecosystem, we need them and they need us. Although ultimately we control whether they get put forward for priority or not, we are paid to deliver a certain modicum of support and without signatures and without them engaging with us and working with us we can't do that, we could write on our contact notes that we have phoned this place, but if they don't sign our key work plan and if they don't sign our support plans, it might as well not have happened, even if we said we are not putting forward to [housing] priority if we did that for non-engagement they could easily get Shelter involved and say well legally, I have paid my rent arrears they are restricting me from moving on they just want to evict me, and we would have a legal battle on our hands" (Key worker, housing association)*

As already mentioned, support in general was welcomed and appreciated by families. However, the nature of the research being a longitudinal study also captured scenarios where families had a negative view of aspects of support - usually when key workers asked certain family members to do something they didn't want to do, or had challenged the family, or support had gone on for a number of months. This shows viewpoints of interventions are interchangeable, depending on the key worker visit and the type of support suggested. Different viewpoints of certain types of suggested support could create further tension, as acceptance or resistance of support varied within the families themselves. For example, in family 4, Nick was much more resistant to support than his partner Sophie, who was enthusiastic about engaging with the support suggested by Amy (key worker). Nick was asked to attend the parenting course and attend an anger management class as there was a history of domestic abuse towards Sophie. Although he was convinced the anger management class wouldn't work, he did agree to attend the class temporarily. However, he did not attend the parenting course, which he believed would be a waste of time. However, Sophie did attend the parenting course, and believed that she benefited from attending. This shows that support is interpreted differently within families and can cause animosity between members of the family and/or the key worker. However, in these situations, compromises were often made between practitioners and families, including offering alternatives to the parenting course (doing a new activity each week with the children), cutting down, but not cutting out how many takeaways families have a week and setting reasonable bedtimes for the children. Where there could be no compromise (e.g. school attendance), key workers would deliver information in an informal and less punitive way:

*"She is not strict like you have to do this you can do it this way or you can do it that way you know what I mean, we have got to get this done but we can do it this way or do it that way she gives us options, she is not like you have to do this and you have to do that, you can have a laugh with her" (Sophie, Family 4)*

Having 'options' meant that most families, although not overly pleased with having to do something they were unhappy with, were willing to cooperate with their key workers and generally did not feel they were being coerced into completing set tasks or doing things in a certain way, particularly where the key worker was 'hands on', and worked with the family by sourcing helpful information and resources such as furniture and days out. Distributed power between key workers and families meant key workers were in a position where they could encourage families to try support and also challenge families (for example around bedtimes, the amount of unhealthy food consumed, school attendance and behaviour routines) without families feeling threatened or not being able to voice their opinion. However, this also worked both ways and families could challenge practitioners if they did feel judged:

*"She said something, Liz, she said well I'm not being funny but us professionals. And I took offence to that and I said what do you mean us professionals, she said what do you mean, I says I've worked in parks, I have worked in an old people's home, I have worked in a nursery, I have worked in this, why are you more professional than me? She went oh I'm sorry, I didn't mean that as a putting you down sort of thing, but I felt like she were putting me down. I'm not having that, I am not being put down by you" (Craig, Family 3)*

Most practitioners embraced the fact that families could be open about how they felt because practitioners (alongside their managers) are also being monitored and judged by the families they support. There is very little literature on how practitioners need to feel accepted by families and how families can make practitioners feel about the support that they have delivered:

*"She said 'oh I hope she didn't say I was crap!' She said she did actually, she said you hadn't done anything for her, and [key worker] said 'oh you have to get used to this don't you,' I thought watch [key worker's] face, she went back to her desk she sat down, she went like that, you could see her thinking why would she say that, you could see her thinking, working out all the things she had probably done with this family and I went across to her and I said you know you probably did an amazing job but this mum's perspective, she will probably say the same thing about this next worker to another worker, but it don't take much even though you know you are good at something, it doesn't take much for life to throw you a curve ball does it" (Parenting practitioner, Local Authority)*

Key workers wanted reassurance from families that they were doing a good job and could find it an assault on their personality, and as a professional, if families did not gel with them or preferred to work with someone different:

*"If it is not going well, not assume that it is based on them not going well, it might be that it doesn't click with you, but they really click with the housing worker so it is utilising that and not being precious, cos I think everybody comes into this kind of work to make things better for children, make life easier, change through a difficult time out of the other side, so there is a 'what do you mean you don't like me, I am likeable' that is quite hard when people say 'well I just thought that was a waste of time, but I thought my drugs worker was fantastic, they were brilliant, they did everything,' I would have done that! But it is like saying ok that is*

*fabulous that you have got that relationship with them"* (Manager, substance misuse organisation)

In fact, many of the key workers felt a connection with the families that they supported, as often they had a lot in common. Many of the key workers grew up in the same communities as the families and had the same class background. Furthermore, most of the key workers did not have a nuclear family themselves, and understood it was difficult for families with complex dynamics arising from divorce, separation, or single and step families, to function.

### **6.3 Power dynamics of agencies, families and key workers**

It was apparent from the research that families did not fear individual key workers. This may have been attributable to the fact that families' interaction with key workers was frequent with both parties having a form of power, as already discussed. However, the high levels of fear families felt towards social services was evident, mainly due to the perceived ability of social services to remove children from the home. Whilst the key worker still had power to sanction and recommend children were removed from the home, it was clear the families appeared to view the key workers as an intermediary on their side, due to their position as the closest professional to the family. This section of the analysis discusses the implications of the key worker as having a dual, and at times conflicting, role that was positioned between the family and higher professional authority. This includes how families saw the key worker role as a source of support, and not necessarily as having an ability to sanction them. Secondly, the implications of getting to know and working closely with the family could generate moral dilemmas in terms of key worker tolerance limits, in addition to disagreements with other agency ideas about the direction of the family's support.

Although key workers adhered to the expectations of formal structures of social services policy and practice, it was clear key workers had empathy for families. This was largely because they knew about the family's background, traumatic experience(s), their stories, and what was important to the family. It was clear that the complex backgrounds of chaotic families became depersonalised with distance from the family and could be desensitised when set against conventional or mainstream family dynamics and formal child protection policy criteria. Families were aware of this and this was why they saw social services as authoritative, rather than supportive. For example, the agencies that were working with or monitoring families would meet regularly at Child in Need or Team Around the Family meetings alongside social care to discuss the support being delivered, whether progress was being made, and if any additional support was needed or support needed to be adapted. From the families' point of view, this was a highly stressful and intimidating situation. Families felt meetings were very clinical and would dissect how families function and highlight what was wrong with them, which would "look bad" on families:

*"I felt such a prat that I lost it and walked out and then I thought if I don't go in and apologise they will think that I am cracking up and I don't want them to think that. I have got to back in the meeting and say sorry so I calmed down and I did, I calmed down and went back and said sorry to everyone"* (Annie, Family 3)

However, this intimidating situation was acknowledged as unfortunate by one practitioner. However, s/he felt this was not something that could be rectified as it was not reasonable or feasible for every single agency to be able to get to know families as well as their key worker:

*“I have been into meetings where the room has been packed with people coming in and it is about how that feels for you if you are a family, how many times you really want to know all your dirty washing over and over and people talking about it as if it is nothing...you [the family] are thinking I don't want to hear it I didn't even know that you knew that, and I think you can take on that point of view that there must be a lot wrong with us because all these people we can't be mended...especially if things are historical or not particularly linked to now, it is like dragging it back up and you know people do see you in a different way and you know I suppose whilst not making any judgements, we make judgements all the time” (Manager, substance misuse organisation)*

The tension between key workers understanding family dynamics and an eradication of 'personal' knowledge of families could cause tensions between key workers and agencies involved with social services, with limited knowledge of family context sometimes leading to different outcomes for families. In one example during the research, Liz (key worker) stated that she felt she often had to defend family 3 during many social care meetings. One of the topics of a meeting was the amount of noise made by the household. The key worker insisted that this was in fact family noise from having 5 children and 2 adults living in the home, rather than anti-social behaviour, or deliberate attempts to antagonise neighbours - which had been the general opinion of the discussion amongst other attending practitioners. During a visit to family 3, the family discussed and showed the researcher the report from this meeting, where in the notes it was evident that the key worker had indeed provided positive and supportive comments about the family. Direct comments from the report included:

- The family engage well with the key worker and the actions they have been asked [to complete]
- On the two visits made (one unannounced) the children had all been given breakfast and cleaned, the family are establishing a routine and improvements have been made in the home
- The key worker has stated that both the parents are honest about the situation at home and that the parents have a good relationship and support each other with the children
- The key worker had been clear that the noise is due to having 5 children, and the parents were keeping the children in one room, which was making the noise louder.

This illustrates how a key worker could have a key insight into the family that would challenge the views of practitioners who were more distanced from the family, which had the potential to change certain outcomes for the family, such as avoiding being fined for breaching their abatement notice.

#### **6.4 Tolerance limits and judgements of key workers**

Practitioners were strongly in agreement that there were basic and reasonable standards of family welfare that needed to be met by families and no matter how vulnerable they were, families had a responsibility to achieve this. Whilst compassion for families by key workers was evident, limits to key worker tolerance of certain behaviours, or lack of behaviours did exist:

*"I think we as professionals should all work to the same thresholds and everyone whether middle or working class or vulnerable...there should be certain levels that everyone should be able to achieve and it should be our role to enable everyone to achieve that level. Kids shouldn't be going to school without underwear, socks and breakfast. There should be an expectation that whoever we are, we should be enabling that so some people might need more intervention than others, as kids there should be a minimum that they all have."* (Health visitor)

The practitioners acknowledged that poverty and deprivation was a pervasive problem experienced by families. However, poverty was not viewed as an excuse to exempt families from reasonable behaviour and practitioners were disapproving of families who did not take responsibility or attempt to try and take control of certain aspects of their lives. Practitioners' responses provoked a nuanced discussion about equality with an agreement that it was more judgemental to write vulnerable people off as not being capable of regaining an element of control in their lives due to living in poverty, than simply allowing families an excuse not to have to adhere to basic standards of living because of structural factors or to be blameless or able to act as they liked because they were poor:

*"Poverty, deprivation, that is the world I grew up in so I am used to that, but the lack of care, lack of parenting that is worse. Poverty is a problem but, it is the poverty along with a lack of nurturing and a lack of care and the sheer brutality of the lack of concern and care and love. You do make a judgement on whether that is not good enough or that is not acceptable for that child and I do really try to understand how this person or parent got into that situation but sometimes you do just go that is horrific that is not right and you are wrong as a parent, cos sometimes you have to go whatever your experiences are as a parent, you have a responsibility and you failed, I can't also keep going your life has led to this, I have to go it has to stop and your reasons for it, you had the opportunity and you didn't take it, so whatever your reasons they have become excuses, because you didn't change them and you had that opportunity so it doesn't wash anymore"* (Key worker, family intervention project, family 4)

Therefore, there was not a simple binary between practitioners who were or were not sympathetic to explanations of families' poverty - all the practitioners empathised with the families and accepted they were impoverished, but simultaneously they rejected this as an excuse to not fulfil basic standards of living or reasonable behaviour. In this manner, anti-social behaviour was also seen as unacceptable and not something that could be excusable as an expression of poverty:

*"You could go to an area of [name of case study city] and everybody there is to some extent economically excluded, lots of them will have social problems, but only some of them act that out in the way we would label as anti-social behaviour, maybe they act out in other ways but they're not ways that annoy other people, so it's not necessarily that they're not troubled, it's whether there are signs that they're troubled. There are responsibilities on people to behave and not cause problems for other people. I don't think accepting that there are societal causes for that behaviour excuses the individual from doing it, but it explains perhaps why they do and what you need to address to make it less prevalent"* (Manager, Family Intervention Project)

It would appear that practitioners, in line with Shildrick, MacDonald and Furlong's (2016) research, concluded that families who exhibit certain behaviours were 'unusual' compared to more general working class families. The assertion made by practitioners

may be interpreted as a middle class judgement or stigmatisation by some critics, as conventionally the governing of social conduct is often criticised as being a class-based judgement of working class culture (Gillies, 2005; 2008). However, what is ignored, is that working class families affected by anti-social behaviour were also intolerant to problematic behaviour that is harmful and threatening. Families often expressed disapproval of anti-social behaviour, in addition to a desire to report what they felt was objectively unacceptable actions:

*"It is like if I put a line outside and put clothes on it I would have to sit and watch my clothes cos they would thieve them, if I try and have a sleep in the afternoon I can't cos they have got no manners, make noise and everything, I am not used to that life, I like a nice, peaceful in and out, do what I want to do in life, I can't be doing with all this noise and all that...kids on here, disrespectful got no manners got no respect, swear at you, spit on you...you know that newsagents on here...a few weeks ago they were spitting on him and calling him tramp and all that, so he has chased them and he has got to this wall here they have climbed up the wall to get into flats, he has climbed over it, he is sixty one year old! What if he would have fell? So I was disgusted me, so I thought fuck that, so day after I went into the office and told them, that were going in his shop and spitting on him kicking his shutters, calling him tramp" (Louise, Family 9)*

Conversations with practitioners and families about reclaiming responsibility for behaviour, both anti-social and in general, were frequent during the research. Having a large number of agencies working with families was a concern for practitioners as there was a risk that families would move away from an ownership of their problems and criticise professionals for not sorting things out, or forgetting things or taking too long. Getting families to accept that certain behaviours were problematic and it was possible that they could sort things themselves and not hold practitioners accountable, was a clear aim for practitioners, and a challenge for key workers. To illustrate this, a practitioner used the example that if a key worker- and a relative stranger- could get to the house every morning to take the children to school, then the parent should be able to do it too. Showing families, rather than telling them what to do or how to do it, was presented as teaching and empowering families in order that they could regain some degree of control back in their lives:

*"Probably the common thing is getting people to accept responsibility, that some of this is your doing or the fact that you're not doing anything about it...it's as though the reason their life's in a mess is cos next door neighbour's dog poos on the garden every other Thursday, no it's not, let's be realistic, it's not always somebody else's fault, you might have been let down but ultimately you have control of your own life and you have to get that control back, you feel that the control's gone and you have to get it back." (Manager, Community Regeneration Charity)*

Whilst key workers were able to advocate on behalf of families that didn't feel they could manage or had the confidence to do so themselves, to some degree families that were judged as being capable (which varied from family to family as discussed in chapter five), or were under obligation to change their behaviour, were at risk of projects disengaging for non-activity – or not taking responsibility, as it was seen as a waste of time, which could be given to someone else who was willing to try. For example, in family 1, Sam clearly had a cannabis addiction problem (which Sam had said he wanted to give up) – but was something which the key worker could not do for him or on his behalf. However, Sam turned up to an appointment high on cannabis and mental health services were not willing to engage with him as he was regarded as not

trying and this element of support ended. The key worker believed that no more progress could be made unless he gave up his cannabis habit, and what more she could do to help was limited as she had already provided support in other areas of his life. By families not taking responsibility for something that was out of the key worker's control, and relying on family action, can result in support, and behaviour change, plateauing.

## 6.5 Constructions of 'normality'

When practitioners were asked what they wanted for the families they supported, the majority stated they wanted families to have a stable, functioning daily routine where members of the family were financially and emotionally safe - or what practitioners labelled a 'normal' family life. As already discussed, most of the key workers came from the same or similar community as the families they worked with and believed they were not 'othering' families by believing a 'normal' life was possible:

*"What is it that they are asking you to do, is it really that different from what you want? Not many people say I want my kids to be starving and have nits, and not go to school, most people would say I want all of these things but a lot of other difficult things get in the way, so how can you get round it, what would it look like"* (Manager, substance misuse organisation)

This idea of what was a 'normal' life was recognised by the families, perhaps shaped by reflections on childhood experience, having extended families that were also chaotic, or having children:

*"Do you know what I just want to make sure that she [respondent's daughter] has a stable life cos that is one thing that I lacked on...I have had to let go of what has happened, but I just can't forgive her [respondent's mother] or forget it but I have moved on...before I had a lot of hatred towards her for it, she used to put a man before us, get drunk all the time, leave us on our own with me in charge and one time she left us for three days, we lived off cat biscuits for three days whilst she had gone on the lash...I just said I don't know how you [respondent's father] and mum could treat me and [sister] like this but I think it is both your loss and I think one thing for sure is that you have taught me out of your mistakes, not to make those mistakes with my daughter"* (Isobel, Parent 5)

However, whilst the previous few quotes suggests that many service users have conventional attitudes towards family life and reasonable behaviour, there was some division amongst practitioners as to whether families were aware what 'normal' was. Practitioners highlighted that some families' upbringings and lives were so chaotic that they did not realise that some of the choices families make were problematic:

*"With Terry you're talking probably second generation of their normal being not what our normal would be. If their experience has been dysfunctional in some way, whether that's through domestic abuse or drug and alcohol or mental health or a combination of all those things then that's their model for family life so they define their own normality by that's what's normal to them"* (Manager, Community Regeneration Charity, Family 2)

*"There's been kids left overnight, I key worked someone else and I said where is your mum, they said I don't know - what do you mean you don't know? So we had social services out she has come back crying saying she is mum of the year, saying there is nothing wrong with it"* (Key worker, Housing association)

Some of the practitioners argued that if no one had ever challenged or shown families a different way, it would not be possible for families to be aware of what normal was. In terms of the families participating in the research, the research indicated that in general, families were aware of societal norms and expectations around topics such as school, anti-social behaviour and employment and families also expressed a desire for a 'normal' or less chaotic life. However, it would appear that families struggled to sustain stability if their lives were too chaotic and always in crisis.

## **6.6 The relationship between limits to tolerance and sanctioning**

Despite practitioners having limits to their tolerance, practitioners generally agreed that sanctions were not necessarily effective in achieving behaviour change and that conditionality could do more harm than help. It is important to emphasise that local policy and projects involved in the research were not primarily based on sanctioning, and in the main were based on voluntary engagement:

*"This whole programme is about using sanctions, and I can't think I've used any other than the ones we would have used anyway around employment or with the serious gangs work. We haven't gone down the road of Parenting Orders and if you go in and tell people they have to change and threaten them they ain't going to do it and they're not going to sustain it so it's a waste of resources, there's no logic to it, and the way that the staff are trained, it's all mediation skills, solution-focused therapy so that's the foundation of their practice, about how you get a family to a point where they can see what they want to achieve and then facilitate that. What's the point otherwise?"* (TFP Service Manager, Local Authority)

In addition to Job Centre Plus sanctions, further sanctions used during the research period by the projects included two warnings against family 4 for cannabis use and for multiple prolonged visits away from the core unit without staying in contact. A warning by the housing association for Carla's (family 1) untidy front garden and an eviction notice for Sam's (family 1) cannabis use were also issued. However, these were conditions of the housing association tenancy, rather than the project practitioners implementing their own sanctions. The only sanction enforced during the research by practitioners was by the housing association project who offered a weekly food parcel to tenants. This was a lifeline to Louise (family 9), who did not receive adequate income for 15 weeks whilst her benefits were being processed. It was clear the pressure for the housing association to get rent arrears paid and secure engagement ended up becoming a bargaining chip with tenants:

*"That will give them some leverage towards paying the bigger issue which is the arrears. So if we can help alleviate a problem then that is what we need to. What I would be wary of is if you do not engage you do not get that, that is an enforcement we have put in, if you will not engage, not in your key work session that week you will not get food"* (Housing Manager, Housing Association)

This was something the manager of the housing project wanted to put in place, however, the key workers did not agree with this and saw it as ethically wrong to deprive families of food, continuing to hand out food parcels against the manager's wishes. This shows resistance within support services as well as in families, and in general practitioners were against sanctioning families for non-engagement.

## **6.7 Moral dilemmas**



There was a high turnover of staff and volunteers which was experienced by three of the projects taking part in the research. It was suggested by the manager at the housing association project that whilst practitioners entered on a career path to help families in need, some practitioners would terminate their employment because they could not emotionally cope, desensitise, or switch off from dealing with the situations and traumas experienced by extremely vulnerable families after they had finished their working day. For practitioners who continued with their career, it was evident in the research that feelings of sadness and stress remained a factor in their working life. This appeared to be due to the constant moral decisions practitioners would regularly have to make in regard to families' housing, criminal/anti-social behaviour or child protection outcomes. When there was not a desirable outcome for the family, it was clear this had an emotional effect not just on the family but practitioners too, which is often missing in the existing research, where decisions that are made for families can be portrayed as emotionless, unfair and dispassionate:

*"People have had awful lives and you know they are crying and they are desperate to do something different but they just can't at that moment, it is not the right time and that is hard for us to support the decision cos it is the right thing to do and to support the family, it is the right thing to do but it doesn't mean I think you are a bad person and you really feel for a person, you are still a human being who are doing the best they had"* (Manager, Substance Misuse Organisation)

The occurrence of moral dilemmas and emotive feelings was extremely poignant for Rebecca (key worker) during the research. She was originally only an advocate for Carla (family 1), rather than applying a whole family approach promoted in Troubled Families policy and in the general model of key working across the city. Nevertheless, Rebecca ended up attempting to address the rest of the family's problems as they materialised. Carla's son and girlfriend Sam and Katie (who was pregnant at the time) were required to stop smoking cannabis. The heavy use of cannabis had been reported to the housing association and the police several times by a neighbour, who claimed the smell was coming through the wall, causing the housing association to commence eviction proceedings against the family. Social services were also concerned (amongst other issues) by the couple's use of cannabis and how this might affect the well-being of the baby. Although Katie had told social services they had stopped smoking, they continued to smoke cannabis and tried to distort the drugs test required by social services to test for cannabis by cutting their hair and dyeing it. Carla had said that Sam and Katie had had several chances and the choice to stop smoking cannabis, and that "the pair of them are pushing it" with social services, who were becoming more and more reluctant to let the baby go home with Sam and Katie after multiple chances were given to the couple to stop their cannabis habit.

After Sam and Katie's baby was born, Rebecca was asked to attend a Child Protection Conference and a meeting with the two social workers for the baby, Sam's disability support worker and other stakeholders (such as the police). Rebecca was asked to comment on the following topics:

- 1) Was the dog at the property dangerous (the key worker felt this was ridiculous and not an argument as the dog was being rehomed)
- 2) The tensions in Sam and Carla's relationship
- 3) Cannabis use at the property

Rebecca spoke about working as an independent advocate who "wanted to speak on behalf of the family" and had to vote on the best course of action as to whether the baby would be adequately looked after by Sam and Katie, or would be safer out of the

family home. She wanted to abstain from voting to retain a relationship with the family. However, after information of historic and serious allegations presented by the police on a 'need to know basis', records from the housing association and child protection documents that Rebecca was not aware of, she said that "morally I could not abstain as there was too much information I wasn't aware of...it was a unanimous decision to put a protection order in place." Her intention was not to vote but she found it difficult to not voice her professional opinion by the end of the meeting. Rebecca talked about 'torn loyalties' between speaking on behalf of the family and putting the baby's safety first:

*"My intention was to abstain to try and maintain that relationship but actually when everybody put their cards on the table it just wouldn't be appropriate to abstain. Cannabis use and Carla's parenting and Sam, there was more to that, he had been accused of sexual assault to [Sam's sister]. Katie had an equally chaotic life. The amount of times I have actually come out when Sam and Katie were actually living there, they wouldn't know cos they haven't seen me sat in the car cos I might be making a quick call or sending a text and then the car would pull up and there would be an exchange through the window and drive off again, I phoned the police, got the registration on the third time, same car, I just went off the record please, saying this is what I have just witnessed I don't want to potentially cause problems for the family I am trying to support" (Key worker, Community Regeneration Charity, family 1)*

Rebecca said it was a very sad situation, and would impact on Sam and Katie's housing choices (because of the cannabis use, Sam might be made homeless and he would not be given priority due to the notice for his eviction from the property) and the long term mental stress it would cause. She realised this could jeopardise working with the family. She deliberated about telling the family how she had voted and took the decision not to tell the family as she wanted her engagement with them to continue. Furthermore, she was asked to step away from delivering services to the family while it was decided whether the baby would go to Carla's sister, who lived in another part of the country. Rebecca had to deal with feelings of guilt, deceit, frustration, sadness and risk for what she believed were in the best interests of the family and the baby.

It was clear, therefore, that practitioners faced constant moral dilemmas when working with families. This could also be witnessed in practitioner use of discretion. Practitioners would complete work for families, and not send warning letters, report illegal work activity or cannabis misuse in order to stop families getting sanctioned or into further precariousness:

*"I say please don't make it so obvious where the magic money comes from, it is undeclared paid work, but don't make it so bleeding obvious as I might have to do something about it. It is a dilemma for every single member of staff in the building, given that they live in the building and he comes home in work wear. I say don't tell me I tend to go la la la and don't record it and when he starts talking about it say I don't want to hear it" (Key worker, Family Intervention Project, family 4)*

These examples challenge the existing literature that states that agents of the state simply deliver and implement government policy. In reality, working with families is much more subjective, with policy distorted and complicated by emotion, empathy and moral reasoning.

## **6.8 Conclusion**

This chapter has presented and analysed the power dynamics that are present in the practitioner and service user relationship, and how service users can effectively resist certain interventions. The analysis chapter has shown there are nuances in discussions of authoritative power, which can also be resisted by frontline practitioners through their own values, judgements or attachment to families. The next chapter is the final analysis chapter.

## **7 Parenting**

### **7.1 Introduction**

Descriptions of bad parenting, the parenting 'revolution' of parenting practitioners and formalisation of progressive parenting strategies cemented the examination of parenting as a legitimate means of scrutiny of problem families in policy (Nixon and Parr, 2009). The Troubled Families Programme continues to adopt an inherent parenting message, with increasing focus on causal experiences of parental mental health, reliance on welfare, worklessness, ASB and crime as indicative of children's life chances (DWP, 2017). The focus on parenting over the last three governments has meant parenting as a form of policy and practice has become its own industry. In this final chapter of analysis, parenting as both the cause and solution to family problems is explored. This includes material delivered to a parenting training course for practitioners in addition to participant observation of a parenting course. Interviews with parenting practitioners and parents and families who were referred to and who attended the parenting course are also discussed. Additionally, the chapter also examines the parent-child relationship in more detail and how the dynamics of this relationship were subject to examination by practitioners in relation to concerns of social mobility and interpretations of what constitutes child neglect. The research found that child-centred policy has implications for adult vulnerabilities. The chapter concludes by exploring themes of behaviour accountability that manifest through ideas of parenting and childcare responsibility.

### **7.2 Problem parenting**

The emphasis on tackling poor behaviour at a national level has been fluidly translated into a policy aim at the local level, where poor parenting was prominent in local authority policy, with an investment in a range of parenting interventions, both universal and specialised, available across the case study city. Types of parenting support included parenting programmes, drop-in clinics, MAST worker and key worker parenting support, one-to-one support (which involved parenting practitioner feedback of an observation in the family home between parent and child interaction), with new plans in the local authority to have an online forum for parents and practitioners to discuss parenting problems. Parenting was viewed by the practitioners as an issue in most of the case study families, and something that the families were poorly skilled at. In fact, parenting was one of the most common types of intervention families were supported with. The focus on improving parenting by practitioners meant that interventions appeared to be more intensive when there were children within the family. For example, in family 3, the family struggled enormously with their children's daily school and bedtime routine. Before the family were moved into the core unit during the research, there was visual evidence in the family home of parenting support in the form of laminated pictures of what time activities were to take place in the home (for example dinner at 6pm, bath time at 7pm, clean teeth at 7.30pm, story time at 7.40pm and bedtime at 8pm). These visual reminders were part of a package of parenting support which was in addition to nightly phone calls, or unannounced visits from the key worker, to check the children were in bed. These surveillance measures were deemed necessary by the key worker as the lack of parenting and routine in the family was extremely problematic:

*"I went in there and it was oh my god, from the home, the parenting of the children, kids being in nappies, bottles, it was just bizarre, they so needed help, so it was like very much starting from scratch. The kids had bottles, and nappies, so what they would do is give them a bottle and let them fall asleep with the bottle, and occasionally Joseph would have a bottle as well [aged fifteen], so this is the kind of things I have been up against, I had a heated discussion with Craig about getting rid of the bottle because it was easier for him to give them a bottle and let them fall asleep, but it is like I said to them it is a form of child abuse, keeping them babies, you have got to let them grow up" (Key worker, family 3)*

At the time of the research, the children were aged 2, 7, 8, 10 and 15 and the key worker felt that children having bottles over the age of 2 years old was unacceptable. Parenting that was not age appropriate was one of the reasons Joseph (the eldest son) moved to his biological father's home as Annie and Craig did not know how to cope with a teenager or control his behaviour. Joseph would play his Xbox whenever he wanted and decided not to go to school in order to play video games all day, and would aggravate Annie and Craig until they gave in and let him stay at home. Joseph was not happy about the parenting interventions that were put in place by the key worker, for example, when Annie and Craig started removing his Xbox if he did not go to school, Joseph became even more physically and verbally abusive in order to get his own way, often smashing up items in the house and physically attacking Annie and Craig. While Annie and Craig were naturally upset and distressed that their son had moved away, the key worker felt that it would improve family dynamics:

*"Joseph going to live with his dad I think it is for the best, I really really do, I wish he had contact with Annie but I think Annie and Craig could clearly not parent Joseph, there was no positive outcome from that, they had allowed Joseph to rule the house, make big decisions in that house, and then us coming in wanting Annie and Craig to take control of the house back, cos at the end of the day it was a fifteen year old boy and Joseph rebelled to that and went to live with his dad where he will get a happy, structured bringing up where as Annie and Craig couldn't give that cos Joseph had taken the power away from them so I do think it is for the best" (Key worker, Family 3)*

Not being able to control children's behaviour was a recurring problem within the families participating in the research. Rebecca (key worker for family 1) explained that Carla (family 1) could be described as an "absent" parent, as Carla had never set any boundaries for her four children which had created a long history of interventions for the children's problematic behaviour at school and at home. During the case meeting about whether Sam and Katie's baby could stay with the family, outlined in the previous chapter, Carla's 'absent' parenting was flagged up as a risk to the baby's well-being and was used as a material consideration in the decision about whether the baby should stay in the family home, as even though Carla was not the mother of the baby, Carla would still be an influence in the baby's life. Furthermore, there was a concern Sam might repeat how he has been parented:

*"I haven't actually read it [the report on the child protection meeting discussing whether the baby could stay with the family], but they [Sam and Katie] have underlined certain areas and taken it to the solicitors, there is quite a lot, including my past, and they have got concerns about my parenting, and it is like "excuse me", I brought up four kids on my own, and the only time Sam went into care was when he turned ten. But I always said, and I kept saying "Sam has got a problem" no, they said he is going through a phase, oh no, I kept on and on, on and on*

*saying he's got a problem, it weren't the fact that he was starting fires, flooding bathrooms in school, he started up there, started fire" (Carla, family 1)*

This emulates concerns in political rhetoric that social problems might be inherited by generations of problem families (Welshman, 2013; 2017). In fact, the repetition of problems and patterns of conduct repeated by the next generation of families was reflected on by many of the practitioners who often argued that parental determinism and chaotic childhoods was the root cause of families' problems:

*"Genuinely it is upbringing, there is not many people on here who I would say had a good childhood and the term 'good childhood' is open to interpretation but stable, if you ask and they want to tell you about their childhood a lot of times it's how they are living now and they are mirroring what their parents did, not very stable, moved from house to house, a lot of people spent time in hostels like this. Mum and dad might not have worked, had kids young, a lot of them mirror their parents, being in abusive relationships or sort of had problems with drink and drugs, a lot of them do snap out of it eventually but especially if you are getting people twenty and thirty they are mirroring their parents and you could argue they could have made different choices. Some of them don't think it's an option you get to a point where you think this is how life is this" (Key worker, Housing Association)*

When the practitioners were asked about the effects of bad parenting, many of the responses were centred around the future problems it might create around children's life chances if children grew up with low education, aspirations and self-esteem. Fears for children included the increased chance that they might be more likely to get involved in crime and ASB, end up in care, have mental health problems, get addicted to drugs and alcohol and drop out of school with no qualifications. Practitioners strongly believed that responsibility fell to parents who were considered the biggest role models in their children's lives and who could influence their children's behaviour in the 'right' way to ensure that these potential future risks were managed in the present. Once again, practitioner viewpoints closely reflected the language of national rhetoric surrounding the uncertainty and stability of society's future, which calls for risk-based precautions through early intervention and prevention mechanisms. The solution to these concerns, according to national policy rhetoric, could be channelled and achieved through the medium of parenting and it was evident in the research that practitioners agreed, and were motivated, to place more emphasis and pressure on parents to parent effectively:

*"Well if you do it badly it creates many of those headline problems that we're trying to now address, so poor attendance at school is often about poor routines, structure, lack of emphasis on the importance of education, inability for social interaction, so they haven't had it from early on, speech and language development, all of that stuff, if you don't do it really well and give them the best start at five as they're going into school they're going to struggle to achieve, they're going to feel disengaged from the system, that then puts them more likely statistically to get involved in ASB and crime, there's then a correlation between high levels of crime and domestic violence, so it all mashes into more complex needs." (TFP Service Manager, Local Authority)*

Putting parenting into practice was clearly centred around practitioners helping families implement effective routines, positive socialisation, child development and child wellbeing. This explained why the impetus of getting children to attend school, to eat healthily and go to bed at a reasonable time was recommended to parents in order to help children achieve social and educational outcomes.

### 7.3 Child-to-parent abuse

Child-to-parent abuse was often interpreted and reframed as a symptom of lack of discipline, control and ineffective parenting by some practitioners, regardless of the fact that the child might have a degree of agency and physical strength that outweighed that of their parents. Child-to-parent abuse perpetrated by an adolescent male was frequent in four of the families taking part in the research and was mainly targeted at the mother of the family. This included physical assault (punching, pinching, strangling and kicking), intimidation (threat of stabbing, threat of physical assault), financial (stealing money from bank accounts) and emotional abuse (name calling);

*"I think we get some families where they've not had the parenting input perhaps when the children are young and they've just given in and created this teenage monster that is then bigger than them, stronger than them and they can't really control that person and it becomes almost like an abusive relationship between parent and child."* (Manager, Housing project)

Even though the women tried to retain parental control over their children, it was clear they felt extremely helpless at the abuse perpetrated by their own children, in addition to trying to protect other members of the family. In family 1, Carla was very frightened of Sam's unpredictability, strength and the violence which he could inflict on her at any time. Whilst Sam had his own mental health problems he would take advantage of Carla's vulnerabilities and inability to get out of the house. When Carla did leave the house he would sell her possessions, including her television, or take money from her bank account in order to pay for cannabis:

**Carla:** *"I've been that poorly, not being able to get out and stressed out and everything, I've been giving him my card to get money out to pay me...but I was waiting on a back pay for child benefit...it's gone AWOL, a lot of money has come out of my account that I have not touched. This isn't the first time he's done it. Now I have spoken to Rebecca [key worker] about it and she said get a statement, because I've not known, I've phoned child benefit up to say I haven't received the money and they go, it went in and accepted on the 13<sup>th</sup>. Friday the 13<sup>th</sup> it was in, and that was the same day they [Sam and Katie] were discharged [from the hospital] so yeah"*

**Researcher:** *"Oh Sam, so what's happened have you confronted him?"*

**Carla:** *"Not completely no, I've said money has gone in I've said the same days that it has been taken out and I've not taken any, the most I've taken out is £100, and that is it"*

**Researcher:** *"Has he admitted it?"*

**Carla:** *"No, he keeps on saying 'that's weird, that's weird'"*

**Researcher:** *"Do you know where it is going?"*

**Carla:** *"A vague idea, yeah, they keep on borrowing off [friend]"*

**Researcher:** *"So he is paying off what he has borrowed off [friend]"*

**Carla:** *"Yeah"*

**Researcher:** *"Is he getting stuff for the baby?"*

**Carla:** *"Weed, not a lot, but mounting up over the weeks" (Family 1)*

Whilst Carla was aware that Sam was taking advantage of her, she felt powerless to do anything about it as she admitted she did not know how badly he might try to hurt her. Whilst practitioners were used to seeing child to mother abuse cases, there was a lack of professional guidance to address the issue due to the assumed roles of parents as disciplinarians and children as having less agency. For example, Rebecca's (key worker, family 1) advice to Carla was to not leave Sam alone in the house, which was not always feasible:

*"Do not leave him alone in the house cos every time she has done that he has taken the telly so I think she is on the third telly from Brighthouse now which is obviously building the debt up"* (Key worker, Community Regeneration Charity, family 1)

Vagueness about what to do about child to parent abuse extended to the legal system, where criminal action merely sent out a message of blame around bad parenting. In family 3, Joseph was very physically violent, and had threatened Annie with a knife. Provision of parenting advice by the key worker to re-establish control was unsuccessful and Annie had had to call the police due to the extent of one physical assault by Joseph. Not only was Annie made to feel guilty by her wider family about why 'she' was trying to get her son a criminal record but on Joseph's court day, Annie had to pay the £85 fine to herself:

*"Yeah you know Joseph went to court on Friday, they said well your mum is entitled to compensation but I don't think she would like to have the £85 cos she will have to pay herself! Cos Joseph hasn't got any money so it would be coming from Joseph to me which would come out of our money...otherwise I would be entitled to £85."* (Annie, Family 3)

As this section of the chapter demonstrates, even though a child can be a perpetrator of violence, the child is still treated as a victim of parenting that hold the parent(s) accountable.

#### **7.4 Concern is more about the children than the adults**

It was clear that New Labour's Every Child Matters (HM Treasury, 2003) outcomes of staying safe, being healthy, enjoying and achieving, making a positive contribution and achieving economic well-being remained as powerful guidelines and aims in agency practice at a local level. This section of the analysis is not a comment on whether child-focused policy is positive or negative. Nonetheless it was observed during the research that the nature of child-centred policy had implications for the adults in the families, where there were clear tensions between adult vulnerabilities combined with child welfare concerns (and to an extent child-to-parent abuse) caused by ineffective parenting. This context proved to be an interesting relationship which draws on another example of practitioners' limits to tolerance discussed in the previous chapter. Practitioners were fiercely insistent about the need for support services because families were extremely vulnerable. To practitioners, vulnerability centred on (often combined) absence of emotional, physical and financial stability and resources. Practitioners would emotively talk at length about the adverse conditions families would find themselves in (for example unaddressed basic needs) and the devastating impacts this had on family wellbeing. These accounts could also serve as an impassioned motivator for practitioners' own professional development, in order to help alleviate family struggles where they could – a purpose which was often revived when extreme cases or extreme scenarios of vulnerability were referred.



Although practitioners clearly expressed a social conscience and empathy, when there was an issue regarding child welfare, there was a marked shift and a contradiction in practitioner attitudes towards parents - who were no longer seen as vulnerable or deserving. Interventions, for example surrounding cleaning and daily routines, were sometimes prefaced on the basis of children being victims of insufficient parenting rather than acknowledging why the adults might be failing to maintain a clean environment for their children:

*"You tell them about it then they will clean up or they will tidy up, but then within two days that have slipped back they can't maintain that, but to me it is not about Craig and Annie it is about providing a nice clean environment for the children. I took a council worker in there and I was mortified because there was just faeces everywhere in the bathroom and it were on that toy, it is just not acceptable, if Craig and Annie want to keep their bedroom in that state I haven't got an issue with that, if they want to live in that, but them children don't have that choice."*  
(Key worker, Family Intervention Project)

The adult(s) were seen to have increased agency that a child did not. Whilst this inference is correct, the repercussion this had for adult(s) was one of discernment. Even though adult(s) were still in need of support despite their status as an adult *and* a parent, in the arena of child wellbeing, an adult's duty as a parent was intolerant to a co-existence of vulnerability. But in all other arenas (such as emotional, financial and physical constraints) adults were seen as vulnerable. It would therefore appear that there was an inherent assumption made by practitioners that the parent would make different choices for the child, which was unusual because if parents cannot make 'rational' decisions for themselves, then it was not clear why it should be assumed that they would selectively override their vulnerabilities in the context of child care responsibilities:

*"If you are an adult if you are over eighteen you are old enough to make your own decisions if you want to live like that, do what you want but when you think about what the kids are going to grow up like it is depressing it is awful, unless something massive changes that is how the kid is going to grow up and think that is ok, and this is alright to happen"* (Key worker, Housing Association)

As exemplified by the previous quote, this shift in attitude made by a number of practitioners was extremely powerful in variations of empathy in situations where an adult had personal vulnerabilities and when that individual was accountable as a care giver. Therefore, adults had interchangeable 'vulnerable' and 'non vulnerable' identities, rather than complete vulnerability. Whether it was justifiable to always put children first, rather than in tandem with adults, is a subject for debate. However, it was evident from the research that there was heightened surveillance of the child in order to detect signs of any impact of adult vulnerability:

*"I would be looking out for as a health visitor when someone was pregnant or had just had a baby would be that the child is the focus you can't lose sight of the focus, and sometimes for lots of mums there might be mental health problems low mood depression or substance misuse and they become very absorbed in themselves and if you see that happening, they're not putting the child first that's when my level of concern would be raised because then the mothers, fathers or parents behaviour would be having an impact on the child, so then it is very important that we intervene as that child is then becoming or is vulnerable. They're not going to achieve their outcomes because the parent is not putting the child's needs first or before their own and it would become quite urgent that we intervene"* (Health Visitor)

It was evident that the social importance of the parental role meant that dealing with individual adult vulnerabilities that did not immediately impact on the child(ren) were deprioritised and given less urgency than those of children's needs; however, this pattern was never noted by the parents or complained about. For example, for the last few years Carla (family 1) had been sleeping on the sofa in the front room as, due to her spondylitis, she could not manage the stairs. Carla's application for Health and Housing (a housing scheme for tenants who need specially adapted homes to cater for disabilities) submitted by Rebecca (key worker 1) was put on hold during the outcome of the child protection case discussed earlier, as otherwise Sam, Katie and the baby would have had nowhere to live, and housing priority might not have been given to Sam and Katie due to their cannabis habit. If the baby had been allowed to live in the family home, Carla would still have to wait until Sam, Katie and the baby found a new place to live before her application for a more suitable property could be processed. Carla stated she would put up with having to sleep on the sofa if there was a chance the baby would be able to come home. Perhaps this shows that in line with child-centred policy, parents were happy to put their children's needs before their own, and perhaps was a reason why parents did not complain when their children's needs were prioritised over addressing their own needs. This idea also challenges policy that questions the maternal and fatherly bond parents have with their children where there are issues with parenting.

## **7.5 The tension of different forms of child neglect**

The positioning of maternal and fatherly bond in relation to 'non-intentional' child neglect will now be discussed. Parents could exhibit maternal and fatherly warmth, regardless of their vulnerabilities. Families could acknowledge that they were chaotic, but what was certain was that they loved their children. Practitioners acknowledged this bond in families was undeniable, in addition to accepting most parents did not intentionally want to hurt their children. However, as mentioned earlier, vulnerabilities and/or poor habits were not seen as an excuse for inadequate parenting, which could have consequences for the child(ren)'s wellbeing. As such, it was ineffective parenting that was being challenged, and seen as unintentionally harmful to the child, rather than a questioning of the bond between parent and child. During meetings with agencies and families, the issue of poor parenting often caused noticeable friction between services and service users as even though it was parenting, rather than warmth that was presented as the issue to families, it nevertheless remained distressing. This was because parents or carers were often confused as to how their parenting could be seen as harmful, as they associated bad parenting with abject neglect and child abuse, not in relation to provision of a loving home:

*"It is like parenting, everybody is expected to do it, everybody does it, everybody on the street has got kids, and you are telling me I can't do it and you might be taking them away cos I am hurting my children, and they are thinking what the fuck is it you think I am doing, I am not keeping them in a cupboard and where were you when it was baby P and it is like, I am not doing that, you are putting me in that bracket of people who want to murder their children, abuse them and I love my kids" (Manager, Substance Misuse Organisation)*

These tensions were experienced by family 7. During the research, there had been an incident where the family had been caught on CCTV (the family were residing in the core unit) leaving the two eldest boys (aged 11 and 13) in the flat and taking the youngest two children (aged 9 and 7) over the courtyard to a friend's flat until 2am for drinks on a Friday night. Whilst this incident must be viewed in the context of the

broader interventions with the family- particularly Andrew's use of cannabis and the eldest son's running off from school and leaving the home during the middle of the night- the family could not understand why the social worker had raised serious concerns with them as they did not feel that it was abject neglect. The parents, Andrew and Hollie, stated that socialising on a Friday night did not happen very often, they were not drunk and by bringing the younger children with them to supervise them, they felt like they were being overly reprimanded:

**Social worker:** *"You don't need them added complexities of us becoming more concerned about them being left and Leah and Oscar being out at that time, and then we are going to think other stuff as well, that Leah and Oscar will be exposed to, when parents are socialising"*

**Andrew:** *"It is totally understandable and it won't happen again"*

**Social worker:** *"Thanks Andy, I'm pleased you understand where we are coming from"*

**Andrew:** *"Cos time wise it was late"*

**Social worker:** *"It was"*

**Andrew:** *"Even though it was just a few meters away, it was still irresponsible"*

(Observed conversation between family 7 and social worker)

Under different circumstances where the family were not being monitored would this incident (if it was a one-off or infrequent event) be seen as neglect? The family did not agree with the social worker and felt that they had to go along with what the social worker said and appear remorseful:

*"We left the two eldest ones and took the youngest ones with us but we were all awake it was a Friday night it is not every weekend, we don't do it every weekend, went for a drink, went across literally that corner house there, went for a little drink, we was there maybe an hour and a half and then come back across. When we came back these two were still asleep in the house and that was it"*

(Andrew, Family 7)

The father of this family in particular struggled with parenting due to their son Freddie's behavioural needs, where he would continually run off, was known to the police and was physically aggressive to Andrew and Hollie. Andrew's condition of depression appeared to be somewhat undermined by his GP whom, Andrew claimed, had only reluctantly signed his sick note because of 'domestic problems'. Halfway through working with the family, Freddie (the second eldest son) was diagnosed with ODD (Oppositional Defiance Disorder), a behavioural disorder that means the individual struggles with obeying instructions from authority figures. Upon this diagnosis, the family were relieved that they finally had an explanation for their son's behaviour, as they felt for a long time agencies would not recognise the severity of Freddie's behaviour, or see any need for specialist support, preferring instead to blame a lack of parental control over him. Even though they were trying to understand and cope with their son's behaviour, Andrew was extremely distressed when he was told that he himself was too 'aggressive' towards his son by the social worker. He felt he was being held responsible for not being able to control his son's ODD, then getting it wrong when he did try to control his son. Furthermore, and as already mentioned in chapter six of the analysis, Andrew and Hollie's other son had attempted to commit suicide using his school tie. This incident was also connected with the family's parenting and questions whether using parenting as a 'scapegoat' for everything that is chaotic in the family is

too narrow, or, whether, conversely, parenting support is even more important in families that struggle to manage children with behavioural disorders:

*"Do you get an understanding of why he has done it? Do you not think the parents, I am not blaming them but I don't think they have helped the situation, there is no clear boundaries there, having him call her a slag and all sorts"*  
(Manager, Housing Association)

Another example of ambiguity in defining neglectful parenting occurred in family 3. The family believed in smacking their children. Bruises were found on two of the children on two separate occasions, although whether the bruises were caused by an adult hand was deemed to be inconclusive by medical staff. Nevertheless, the incidents (albeit acknowledging the results were inconclusive) were still recorded in the family case file. The family were referred back to social services when it was witnessed by a neighbour that the family's disabled daughter, May, had run out of the home naked and Craig had smacked her in public for running away. As a solution to the problem, as their daughter would run away regularly, Craig and Annie put a bolt latch on the lounge door to stop her escaping. However, keeping her contained and locked inside was seen as a child welfare concern by social services who wanted to put the children back on the child protection register. From Craig and Annie's perspective, they felt that installing the bolt latch was an adequate solution to protecting their daughter and they were not able to see the link between how their actions might be perceived as child abuse. After attending three parenting courses Annie and Craig felt that their level of parenting skill was adequate. However, the issue of safeguarding and parenting in the family continued to be regarded as inherently problematic by practitioners working with the family, which left Annie and Craig feeling confused:

*"I don't understand the ins and outs of it but I am very, very annoyed with the system, but they pick on families like myself that will do anything for the kids, die for the kids, I don't starve them, I put a roof over their heads, I don't leave them like some people do, like some doors away from me"* (Annie, Family 3)

There was evidence that the family concluded that social services wanted children to be 'perfect'. Craig believed the parenting course expected all children to act the same, and social services didn't like the fact that (his) children might be different or that their recommended techniques had not worked.

## **7.6 Are mess and dirt neglect?**

Judging, or considering, domestic hygiene as an indicator of problematic behaviour is a contentious debate in the academic literature, often accorded to an aesthetic class judgement, rather than something that should be the object of an intervention (Saugeres, 2000; Crossley, 2015). Having a clean home environment was a reoccurring issue for families in the research. Most practitioners were tolerant to mess, defined in their terms as household items all over the floor, stacked up on furniture or in piles throughout the home. It appeared practitioners agreed with the academic literature that commenting on the messiness of someone's home was a judgement call. However, practitioners (and many of the families where domestic hygiene was not an issue) would not tolerate dirt, and believed this was distinguishable from mess and was medically a risk to health. These included circumstances such as the hazards of rats, presence of animal and human faeces and urine on walls, floors and furniture in addition to broken glass, rotting food and cigarette ends lying around in the family home:

*"You've got to tolerate some level of individual choice about how they keep their house and to some extent how often they wash. It's whether to me it poses a risk to children or a risk to health. We have had families in this building where the absolute squalor, the level of food strewn around the house, dirty nappies just left around where you just think that is unacceptable, but we don't use a particular measure of that" (Manager, Family Intervention Project)*

Consequently, helping improve the conditions of the home environment was often an informal intervention where families were challenged, and supported, by key workers. Despite the fact that household cleanliness was not something that was formally measured by projects, it still formed a significant part of key worker standards that families were expected to adhere to, in conjunction with a vast amount of support delivered around developing and maintaining household cleaning routines. When practitioners at the housing association were asked whether families should be able to live how they wanted to, the researcher was shown photographs of properties *after* tenants had vacated the project. These photographs were used as proof by management that the project needed to replace furniture that was believed to be too unsanitary for the next tenant. The photographs showed evidence of urine soaked carpets and mattresses, fridges that had to be condemned due to the amount of decomposed food inside, dirty nappies and sanitary towels and heavily stained carpets. The practitioners used these photographs to strongly argue they could not believe anyone might think that living in these conditions could be seen as acceptable, largely because the level of uncleanliness made it unsafe for health. Once again, an unacceptable level of dirt became even more profound where children were present in the home. However, poor conditions of the domestic properties which were putting children at risk of being removed from the home were not always seen as child neglect by some families, perhaps because the adults had lived in similar conditions growing up:

*"Every support service she has worked with they have ended up disengaging with her and the flat is filthy to the point there is shitty nappies on the floor, flies, gone off food, you name it, there was no concept of her child picking up a hand of her excrement and what could happen from that, we had to go in and tell her. There was still no light bulb moment, I said to her, do you understand they can remove these two beautiful kids from your care because it is neglect, she blamed her upbringing, that could be an element that she has lived like that, but she is an adult now and she has got kids so she knows right from wrong" (Manager, Housing Association)*

Regardless of the risk dirt was believed to pose to health by practitioners, explanations as to why there was no formal measure of domestic hygiene across the projects (until the severity of the situation reached the point of child protection proceedings) seemed to centre on two reasons. First of all, as already mentioned, it would be a measure that was based on judgement. Secondly, in most cases, unsanitary conditions in the home were more likely to be understood by practitioners to be a reflection of poor mental health and lack of coping strategies rather than a conscious lifestyle choice. As discussed in the previous chapter, often when families experienced a crisis, any progress families made would regress and occasionally practitioners and families would have to go back to the beginning of their support plans. Whilst providing a clean and tidy home was seen by practitioners as a basic requirement to create a safer and better environment for families, a cleaning routine was also used as a mechanism to help families feel that they could manage, keep control and maintain success over something that would not fall apart, even if a crisis occurred:

*"Then you get into a habit where if a crisis happens everybody runs to that, it is all about that, we will go through the whole thing and back and then of course the focus has gone from the other things so it is getting that balance back, and getting that to be routine, and what people feel is really important"* (Manager, Substance Misuse Organisation)

As a result, instead of demanding families to clean their homes, practitioners would regularly physically help families clean their homes, assist with washing and removal of rubbish and make sure that children regularly bathed and had clean clothes, school uniforms and washed bedding. Practitioners would also devise cleaning plans for families in order to structure household cleaning routines each day. A cleaning plan was designed for family 3 by the key worker, which can be viewed below. This has been re-typed by the researcher to preserve anonymity of the family members:

	AM	PM
<p>Monday to Friday</p> <p><u>Craig take and collect children from school.</u></p> <p><u>Annie take and collect Alasdair from nursery and ensure you are home for May</u></p>	<p>Annie – <b>Kitchen</b></p> <p>Wash, dry and put away all pots.</p> <p>Clean all kitchen surfaces and ensure all work surfaces are clutter free.</p> <p>Remove rubbish from flat to outside bins.</p> <p>Clean kitchen table.</p> <p>Sweep and mop kitchen floor</p> <p>Carry out daily washing and drying – putting all clothes away upstairs after dry.</p> <p><b>Downstairs toilet</b></p> <p>Clean sink and toilet – use toilet brush and bleach in toilet.</p> <p>Sweep and mop toilet floor</p> <p><b>Living room</b></p> <p>Hoover and dust</p> <p><b>Stairs</b></p> <p>Ensure stairs are clear</p>	<p>Craig or Annie – cook tea</p> <p>Wash pots</p> <p>Ensure any washing and drying put away</p> <p><u>Children to tidy bedrooms and to tidy toys away before bedtime</u></p>
<p>Saturday</p>	<p><b>Same cleaning as Monday – Friday</b></p> <p>Annie – Craig</p> <p><b>Bedrooms</b></p> <p>Change all bedding on beds</p> <p>Hoover and dust each bedroom.</p> <p><b>Upstairs Toilet &amp; Bathroom</b></p> <p>Clean sink, bath and toilet – use toilet brush and bleach in toilet.</p> <p>Sweep and mop toilet floor</p> <p><b>Stairs</b></p> <p>Hoover stairs and hallway.</p> <p>Mop hallway</p>	
<p>Sunday</p>	<p><b>Same cleaning as Monday – Friday</b></p>	

**Figure 2: An example of a weekly cleaning plan designed for family 3 by the key worker. Permission to include the cleaning plan was received from family 3.**

When the key worker for family 3 was asked about the family's cleaning plan, she stated that she had produced it when the family moved into the core unit for two reasons. First of all, she wanted the family home to be at a cleaner standard in general, in order to stop services concerned about the living environment and the children's welfare becoming involved again with the family. A 'cleaner standard' surmised by the key worker consisted of clean toilets, bathrooms and beds, the children to carry on wearing clean clothes and having regular hair treatment for head lice. Secondly, the cleaning plan was a schedule aimed at redistributing labour and addressing Annie's perceived "laziness":

*"I find the majority of things that happens at the flat at [core unit] is done by Craig, Annie does very little, the majority of the running around, the taking the kids to school, the cleaning, the shopping, the majority is done by Craig and Craig is going to find himself very, very exhausted, so when I developed a cleaning plan that I want them to follow it is more or less aimed at Annie cos Annie is going to be taking Alasdair to nursery putting May in school transport and then having nothing to do, whereas Craig is going to the other side of the city"* (Key worker, family 3)

Therefore, the cleaning plan was also utilized as a technique to redress the balance of housework between Craig and Annie, as the key worker felt that Annie could be lazy and leave most of the household chores to Craig. This particular scenario contradicts the feminist literature on family intervention projects that states intensive interventions in two parent families are more likely to be consumed by women, rather than men (Parr, 2011b). The key worker stated that Craig and Annie had listened to her advice and had purchased household cleaning products, removed the children's clothes away from the chip pan and tidied around the fireplace, which had become a fire hazard due to the amount of clutter that was in close proximity to the flames. When the family were asked about the cleaning plan, they said they would take it on board (it was stuck up on the kitchen wall). However, they did not feel that they would follow it every day as they felt it was too much cleaning to be completed within one day.

Not only can dirt and mess be considered a cause for concern for practitioners, but ironically, on the other end of the scale, houses that are too clean can also be viewed as an indicator of inattention towards child wellbeing:

*"But then you can go to other houses more middle class, and there isn't a toy anywhere and everywhere is impeccably clean and I would have equal concerns about that- how can children play? This isn't normal, they might care more about the house than they do about the children"* (Health visitor)

How parents manage their living environment is clearly something that is increasingly being scrutinised as meaningful by practitioners, that is not necessarily protected by class-based aesthetics alone.

## **7.7 Differences between parenting, basic needs, social mobility and anti-social behaviour**

The primary reason for referral into the family intervention project core unit is based on the presence of ASB that is committed by families. It was clear in the research that for family 3, the impetus for the local authority intervention could not comfortably be defined or justified as ASB. Instead, poor behaviour narratives were inflated as a



reason to closely monitor the family. In fact, family 3's key worker believed that the family were being "pushed out" of their home into the core block by the TAF (Team Around the Family) agencies due to concerns about social mobility and their complex family life rather than actual ASB. The agencies involved were concerned that the four youngest children would be brought up to repeat the same chaotic lifestyles and behave like the eldest child, who was violent and refused to attend school. Although the family received an abatement notice due to continuous reported noise complaints from their next-door neighbours, the key worker believed the noise generated was just general noise created by the five children. There were a number of occasions where the neighbours themselves had used sound equipment and on both occasions, this was classified as being 'family noise' rather than ASB. Nevertheless, the family were still moved into the core unit due to wider concerns about the family's parenting and the state of the family home, which had not improved and could be monitored and managed more intensively. It was clear that the family could sense too that the move was not necessarily about ASB, after they had had the results of the sound recording equipment played to them:

*"The only thing I think the system stinks because this is the first time we have ever had anti-social behaviour so it is not like we are a trouble family...I said well come on you were so adamant that my husband was raising his voice and swearing and you haven't got one day on that that he is swearing or raising his voice, can't it just prove something, I was coming here thinking you would have him swearing, him raising his voice, the kids screaming, the kids banging the wall and you have got nothing" (Annie, Family 3)*

Whilst Annie admitted that the children had learned to bang on the walls, and sometimes she would play loud music, the neighbours did retaliate also by playing loud music. The neighbours had used threatening and intimidating behaviour towards Craig and Annie and the neighbour's children had also allegedly begun bullying Annie and Craig's children at school. This had resulted in a huge amount of stress and paranoia for Annie and Craig - which became so severe that the family would film their children going to bed to prove that they were not awake and banging on the walls. Furthermore, during one visit the family told the researcher that they were certain that the neighbours had physically sanded down the wall between the two homes to 'half its original width' so the noise would appear louder in order to get the family reported and into trouble.

Whilst the quality of the family's life was affected by the continuous complaints from their neighbours, the family had very mixed feelings about moving, and throughout the researcher's visits to the family they changed their minds about whether they were happy or not that they were moving, as they liked the local area they lived in. The move was presented to the family by practitioners as an opportunity to get a bigger house (both in the core unit and post-engagement) and not having to live next door to intolerant neighbours:

*"She said when we come into the core building you can do anything you like the kids can run all over the place I said yeah the kids can run all over the place, but they are going to cause the ceiling to go like that! They are going to cause noise and you are not going to like it but she said, Annie you have got five kids in this house which isn't big enough for your family. So you are going to be loud. She said when you come to the core building you relax and just chill out" (Annie, Family 3)*

Whether moving the family away from their home was a fair solution or not, it resolved the 'ASB' issues and disputes with the neighbours. However, what is important to note is that the family were not moved to another household in the local community but to

the core unit. Whilst it could be argued the family might have gone on to have disagreements with their new neighbours if they were moved somewhere else in the local area, it is likely that the main impetus for moving the family into the core unit was centred on Annie and Craig's chaotic parenting and household management, rather than ASB being a direct cause for concern of the family. This framed ASB firstly in terms of an indirect effect of the family's undesirable everyday behavioural practices, and secondly in terms of the potential risk of future ASB, which was predicted to become even more problematic as the children got older if there was no intervention into family functioning. The core unit was an opportune space to ensure the family's progression was monitored and intensive early intervention support was delivered.

## 7.8 Pedagogical parenting

Parenting as a preventative strategy formed a core part of local authority policy to target problematic behaviour and teach parents strategies to control and monitor their children's behaviour. Whilst the literature suggests lack of parenting skills is synonymous with working class culture, parenting was not something that practitioners regarded as being exclusively a deficit in working class parents. Practitioners spoke about increasingly working in more wealthy parts of the city with professional families who were not coping with parenting their children:

*"It is surprising how many people admit to not being able to control their child, somehow they have this fear, they are ashamed to sort of say it"* (Parenting consultant)

Due to the increasing demand for and perhaps the increasing normalisation of accessing parenting support, routes of self-referral for parenting support through parenting courses, drop in sessions and lunchtime workshops were becoming increasingly available in the case study city.

Part of the research included attending a parenting course and a parenting training course for practitioners in order to understand what types of parenting support was delivered to families by parenting experts and key workers. Fundamentally, parenting was seen as a skill set that could be taught, rather than something parents should naturally know how to do. The parenting practitioners believed that most people had the mind-set that parenting was instinctive, rather than something that had to be learnt and practiced. They believed this attitude was at the heart of the stigma of parenting courses which could be viewed by families referred to the service as condescending and insulting. Information that was delivered to parents during the parenting course will now be discussed.

The aim of the parenting course was to give parents strategies to parent confidently through improving their listening, reasoning and problem solving skills. The course was mainly focused on using play and praise to reinforce positive behaviour rather than punishment, with incentives for good behaviour encouraged through sticker charts/points cards and rewards. The course helped parents formulate household rules, boundaries and routines, with appropriate consequences when children displayed inappropriate or defiant behaviour. Techniques to help parents follow through on consequences included strategies such as ignoring and time out.

The parenting course did not focus on changing the child's behaviour. Instead, the course was aimed at changing the parent's behaviour, through positive parenting and anger management, rather than heavily disciplined or negative parenting. The parenting programme used to teach families was an evidence-based programme

premised on play and praise which needed to be taught as a skill set, rather than assuming that effective parenting was automatic.

### **7.8.1 Course structure and duration**

The parenting course took part at a local school from 9.30am until 11am over 15 weeks and was delivered by two parenting practitioners. Eleven parents began the parenting course with an attrition rate through the weeks of about 30-40% due to two parents having a clash with commitments elsewhere, one parent having a child removed from their care and one parent deciding that she no longer wanted to attend. Attendance fluctuated week to week, but 7 out of the 11 parents consistently attended. 9 of the parents were women and 2 of the parents were men, who attended alongside their partners. 10 of the parents were from working class backgrounds with 1 parent coming from a middle class background. The main structure of the class was to firstly outline common parenting mistakes and introduce new parenting strategies to the group. The group could contribute to, or discuss, these topics, usually noted down or mind mapped onto a flip chart by one of the parenting practitioners. Writing down contributions was important as it made sure all voices were heard and were valued during the discussion.

The group would then be shown video clips of different scenarios parents might find themselves in (e.g. challenging situations such as tantrums in a public place, or situations at play time where parents tend to take over play) that were applicable to that week's topic theme. Afterwards the practitioners would encourage parents to think about 'what could they have done instead?' This strategy seemed to work as a reflection tool, as parents were able to comment on what mistakes the actors in the video clips were making and problem solve the situation, before realising they were making the same parenting mistakes too. By presenting parenting mistakes through a visual medium that wasn't directly about the parent, parents were able to self-analyse their own parenting for themselves, rather than simply being told what they were doing wrong. This mode of teaching was aimed at enabling parents to recognise and understand their mistakes themselves and regulate their own action, rather than going along with what they have been told to do without necessarily understanding where they were going wrong. The parenting course therefore created a space for parents to disclose their 'bad' parenting habits, and share parenting tips with each other.

Finally, homework was given to the parents weekly. This included filling in 'tracker sheets' to record how new strategy implementation had gone, setting tasks (such as making play-dough with their children or designing household rules) or asking the parents to give children an unexpected reward (such as taking children to the park etc) that week.

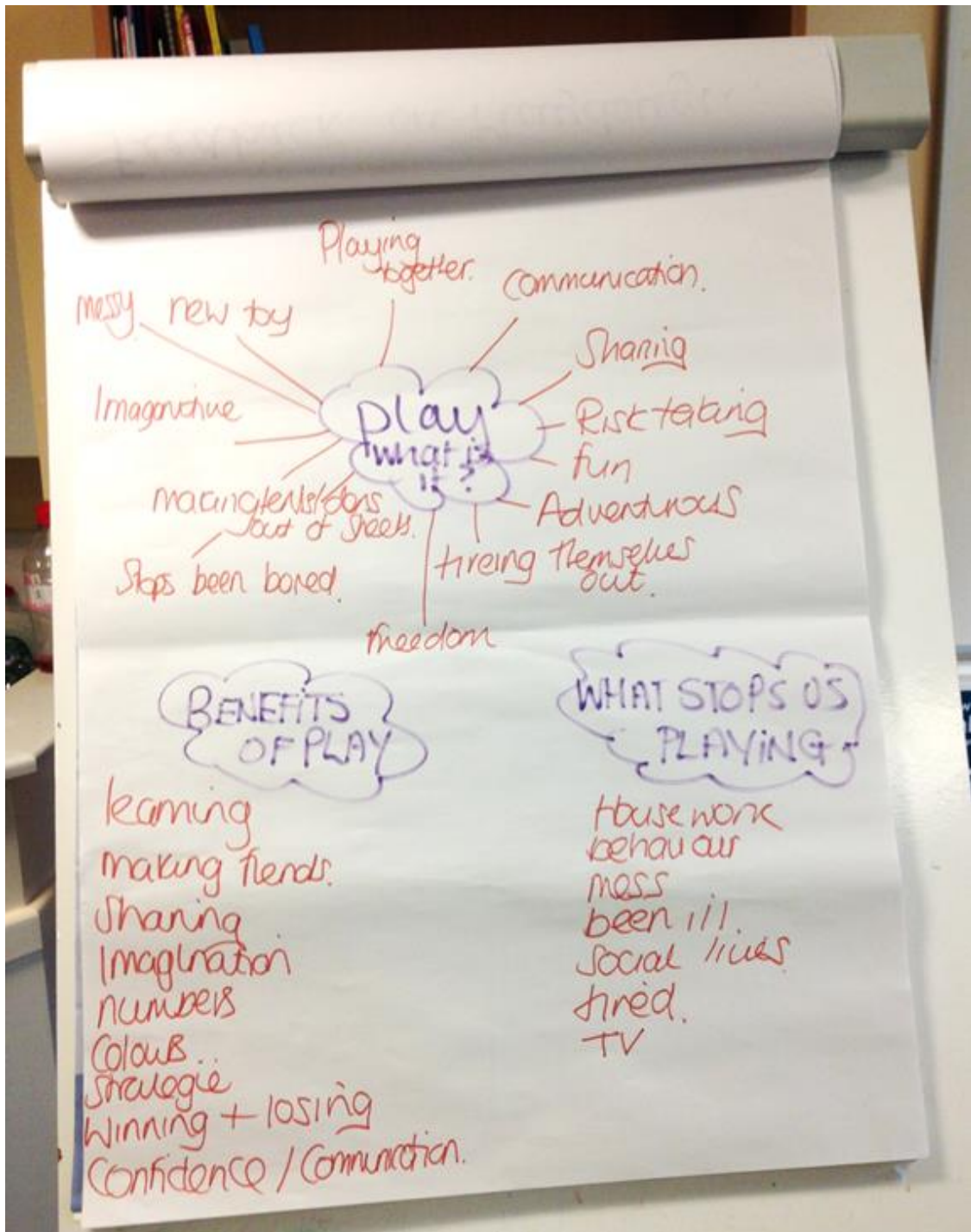
### **7.8.2 Course material**

Parents were told that children act out because they want attention, and as parents are very busy, sometimes children have learnt that behaving badly will get their mum and/or dad's attention. The group was told that what parents are often doing wrong is using parenting strategies that quickly escalate into punishing the child. This includes formulating rules, ignoring the child's desire for quality time with them and over-use of criticism, consequences and time out as a way of disciplining children. At the first session, the parents were asked to give their name, talk about how many children they had and their ages, and reveal one thing they loved about their child. This was to get

parents into 'praising' mode, a mind-set that would help parents control their children through positive reinforcement, rather than through criticism, negativity and punishment.

To reiterate, the parenting course wanted to encourage parents to do the opposite of disciplining their children, known as 'low warmth' and 'high criticism' parenting, and instead play with their children and praise them when they are behaving well. At the start of the parenting course, some of the parents seemed disappointed by this concept and admitted they were attending the course to learn how to implement rules, consequences and time-out. Therefore, the timing of content delivery was initially considered the wrong way round by parents as play, praise and positive parenting was taught before discipline and punishment techniques. However, practitioners wanted parents to try and put the implementation of coercive discipline on hold, and encourage parents to engage with child-directed play with their children for at least ten minutes every day. This is because, according to the practitioners, play was the first step in managing their children's behaviour and children are more receptive to commands when quality of time has been spent with them. The group discussed what play was, the benefits of play and 'blockers' of play (see figure 3 below). Suggestions of blockers such as housework, the messiness of play (e.g. painting/play-dough, Lego), feeling ill, tiredness, the TV, social lives, and putting off play were contributed by the parents. By listing 'blockers' parents could be conscious of not letting these factors interrupt quality time with their children. Parents agreed that playing with children for only ten minutes each day was a manageable compromise, even if there were personal 'blockers' in place.

Practitioners also asked parents to think about different types of play as it was common that parents often did not know how to play with their children or were worried they might look foolish. The parents were able to list a range of different types of play such as physical play (going to the park, sport, making mud pies); quiet play (rhymes, singing, playdough, story time); tactile play (painting, clapping games, loom bands) and imaginative play (dens, dressing up) in order to make sure they had a variety of ideas to carry out their ten minutes of play with their child each day. Parents were set homework to make playdough with their children and record their experiences. The practitioners were mindful of the financial situation of many of the parents and wanted parents to do activities that did not have to cost anything, or would use resources that may already have at home (for example the ingredients for playdough included water, salt, oil, cream of tartar and food colouring). The parents who carried out the task reported that they had enjoyed doing the activity with their children and many parents stated they would be doing it again.



**Figure 3: An example of the discussion of the benefits and blockers of play contributed by parents on the parenting course**

Praise was an important theme of the parenting course. It was expressed by the practitioners that parents expect children to routinize and master perfect behaviour all the time, without praise. Furthermore, it was mentioned that often parents don't praise their children because they are embarrassed, cannot be bothered, are discouraged by bad behaviour, are expecting perfection or are worried that too much praise will make the child arrogant. When the parents were asked about how often they were praised as a child and as an adult, many of the parents revealed they had not had much praise themselves (by partners, parents or school teachers) and were not used to giving it for that reason. The practitioners encouraged the parents to use praise constantly and immediately, as they believed it would boost children's self-esteem and encourage

them to want to carry on behaving positively. Different types of effective praise, and explanations of how to use them were suggested to the parents and are explained below:

- Praise *during* behaviour (not after that behaviour is completed), also known as descriptive commenting – “now you are drawing a lovely picture using the red colouring pen”
- Proximity praise – “[child] is sitting beautifully”
- Labelled praise – “You have done a good job of getting ready for school”
- Non-specific praise – “Mummy is so proud of you”
- Praising in front of other people so the child can hear – “I need to tell you about how [child] has been so helpful today”

The practitioners would always use examples of praise such as the ones mentioned above, during the group sessions so that parents could apply them in their everyday interactions with their children. Parents were asked to not use ‘less effective’ praise such as, “Well done for making your bed, why can’t you make it every day?” Practitioners also asked parents to be mindful that it is easy to forget to use praise, and adults could often slip back into criticising their children.

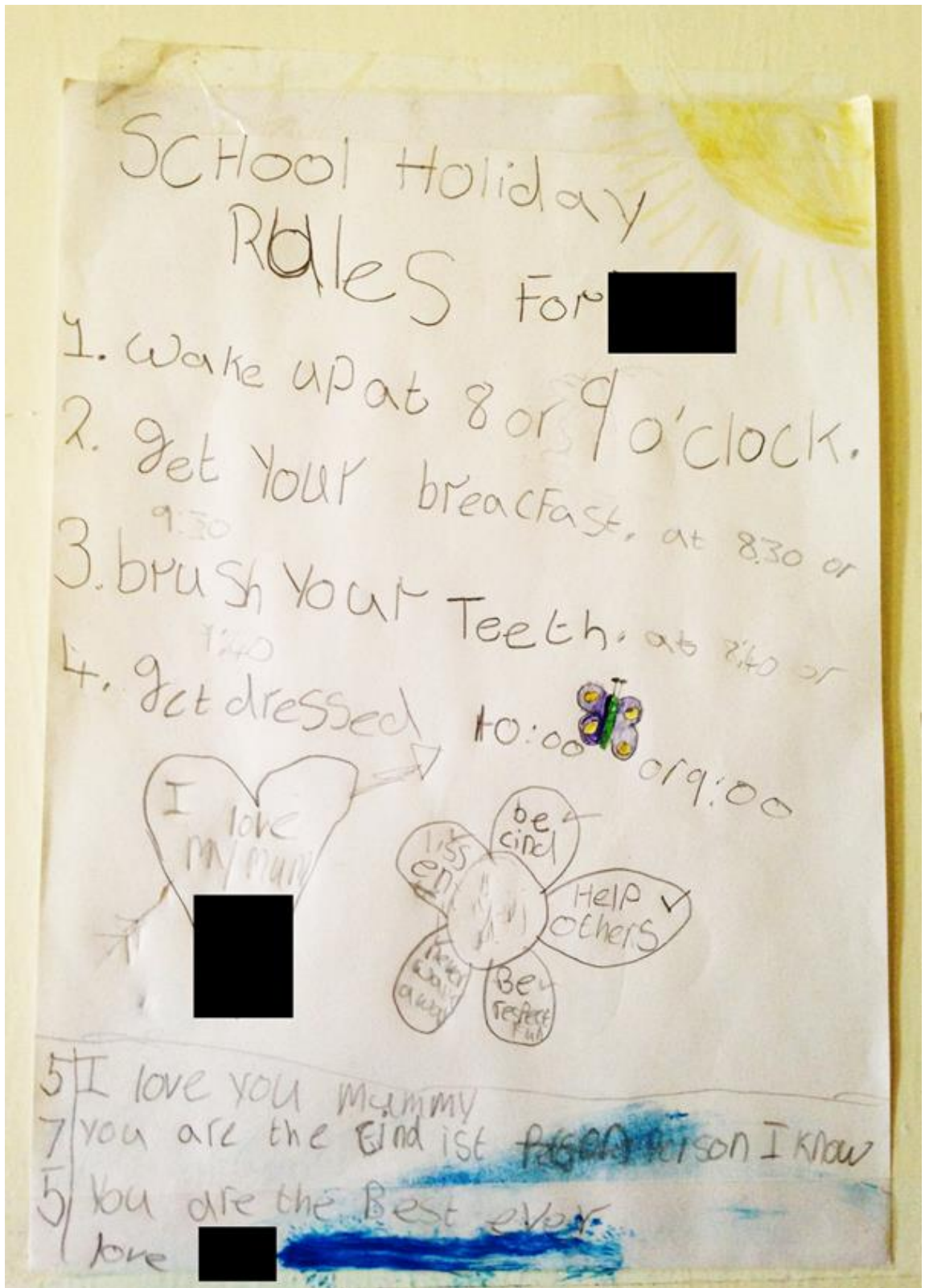
The practitioners also encouraged the use of praise not only to improve better relationships with their children, but also improve relations with partners, colleagues, parents and even strangers. The parents were asked to practice praising for their homework. When they returned the next week and were asked to reflect on how giving and receiving praise had made them feel, one father explained, “it’s like someone switches a light on and makes you glow for a second.” This shows that the parents did attempt to change their behaviour whilst on the course, in addition to the course making an impact on well-being and self-esteem. Over the 15 weeks of the course, the practitioners would continually praise the parents for showing up, for contributing and taking part in the discussions and completing homework.

Parents were asked to think about how many commands they give to their children, alongside the number of questions they ask their child each day. Parents were told children are more likely not to comply with a request if there is continual probing that is repeated over and over. In terms of asking children questions, the practitioners recommended parents ask open-ended questions to children, rather than those that are more direct, with the likely result that children will open up more because they want to, rather than feel they have to. Parents were then advised to try and reduce commands, and make the instructions to children more specific. To achieve this, the practitioners suggested parents use less complicated language in the instruction and allow time for the child to absorb the command, in addition to using warnings (“at 8pm the television will be turned off”) and eye contact, rather than shouting from downstairs or being in a different room. Parents were told that vague commands such as “you dare” or “be careful” are not always clear to children as it does not specifically state what they should and shouldn’t do. In addition, practitioners asked parents to be mindful of talking in code and/or stating facts to their children such as “your bike is on the front lawn” or “you have left the bathroom light on” because it doesn’t actually tell children that they want them to put their bike in the garage, or turn the bathroom light off. Giving clear commands is especially important because if children don’t understand what parents want them to do might trigger the use of criticism such as “are you deaf/daft?” by parents. Finally, practitioners warned parents that if you ask children questions such as “is it your bedtime?” and they say no, it may cause an argument.

Instead of offering a choice (if the command isn't a question), parents should use clear commands such as "it's bedtime".

After play, praise and clear demands had been practiced by the parents, how to implement clear boundaries was taught by the practitioners. First of all, practitioners talked about the 'parenting scale' where at one end of the scale parents are too soft and at the other end of the scale they are too strict or inconsistent, which might cause children to rebel, take advantage of parents that are easy-going or be confused about what behaviour is acceptable or unacceptable. Setting clear limits was usually avoided by parents in order to have a 'quiet life' (i.e. to avoid a tantrum) or achieved by bribing children instead. Practitioners mentioned that how parents were parented themselves could also impact or influence their parenting strategies, as they would either parent the same way, or parent the opposite way (e.g. if they had a strict upbringing, parents didn't want their children to feel as constrained as they did, or if they were badly behaved as a child they would over-discipline their children). The practitioners encouraged a 'firm but fair' approach which parents could achieve by setting clear and realistic limits that the children had to adhere to, which would encourage boundaries, safety, manners, respect, familiarity and good behaviour expectations. This included the strategy of the 'when/then rule', for example "when you have put your toys away, then you can have a biscuit".

Another strategy of boundary setting was through creating household rules. The parents were encouraged to arrange a monthly meeting that their children were invited to, and where they could collaboratively contribute to the rules through negotiation and compromise. By including children in the rulemaking process, it was believed children were less likely to resist the rules if they had a degree of ownership over their design. Parents were told they should come up with five rules and one 'throwaway' rule (e.g. "bedtime is at 8pm apart from on a Friday") and the rules should be written as behaviour parents want, rather than don't want (e.g. "talk nicely" instead of "no swearing"). The rules, along with consequences (such as shorter story time) and rewards (going to bed later on the weekend), should be discussed with and explained to the children and written down and displayed where the children can see them. The practitioners stressed that rules must be respected by the whole household - including parents, as they should set an example and not undermine the value of rules. The practitioners also recommended not using threats (e.g. "Father Christmas won't come"), not completing an action after you have asked the children to do it (e.g. picking their toys up for them) or breaking rules set as a family as children will quickly learn that their parents do not mean what they say. It was clear that how to design and implement household rules was understood and successfully utilised by parents Sean and Megan (parents 3 and 4) when the researcher visited them for a follow up interview after the parenting course ended (see figure 4 below). The school holiday rules which had been agreed and written by their daughter included what time to wake up, have breakfast, clean teeth and get dressed;



**Figure 4: An example of a sticker chart used by one of the parents on the parenting course (with permission from parents 3 and 4)**

Towards the end of the course, the practitioners introduced the 'ignoring' strategy and the use of logical consequences in order to help children self-regulate their behaviour and understand the consequences of what they had done wrong. The group discussed what kinds of behaviours parents could ignore, such as some swearing, tantrums, mimicking, whinging and rolling their eyes. When parents were faced with these



situations, the practitioners advised that parents made no eye contact with the child, got up and moved away, as engaging with a child that is misbehaving can make the situation worse. Parents were advised to follow through with ignoring the child, even if it is in a public place such as a supermarket where it might be embarrassing, as children will learn to increase the severity of their bad behaviour if it gets them their parent's attention eventually. If a child is not following instructions, distraction or logical consequences such as taking away pens/playdough/toys off children for fifteen minutes should be implemented, rather than excessive consequences such as completely banning the children from the activity they were doing.

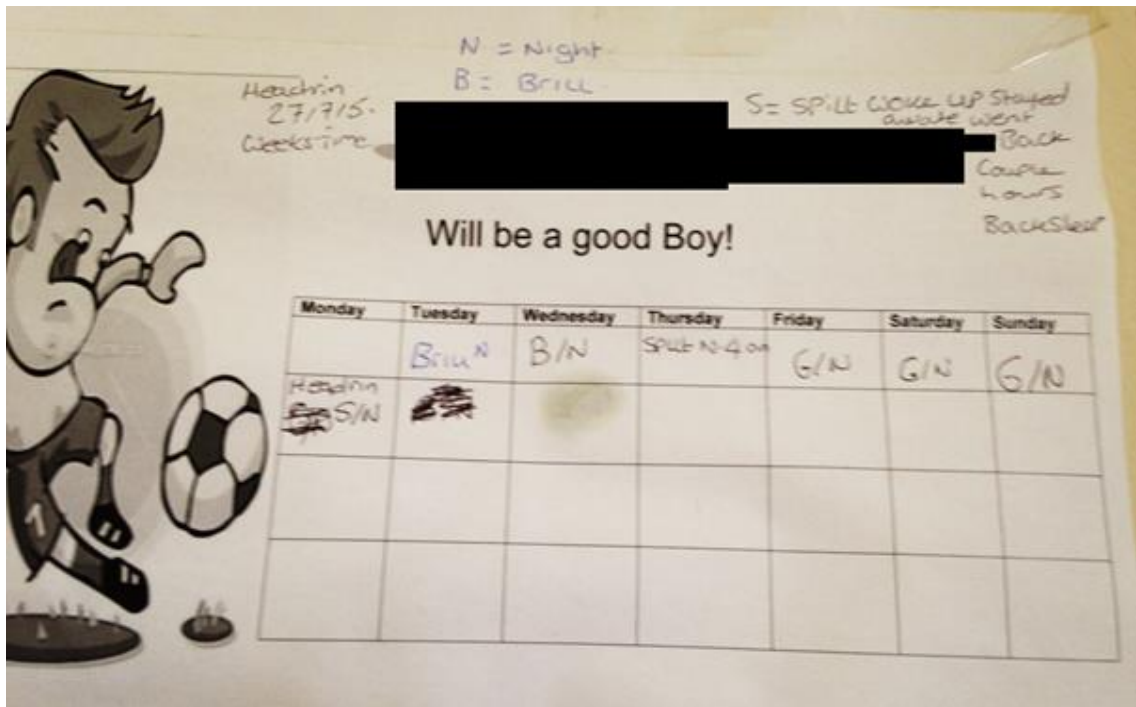
Behaviours that were discussed by the parents as those they felt they couldn't ignore included damage to property, hurting another person and when the child is putting themselves in danger. In these situations, where behaviour cannot be ignored, the practitioners advised time out. This was commonly known to the parents as 'the naughty step'. This label was discouraged by the practitioners as it is the specific behaviour that is naughty, and not the child, and if the child believes they are naughty, they might behave accordingly. Parents were taught that 'time out' should be a spot which removes the child away from activity and fun (such as their bedroom), to somewhere that is boring (such as a chair in a hallway or steps on the staircase). The child should spend one minute in time out for each birthday (e.g. if they are five years of age, they should spend five minutes in time out). If the child refuses to go to time out, or runs away, then parents should bring them back and add on one minute each time until the limit of minutes set by the parent is reached (e.g. an extra five minutes), then there should be a consequence for the child (e.g. they cannot play computer games that evening).

After using the ignoring technique, logical consequences or timeout, practitioners stressed that parents should get back into praising as soon as bad behaviour stops, even if parents are still annoyed at the child.

Alongside play and praise, sticker charts were introduced to parents which could be used as an incentive for positive behaviour and to reinforce routines such as getting dressed and putting school shoes away. Once the desired number of stickers for enacting the behaviour had been achieved, the child could receive a treat. Parents could use a 'grab bag' of treats, where children can pick out surprises from a bag as a visual reminder of their good behaviour. The grab bag objects can be inexpensive items that the child will want, for example glittery pens, hair bobbles, toy cars and bubbles. For older children, points cards could be used, where children could earn points for behaviour such as making their bed or putting laundry away in order to receive pocket money and/or a treat at the end of the month. Parents were asked not to take points off for bad behaviour if children have already earned those points, in addition to not expecting perfection - parents should still give their children the treat if the child completes the behaviour three out of the five days, otherwise there is no point in the child continuing the behaviour for the rest of the week if they know they have failed on the first day. Once the behaviour has been achieved, the sticker chart/points cards should be phased out and replaced with praise and approval and/or another behaviour. Alongside behaviour charts, parents should also use unexpected rewards (parents came up with ideas such as staying up later, sleepovers, sweets, films, baking, playing on the games console as examples) to reinforce positive behaviour.

However, sticker charts were sometimes too complicated for parents to put into practice, which was the case for family 3 (who had attended a separate parenting course to the one the researcher attended). The key worker suggested the family should use a sticker chart to help with the children's bedtime routine. The family and

the key worker gave up using the sticker chart after a few weeks, as it was clear this was an unsuitable method for the family to be able to cope with and maintain. However, it could be argued that the sticker chart had still been a useful resource as Annie adapted the sticker chart for her own use, rather than how sticker charts were intended to be used by the parenting course (see figure 5). Annie used the chart to monitor if her youngest son had slept through the night (having a good night (G/N), brilliant night (B/N) or waking up and going back to sleep (S/N)), and whether he had had treatment for head lice (Headrin):



**Figure 5: An example of a sticker chart used by family 3 (permission given by family 3)**

### 7.8.3 Parenting training for practitioners

Over the course of the two days, practitioners from a range of social care agencies attended the training days. Most of these agencies worked directly with families as key workers. The content delivered during the parenting course was condensed into the two days and delivered intensively to the practitioners attending the training. The format and content of the training was similar to how the parenting course was delivered, this including using the video vignettes as a source of discussion, summarising what makes a clear and specific instruction or command for children, exploring examples/blockers of play and praise, examples of rewards for children, and how to teach families to implement time out, logical consequences and the ignoring technique.

The message of the training was that practitioners cannot force parents to change their behaviour. In addition, the practitioners leading the training emphasised that service providers should model and role-play parenting strategies for families, but never parent for them. Instead, practitioners should give parents the 'tools' in order for parents to make changes by themselves. The material was targeted around getting practitioners to challenge parenting behaviours of the families that they supported by encouraging parents to reflect on their parenting strategy. For example, the parenting practitioners asked the service providers to ask families where they were parenting on a high

criticism, low warmth scale and explore blockers and avoidance behaviours when it came to playing and praising their children. Agencies were advised to notice what was going well, not just what parents were doing wrong which could be monitored by getting families to fill in tracker sheets to monitor how often they were playing and praising their children.

Service providers attending were asked to gently challenge families who avoid or say they had no time to play with their children by encouraging them to get the parents to see the benefit of playing with children for only ten minutes, instead of having to spend a longer amount of time dealing with a tantrum. Practitioners should ask parents about a typical day spent with their child and find an example of positive parenting the parents had carried out in order to boost the parent's confidence in their own ability. Practitioners were encouraged to highlight to parents that if 'they don't change, then nothing will.' They were also advised to say to parents "so are you happy for everything to stay the same?"

Practitioners repeated that parents need reassuring that they did not have to be theatrical to play with their children, just sitting and paying interest in what their child is doing is enough. Practitioners should also ensure that parents are letting the child control the play, and that the parents are not taking over, rushing the child, stifling imagination by imposing their own ideas or disengaging with the child because play can sometimes be boring/repetitive. Furthermore, parents should be encouraged to accept that children do not always play games the way they are intended (for example board game objects like dice, figurines, cards and timers might be used to make patterns with instead) and there is not one 'right' way to play.

During the research, the researcher was able to watch a key work session between Amy and family 4, where the key worker observed and helped the parents play with their children. It was clear that the benefits of play and praise were being explained to the family. This could also be reflected by the key worker assisting family 5 with parenting support;

*"I said to them look even when he is on the PlayStation or whichever game he plays, try and get him to ask questions, make it something that is enjoyable, same with the TV programmes, and it did, it worked, their relationship is much better...but they honestly look much better, like I say when I went in and the difference"* (Key worker, Local Authority, family 5)

The practitioners leading the training addressed the issue of resistance of parenting skills services might experience when working with parents. For example, if behaviour doesn't change straight away through play and praise then parents can give up. Service providers were encouraged to emphasis to parents that children are getting used to something different and would take time to have an effect. Equally, service users were advised to monitor that parents do not depend on certain techniques (such as the sticker charts) which might culminate in them being used for too many behaviours or as a bribe.

The practitioners leading the training also emphasized the importance of building trusting relationships with parents, and understanding how the family's experiences and circumstances might inform how they parent and the potential for parental behaviour change. Service providers were told to be mindful of the advice they give to parents that were involved with social care services as parents would be under pressure to ensure their child was not getting into further trouble or causing disturbances through making noise. Parents in this scenario might try and stop children being children in public or engaging in play that is noisy. If this was the case for certain

families, then practitioners should work with parents to devise allocated times for noise and come up with indoor and outdoor activities that the children can engage in. This shows that the training expressed the importance of empathising with families, understanding their needs and contextualising interventions that did not isolate parents or put them under more pressure.

In summary, parenting practitioners taught MAST workers and parents how to manage and monitor children's behaviour by setting clear rules and routines and encouraging positive behaviour through quality time spent together and play and praise as opposed to discipline and criticism. Advice and strategies were also delivered to help parents stay calm and teach children to self-regulate their behaviour.

## **7.9 Parents' experiences of the parenting course**

It was clear most of the parents agreed to attend the parenting course because they did not know how to cope with the more challenging and extreme aspects of their child's behaviour. Whilst this was the most prominent motivation for attending the course, five of the parents also attended because they believed it would help strengthen their case to get their children back (who had been removed from the family home) largely due to lack of sufficient parenting.

The most common behaviour problems displayed by children that parents attending the parenting course were finding difficult to manage were defiance, aggression/violent behaviour, swearing and attitude/rudeness. Parents did not accept that the reason their children's behaviour was problematic was because they were inattentive. On the contrary, they believed their child's behaviour and the effectiveness of their parenting was influenced by a range of factors including peer groups, the quality of the schooling/education, disruption in the family and the child's strong personality. They argued that bad parents were people who did not put their children first, not parents that were proactive in trying to have better control over their children's behaviour. However, parents were aware of the shame and stigma of being labelled a 'bad' parent by attending a parenting course – which Nick (family 4) declared under no circumstances was he attending. Parents revealed how they were often met with questioning and criticism from family and friend's indicative of the stigma that surrounds parenting courses:

*"What do you want to do a parenting course for? You are a parent? It is like yeah but that is not what it is about, it is about helping us with their behaviour and obviously putting things into place that I am not already doing, but being a parent comes naturally, no it doesn't, yes you know how to love your child, you know how to feed them and everything else but then obviously having the problems that I have had with mine, it is like I said without this parenting course I wouldn't have known what to do" (Jessica, Parent 1)*

Resisting stigma and acknowledging parenting is not always instinctive was embraced by many of the parents, who admitted that at times they resented being a parent, and welcomed the support, strategies and advice to help with behaviour management. Out of the parents the researcher interviewed after the parenting course, there were no parents who voiced that they were upset or had felt judged by being referred to the course because of their parenting and were happy to attend the programme. None of the parents expressed an opinion that the course was not helpful and would often challenge/ask the parenting practitioners about how to adapt certain techniques for their child who had specific behavioural difficulties (e.g. autism).

The parents reported positive experiences of the parenting course and would also teach other family members and friends about what they had learnt. It was clear that from early on in the course, parents engaged with the course material and had put into place morning and homework routines. The parents noted that, as a result of attending the course and learning new techniques, their children appeared to be more settled both at home and at school. Spending quality time as a family had also improved the relations between parent and child, particularly if step-parents were involved. Sean (parent 3) now felt closer to his step-daughter after spending time baking together and found that they argued less frequently.

The course was clearly empowering for many of the parents and had impacted on their parenting strategies and ability to cope with their children's challenging behaviour. For example, parents discussed how they would often keep their children contained at home during weekends and school holidays, rather than taking their children along with them on outings, for fear their children would have a tantrum and embarrass them in public. It appeared that after completing the parenting course the parents felt that going out in public with their children was less stressful as they did not confront or engage with their child's bad behaviour in the same way as they had done previously. Jessica (parent 1) described an incident where her child kept taking off her shoes and throwing them down on the pavement. Jessica kept calm, stopped where they were and continued to retrieve the shoes and put them next to her child until her child got bored and put them on. This success, and the impact that the parenting course had on this parent was extremely significant, as being able to regulate her own anger towards her children stopped her putting them up for adoption and prevented the risk of family breakdown:

*"The chances are if I hadn't of done this parenting course my kids would have been in care, definitely I think it is down to doing the parenting course...The kids would be put up for adoption by now, they seriously would cos I was literally on that verge of I couldn't cope anymore" (Jessica, Parent 1)*

Although the practitioners wanted the parents to avoid low warmth and high criticism, the biggest impact for parents was being taught the 'ignoring' technique in order to resolve conflicts with their children. This would make the parents feel much calmer and as a result reduced the potential harm to children in some families, as parents would not smack their children or be aggressive towards them:

*"I woke up, these woke up at six, and I went back to sleep for a bit like I always do, and they will play in their bedroom but I walked up and they had ripped the wallpaper off the walls...but before that I would have gone off on one, I would have literally gone off... I would have gone on one and slapped them...from the course I have learnt to be a lot calmer" (Jenny, Parent 2)*

As the course progressed, parents opened up and shared the emotional problems they were experiencing, with the group providing personal support to parents that had had a hard week, or were experiencing domestic problems. Parenting practitioners and parents became a source of reassurance and comfort for each other. There were a number of times the parents felt comfortable enough to cry during the group sessions due to problems at home (e.g. relationship troubles) or because of mental health problems (all of the parents interviewed had depression). The parenting practitioners would call each of the parents at the end of each week to see how they were getting on, both emotionally and with the parenting techniques, as they were aware that motivation to implement the week's parenting strategies would decrease by the weekend. The parenting practitioners stated this was due to partners not always being on board with the techniques, stresses such as money worries, the impact of

cumulative bad behaviour or the children had shown defiance to new ways of parenting. Parents could reflect on these events in the next session, with problem-solving contributions suggested by parents (and encouraged by parenting practitioners) who had been in a similar scenario, or they would help think creatively about what the parent could do differently. By the end of the course, the parents were sad the course had to finish as it was not just a learning environment, but also a social event (sometimes the only social event for that week) and a support group for those experiencing similar problems.

Although most of the feedback was positive, parents did express that occasionally techniques were presented as fool proof and guaranteed to work, and they sometimes felt demoralised, or that their child must be especially naughty when the technique didn't work. Although family 3 did not attend this particular course, they felt that the three parenting courses they had been on 'cloned' children and did not sufficiently recognise that all children are different. Craig felt like the courses focused on teaching love, empathy and praise which he felt some parents already demonstrated. Sean (parent 3) also expressed that he didn't feel there were any problems with certain aspects of his child's behaviour, and saw things like hitting as something children would eventually grow out of. This clashed with the practitioners', and some of the other parents' viewpoints.

Additionally, some parents could not master some of the techniques taught on the course. For example, Jessica (parent 1) had attended the entire course three times, as had Annie who was still struggling with managing her children's bedtime routine (family 3). Furthermore, due to the range of ages of her children, Annie was clearly confused by the course material and used inappropriate age techniques to cope with her teenage son's violent behaviour. For example, during one interview with the family in which there was an episode of violent behaviour by her teenage son, Annie sat by his bedroom and tried to sing him nursery rhymes to calm him down, which was unsuccessful and his threatening behaviour escalated. However, techniques taught to her by the specialist youth offending parenting practitioners also failed to control his extreme behaviour and was another reason why the key worker suggested it would be better for Joseph to move in with his dad. Furthermore, parents could often misinterpret some of the parenting techniques. Sean and Megan (parents 3 and 4) used the points card as an incentive to stop their children (aged eight and nine) from wetting the bed. If the children did wet the bed, money would be taken off them (rather than no money given), which the practitioners felt might lower the children's self-esteem. Perhaps this shows that parenting courses are less effective for severe behavioural needs, child psychological issues or for children that are older and need more specialist support.

## **7.10 Conclusion**

This chapter has considered the role of parenting in determining the child centredness of intensive interventions and the importance of the role of parenting in influencing children's behaviour pathways. The analysis showed that practitioner attitudes towards parenting and child centred interventions can have impacts on how quickly adults access services and how 'deserving' they are viewed as by practitioners. The following three chapters will consider the research findings in relation to the wider academic and policy literature surrounding intensive interventions. In particular, this discusses the implications of different behaviour change outcomes for families that do not act in accordance with policy expectations. It also challenges aspects of the academic literature which does not allow for the power nuances present in the relationship

between services and service users. Chapter 10 applies and problematises constructions of vulnerability in the wider literature to family journeys.

## **8 Discussion of behaviour change**

### **8.1 Introduction**

This chapter compares the main themes from chapter five to the wider academic and policy literature. Drawing on the emerging trauma literature surrounding the topic of intensive family support, this includes a discussion about the absence of trauma informed approaches in national and local social policy and practice. A key argument is that unaddressed trauma(s) may be a barrier to achieving behaviour change in families. The chapter then moves on to consider behaviour change as a concept and how it is understood and interpreted in practice by practitioners. The chapter then considers how policy assumptions of rational behaviour can have implications for individuals who are unable to act rationally. As the research shows, this is not a simple division of those who can or can't act rationally, but captures the scenario when individuals are able to understand conditionality, however are unable to act due to reasons such as mental health.

### **8.2 Missing trauma discussions and trauma informed practice**

Families in the research are representative of families previously studied in existing reports (Dillane et al, 2001; Dixon et al, 2010; Jones et al, 2006; Nixon et al, 2006; Pawson et al, 2009; White et al, 2008). In line with the literature surrounding intensive interventions, the reason for family referral was not always singular, and interventions often uncovered further issues and vulnerabilities, including poor basic skills and unmet basic needs within the family, although these were often not the primary reason for the initial referral (Dillane et al, 2001; Dixon et al, 2010; Jones et al, 2006; Nixon et al, 2006; Pawson et al, 2009; White et al, 2008). Subsequently, family support plans were not confined to addressing the behaviour that had prompted the referral, but required coordinated support from a range of services to address multiple needs.

Many of the issues experienced by the families involved in this research were also commonly identified in the intensive intervention literature including mental health, domestic abuse, anti-social behaviour, worklessness and housing problems (Dillane et al, 2001; Dixon et al, 2010; Jones et al, 2006; Nixon et al, 2006; Pawson et al, 2009; White et al, 2008). Furthermore, it was not unusual for the families to have previous experience of services prior to the current intervention. The families were all in poverty and had long histories of being in receipt of welfare benefits. Bereavement was also a strong theme within the research and is something that is often unaccounted for in support plans (Batty and Flint, 2012; Goldsmith, 2012).

However, Shildrick, MacDonald and Furlong (2016) discuss how the families in their study could not be defined as representative of poverty in working class communities. Whilst the authors critiqued how families were framed in Casey's (2012) 'Listening to Troubled Families' report, they do state that the families that were involved in their research did have 'superficial' parallels to the families that Louise Casey listened to (p 827). However, the authors noted that one of the reasons these families stand out from society and get the attention of services is because they were 'swamped' with problems (p 827).

It could be argued that the families who participated in this research were also 'swamped' by problems. What was evident was that past and present traumatic experiences, particularly related to domestic abuse and sexual assault, were affecting



social mobility, life chances and social inclusion over long periods of time, which cumulatively overwhelmed families with problems and the lack of capacity to deal with them - until they became 'swamped' which triggered repeated episodes of crises. Trauma can be defined as "an experience that creates a sense of fear, helplessness, or horror, and overwhelms a person's resources for coping. The impact of traumatic stress can be devastating and long-lasting" (Hopper et al, 2010; 80). The literature notes that trauma can impact on psychological, psychiatric, emotional and behavioural responses and can affect issues such as social isolation and attachment, trust issues, feelings of powerlessness/vulnerability, confidence/self-esteem and ability to process and regulate emotion (Knight, 2015; 26-27). These traits were often used by the practitioners in this research to describe the families. Whilst trauma can be experienced universally, perhaps trauma as a precursor to family contexts and combined with severely depleted resources, social capital and basic skills sets these families apart from more representative working-class families (Sayer, 2017).

As already noted, experiencing trauma has an effect on mental health, relationships, self-esteem and self-efficacy, resulting in a retreat from functioning in daily life and collapse of routine (Derr and Taylor, 2004; King, 2016). There was evidence of this context within family 1, where due to the chaotic nature of Carla's life, stemming from many historic traumatic incidents involving domestic abuse, she was unable to manage her life without continually getting re-referred for support. As her key worker acknowledged, rather than seeking help, or doing it herself, Carla would often avoid engaging in certain behaviours or practices until a crisis point was reached. Carla recognised that she was ill, but didn't know why. Shildrick, MacDonald and Furlong (2016) argue that when problems are so frequent and longstanding, it is often hard to break down the root of the problem, and what behaviours it has resulted in, causing a situation where it is difficult to understand where a problem started and ended. It could be argued that Carla's unaddressed psychological issues relating to years of domestic abuse made it difficult for her to discern why she was ill and why she could not manage the different aspects of her life. In fact, across many of the families, practitioners commented that family members could not cope in the present, or plan for the future, and perhaps it could be inferred that this is because their past has not been adequately addressed.

Whilst it is acknowledged in the literature that families experience complex, multiple and serious problems it would appear that an acknowledgement and understanding of the role and impacts of trauma remained largely abstract. Indeed, the absence of a conceptualisation of trauma is reflected in policy and practice within the national Troubled Families programme representing a deficiency in unpacking the *depth* of problems, rather than just their multiplicity and complexity in working practice (King, 2016). Spratt (2010) and Hopper et al (2010) note that there is a wealth of research that investigates poor outcomes but this does not necessarily take into account the impact of damaging experiences in childhood and in adulthood. This understanding supports Knight's (2015) research that found that behaviour is often underpinned by trauma, however because trauma does not necessarily have to be the direct focus of a referral, it is often not addressed or acknowledged, or can be inadvertently reinforced by current practice which seeks to solve other problems experienced by families.

Whilst trauma is not always explicitly referred to in policy, or indeed by the practitioners taking part in this research, it is an important factor when considering one of the potential reasons for ineffective 'problem' family policy and/or why the behaviour of families does not seem to change. It would appear that, empirically, trauma, particularly in childhood, is increasingly being recognised by social science researchers as situating and generating problems, and shapes how existing problems are dealt with by

individuals. As Shildrick, MacDonald and Furlong (2016) note, a traumatic event in families “initiates a chain of situations and outcomes, each of which then added further layers of disadvantage and trauma” (p 828). This is in line with King (2016) who refers to traumas as being a ‘key moment’, where the inability to process trauma is transmitted from the personal sphere into other areas of life including housing management, the ability to maintain a healthy life style and to engage with education and learn skills etc. Therefore, without supportive and trauma-informed approaches where interventions are not receptive to the impacts of trauma, the manifestations of trauma build, and inform decision making and behaviour horizontally across different areas of life in the present.

King’s (2016) work also highlights how families make sense of interventions based on their lived experiences (and the impact of trauma). Consequently, this informs how families act when confronted with demands for behaviour change. In line with much of the existing literature, there was a general consensus amongst the practitioners in this research that the language of the Troubled Families programme was inaccurate and simplistic and did not take into account historical circumstances and the multiple barriers and setbacks families were likely to experience. In fact, this research found that there were many forms of outcome. Behaviour change could be absent, partial, temporary or successful and sustained. In line with the wider literature, this study identified improvements in general in family functioning, anti-social behaviour, improved attendance at school, lowered risk of care proceedings, increased child wellbeing and enhanced access to services (Dillane et al, 2001; Dixon et al, 2010; Jones et al, 2006; Nixon et al, 2006; Pawson et al, 2009; White et al, 2008). However, problems with drug addiction, worklessness, mental health problems and intra-family violence were challenged through the interventions, but remained largely unaddressed (perhaps due to the long-term nature of the issues). These concerns have already been raised in the critical literature (Gregg, 2010). What is interesting to note is that with some practical assistance (mostly with budgeting, debt advice and access to services), families could rapidly be supported out of challenging circumstances without them being a ‘problem’ household, despite ongoing and unaddressed mental health problems (Taylor and Rogaly, 2007). This was the case in families 8, 9 and 10.

### **8.3 Valuing behaviour change**

The range of different outcomes, which did not always fit comfortably with the Troubled Families Programme policy vision, proved to be a challenge for practitioners when measuring behaviour change in families. This resulted in practitioners having their own informal benchmark standards of ‘distance travelled’ and ‘good enough’ when ending support with families and/or claiming Payment by Results, which in real terms did not always fully meet the required policy criteria. In fact, measuring behaviour change has been a contentious topic of debate, not only in the academic literature (see Gregg, 2010) but also in evaluations of intensive interventions, which presents questions of what (visible) behavioural practices in particular are valued and why. For example, the latest evaluations of the Troubled Families Programme show that behaviour change in terms of transition into employment was extremely low (Bewley et al, 2016). However, there appears to have been a significant impact on the softer aspects of behaviour change, including increased self-esteem and reduced feelings of stress. Batty and Flint (2012) argue that achieving soft outcomes are crucial first steps in families being able to assimilate their own progression which can then lead to harder, and more quantifiable, positive outcomes. The Government’s priority to achieve work related behaviours, as opposed to addressing more holistic and complex needs, appears to undermine the period of time required for families to feel that they are asserting control

of their lives (DWP, 2017). Regardless of policy and programme criteria, it could be argued that practitioners, who understand, empathise and work with families in their everyday and situated family practice, are in a more informed position to give an accurate and in-depth insight into behaviour change goals which should be used to inform family policy (Sen, 2016).

It would appear that informal measures of gauging behaviour change used by practitioners, alongside the financial pressures of achieving efficiency and meeting Payment by Results criteria and incentives could be understood using theories of creaming and parking. Creaming describes cases where practitioners aim for 'quick wins' and can rapidly move on service users that they deem the easiest to achieve behaviour change with in order to meet targets and claim Payment by Results. Parking is where practitioners dedicate less time and energy to the service users who are considered too difficult to change and/or work with (Rees, Whitworth and Carter, 2014). However, in the context of intensive family interventions this screening process presents extra difficulties for practitioners for several reasons and the process of parking and creaming becomes even more complicated and strategic under these conditions. For example, the key worker model is based on voluntary engagement and positive support but workers are having to negotiate a broader policy context of welfare conditionality that can be used to force behaviour change. In addition, practitioners are usually working with families with extremely complex and longstanding needs, but must work to policy assumptions and expectations that all families will change their behaviour, even though in practitioners' experience, there is substantial variation in families' ability to do this. After the duration of time practitioners are allowed to work with families, this culminates in practitioners actively choosing to make a decision to temporarily cream the families they work with (because behaviour is deemed 'good enough' for the family at that time, but this might not necessarily fully meet policy criteria), even though in reality, they are actually parking the family, knowing that the family have not fully changed their behaviour and will probably need support later on. This was the case in family 4, where the key worker felt it was more constructive to sign the family's case off when the family was working at full capacity- but with the expectation that the family would need additional support in the future. Practitioners could also park families, but instead of doing the bare minimum for them, or disengaging, practitioners would often work informally to ensure that families' basic needs continued to be met (e.g. in family 1 and 2).

#### **8.4 Behaviour change influences**

There is now a considerable amount of evidence discussing and describing intensive interventions have changed (or not changed) the circumstances and outcomes of families between the points of starting an intervention, to the point a family case has closed, and during a period of time after the intervention (see Batty and Flint (2012), for an extensive discussion of behaviour change outcomes). Increasingly, evaluation studies are using control groups, as well as longitudinal qualitative methods of data collection in order to track behaviour change (Bewley et al, 2016; Day et al, 2016; Dixon et al, 2010; Pawson et al, 2009). The literature suggests that behaviour change is achieved largely by the key worker model which can prompt change through support plans, workers' personality (including listening and empathy) as well as improving access to and coordinating practical and emotional support, empowering families and building on their strengths (Parr, 2009a). These factors are documented in the table below.

Structural	Programme	Self-agency
<p><b>Living conditions-</b> safe housing, access to food, medical care and heat, furniture</p> <p><b>Income-</b> Maximum entitlement of benefits claimed</p>	<p><b>Support Plan-</b> goal setting, consequences, reviewing, prevention, barriers</p> <p><b>Key worker relationship-</b> modelling, encouragement, advice, challenging problematic behaviour, listening, empathy, problem solving</p> <p><b>Group work-</b> social network building, discussing what has gone well and what has gone wrong, giving advice</p>	<p><b>Independence-</b> self-monitoring, accountability, ability to complete tasks unsupported</p> <p><b>Motivation-</b> noticing withdrawal of intensity of services, better control over life management, rewards (e.g. family days out)</p> <p><b>Realisation-</b> hitting crises, understanding why behaviour is problematic, overcoming denial</p> <p><b>Self-esteem-</b> new attitudinal approach to thinking and doing and feeling as though change/improvements in certain aspects of life are possible, building on existing strengths and skills</p> <p><b>Social learning-</b> coping strategies, parenting techniques, conflict management</p> <p><b>Health-</b> Improved mental health, safety (away from sources of violence)</p>

**Table 8: Influencers of behaviour change. Based on Batty and Flint (2012)**

The key worker relationship and their ability to access a wider network of resources was a primary factor in prompting behaviour change in families. However, there was a need to meet basic needs first (for example ensuring the families had the means to access food, medical care and safe housing), with poverty remaining an ongoing challenge for families. Once trust was built, key workers could try and tap into individuals' desire to change and/or motivation to develop new coping strategies. The strategies practitioners use to achieve family outcomes clearly reflected a relationship based/case work approach, social learning theory and strengths-based approaches common in the social work practice literature (Peters, 2012b; Thoburn et al, 2013). Motivational Interviewing was often used in order to support families to change behaviour they agreed needed to change. Motivational Interviewing is "a skilled way of helping the parent change a specific behaviour that they and the worker agree is a problem for them" (Forrester, Westlake and Glynn, 2012; 127) and means that social workers "adjust intervention depending on their interpretation of the reasons for clients not changing" (Forrester, Westlake and Glynn, 2012; 122).

Practitioners would often try and understand behavioural intention, attitude and motivation and judge whether this was in line with societal and moral norms. How families' perceptions of their capacity to change may differ considerably from those of practitioners. The beliefs that families have about themselves, influenced by their history of behaviour, confidence and forms of resistance appear to draw on the pre-contemplative and contemplative stages of theories of behaviour change (Rollnick et al, 1993). Understanding these factors can be used to motivate behaviour change through using the families' existing skills (known as a strengths-based approach), social learning approaches (including key worker modelling) and incentives. Observing behaviour in this way may enable the identification of opportunities and the capacities of families for change, but also illuminates barriers to behaviour change, which the key worker might not be able to work through during the time of the intervention and/or may require more coercive action.

Discussions of micro processes of behaviour change theories in the social sciences has tended to be based on predicting changing consumer and/or health behaviours by understanding behavioural intention and motivation (see Hargreaves, 2011). However, the assumption that behaviour can (fully) change in these theories is challenged by this research study (at least in the period of time during the intervention), particularly when there are complex mental health issues (including the effects of trauma) that are experienced by families. As already outlined in the analysis, many of the families involved in the research lacked basic skills and had unmet needs, often attributable to unaddressed (trauma-based) mental health issues and lack of self-esteem. Consequently, it was clear in the research that behaviour change was more likely to be about reducing and stabilizing immediate risk or harm to the family through crisis management of family situations rather than transformative change (see Batty and Flint, 2012 for a description of this). This supports Batty and Flint's (2012) argument that, before achieving hard outcomes, such as employment there needs to be a period of stabilisation (such as maintained family and service relationships, ability to begin to manage problematic behaviour, attendance at appointments), before families can achieve the more visible transformative outcomes demanded by policy (p 354). This research study has confirmed that effective crisis management through intervention has been neglected as a valid marker of change. This was the type of change many of the families in the research experienced. However, intervention programmes are often measured and evaluated based on change at a stabilising or transformative stage. In reality, transformative change is only relevant to a small number of families- and is perhaps an explanation for the very critical national evaluation of the Troubled Families programme (see Bewley et al, 2016; Day et al, 2016).

## **8.5 Presentations of behaviour change**

Batty and Flint's (2012) typology of outcomes is useful in categorising different types of family behaviour change into crisis management, stabilising and transformative outcomes. This research study has also identified additional complexities, which not only account for slippage of progress (e.g. the standard of domestic hygiene in family 3 reduced from 'stabilised' to a 'cause for concern'), but also in terms of behavioural outcomes that can be simultaneously taken from different categories of behaviour progress with different degrees of success. For example, in family 4 there was an immediate cessation of anti-social behaviour and crime ('transformative') but budgeting ('stabilising') was not achieved until some months into the intervention. In addition, when there were periods of crises during interventions, some behavioural outcomes may remain stabilised and transformative. For example, in family 2, Terry's anxiety and agoraphobia got to a point where he attempted suicide, but he was not in housing

arrears and ensured that the children continued to regularly attend school. This highlights the temporal element of behaviour change which can be partial and temporary.

Further challenges noted in previous research include intentions for behaviour change by families, which was not followed by practical action. For example, in their study of welfare reform, Fletcher et al (2016) outline how the welfare administrative structure assumes that welfare claimants can rationally act- both in terms of ‘gaming’ the system to maximize income, and in understanding government rationales for welfare reform policy. The perceived presence of co-joined rational thinking and acting is a useful tool for understanding some of the behaviour dynamics within this research study that showed that these two aspects can, in fact, be disconnected. For example, a large proportion of the intensive intervention literature has highlighted that families reach a point (either before, during or on returning to an intervention) where they understand why their behaviour is problematic and accept that they need support. When families do not agree that their behaviour is problematic, often change does not occur, or punitive action is taken to prompt this change. However, the implications of an individual who can understand why behaviour needs to change, but cannot act on the required behaviour change, is less understood. Again, this could be related to the impacts of trauma and longstanding mental health problems. What this research strongly indicates is the need for a greater acknowledgement of scenarios where there are conflicting notions of understanding the need for behaviour change and the ability to act out the required behaviour change. Examples of scenarios from the research are summarised below:

<b>Scenario</b>		<b>Description</b>
Can understand why behaviour change is problematic/the reason for referral/intervention	<b>and</b>	Can act/change behaviour
		Has normative attitudes towards social conventions, often seeking support independently or with little assistance after time.  Engaged with support, with the capacity to resist, suggest and negotiate on suggestions of support.  e.g. family 4, family 7, family 8, family 9 and family 10
Doesn't understand why behaviour change is problematic/the reason for referral/intervention	<b>and</b>	Doesn't act/change behaviour
		Lack of knowledge and confusion about the system/intervention/consequences.  Lack of capacity to act rationally (e.g. turn up to appointments).  Effects of personal adversities/challenges that can affect participant ability to think in and act normative ways (Fletcher et al, 2016).  Pushes individuals into further precarity when trying to mitigate impacts of sanctioning etc.  e.g. parenting in family 3, issue of intentional

			homelessness/engaging with abusive ex-partner in family 6
Can understand why behaviour change is problematic/the reason for referral/intervention	<b>and</b>	Doesn't act/change behaviour	<p>Participants can reflect on their behaviour and make sense of their problems and the suggested solutions/support, however they are "tied to certain transgressions or predicaments" because of their vulnerability including addiction, homelessness and learning difficulties (Fletcher et al, 2016; (p 179). Failure to make decisions may result in avoidance behaviours or consequences such as eviction and childcare proceedings (King, 2016).</p> <p>One parent may be on board to implement change however, the other parent and/or children may resist.</p> <p>There is an inherent assumption that because there is awareness of problematic behaviour, this will lead to change which is not always the case.</p> <p>Elements of resistance can be present.</p> <p>e.g. family 1 and family 2</p> <p>This scenario could also involve an ability to rationally 'game' the welfare system, effectively mitigate the effects of sanctioning or being subject to services such as the criminal justice system and/or social services.</p>
Doesn't understand why behaviour change is problematic/the reason for referral/intervention	<b>And</b>	Acts, but doesn't necessarily change behaviour	<p>The use of sanctioning can prompt the action.</p> <p>There may be aspects of rationality and prioritisation here such as just wanting benefits (Fletcher et al, 2016; 179).</p> <p>Social practice theories mean that individuals perform behaviours without critically questioning normalisation processes.</p> <p>e.g. family 10 attending Job Centre Plus skills course in order to receive payment</p>

**Table 9: Examples of co-joined knowledge and agency**

This suggests that there are scenarios where there can be a gap between intention and actual behaviour change, or knowledge and agency, that can contradict each other and does not always correlate with determined behaviours and/or that individual's values. Forrester, Westlake and Glynn (2012) discuss how "individuals often persist with self-

destructive behaviour that is difficult to understand” (p 122). They use the example of a parent who may understand the effects of alcohol abuse and the risks it poses for their own health and child welfare procedures, however drinking also might reduce feelings of self-hatred and/or be a core part of their social life activity. To members of society external to the family, this behaviour may appear risky and irrational, but for the individual concerned, this is a difficult scenario with both pros and cons. According to the authors, this space of ambivalence is what is difficult to change. This is illustrated in this research study by the case of Hannah (family 6), where her key worker could not understand why she kept going back to her violent ex-partner, which he viewed as destructive to her wellbeing, housing stability and Hannah’s child’s routine. However, it was clear that there was a reason which determined she would get back together with him. This reason may have unfortunately been about the power and control he had over her, but it could also be related to Hannah’s vision of what family life looked like.

Barriers also need to be fully acknowledged when conceptualising patterns of behaviour change and progress. This includes not only the confidence and motivational factors of individuals’ ability to change (such as discussed in theories of behaviour change), but also individual beliefs and values that differ from policy and practitioner norms, which could also explain variations in family outcomes. For example, families may understand why they need to stop anti-social behaviour but may not understand and/or agree with what is problematic about their parenting. As such, families may only engage with certain aspects of the intervention, such as in family 3 where Craig actively rejected parenting techniques support. This indicates that some values prevent learning, e.g. fixed ideas on parenting. Practitioners also have to manage scenarios where there is intra-family variation in cooperation, such as in family 4, where Sophie was happy to cooperate with all the support, but Nick did not want to engage with the parenting course and initially refused to attend the anger management support group.

Brown (2012) considers whether in a context of support and conditionality, targeting those who do not understand service intervention is a form of ‘unethical mobilisation’ if they cannot fully articulate their needs. This also poses questions about the ethics of using conditionality if an individual has no understanding of the consequences of their behaviour. Forrester, Westlake and Glynn (2012;122) describe this as a ‘kill or cure’ approach. In this scenario interventions are not necessarily going to make individuals change, and it was clear that practitioners in this research study had to find ways to maintain the family in the community informally as sanctioning would push families further into poverty. This supports the findings of Fletcher et al (2016) who interviewed a charity officer during their research. The charity officer highlights the real and moral implications of sanctioning individuals who experience hyper-vulnerability, which pushes individuals deeper into despair and/or provides little hope for them getting their lives back on track;

*“When you work with people who are so vulnerable psychologically, emotionally, materially – spiritually even – and try to drive them to behaviour change with sanctioning and forcefulness, their lives are so brutal anyway that they don’t use that as a lever for change. It just feeds into despair and disengagement” (182).*

Equally, sanctioning shows that behaviour change can be created without social learning, understanding or experiencing changes in attitude/motivation. However, this does little to promote sustainable solutions to behaviour change in the long term if sanctioning does not prompt behaviour change that is meaningful for the recipient.

## **8.6 Conclusion**



This chapter has particularly focused on the theme of trauma, which was strongly apparent in the families that took part in the research. However, the recognition of trauma in national and local policy and practice was not always forthcoming. As a consequence, trauma as an underlying issue often remained unaddressed and could be one of the barriers that hindered behaviour change in families. The chapter also discussed how practitioners often have to manage varied forms of behaviour change and/or success in families, that are not always in line with policy expectations. This created a process where practitioners were informally accrediting 'successful' behaviour change in line with family capabilities or 'distance travelled', and having to accept that families were not completely turned round when claiming Payment by Results. This was often labelled 'good enough' behaviour change. The chapter then unpacked ideas of rational behaviour, where there are assumptions within conditionality based policies that with enough prompting (either through sanctions and/or support), individuals will change their behaviour. However, the research discovered that the binary of rational/irrational behaviour was not as simplistic and there needs to be further ethical discussions about individuals that do not understand the behaviour conditions they are subject to – or, may understand the rationales behind behaviour change but are unable to act due to unaddressed underlying problems.

The next chapter will discuss the power dynamics present in the relationships between practitioners and service users in the research and will situate these findings in relation to debates in academic and policy literature surrounding domination and resistance.

## 9 Discussion of power and resistance

### 9.1 Introduction

Through a renewed interest in the intensive casework approach, national policy has previously claimed that it will grip families, and their problems, in practical and emotional life and make them change their behaviour through better targeted service intervention (Respect Task Force 2006; DCLG, 2012). As a result of the perceived existence of certain types of families, it has been argued that penal and social policy has combined to justify welfare reform and enter into the homes and lives of those who do not adequately adhere to neoliberal images of citizenship (Wacquant, 2008). Consequently, a significant body of the literature suggests that there is an overt imbalance of power between the key worker as a position of state authority and the family as subject of the intervention. However, this research has problematised aspects of the literature, alongside some of the policy claims that state you can *make* families change their behaviour, particularly over the long term. This chapter discusses the findings in the research that reveal that there should not be a prioritisation of “the body over consciousness” because whilst ultimately the key worker can sanction families, there were nuances in the relationship between services and service users that could both rupture and inform the process of behaviour change and be based on a much more support-based interaction (Kerr, 1999; 181). In short, whilst things might be ‘done’ to the family in terms of the intervention, there is a power struggle between key workers and families where there needs to be collaboration for support to be effective, in addition to how practitioners could affect the direction of policy outcomes (Wacquant, 2008).

### 9.2 Resisting behaviour change

Resistance can be defined as “any form of non-cooperation from parents, including apparent cooperation that masks issues of concern, not engaging, violent or threatening behaviour and other manifestations of non-engagement” (Forrester, Westlake and Glynn, 2012; 118). Families could be more resistant to key practitioners at the start of interventions. However, they could also resist during interventions when there was support that families did not want. The behaviours described in the aforementioned definition were demonstrated by the families during the research which showed they were not simply ‘docile’ but had their own rationales for engaging and/or disengaging with certain aspects of support. These scenarios included not being compliant and/or passive towards support (including missing appointments and being uncontactable), holding back important information (e.g. for fear of consequences), not answering the door and ignoring letters, not paying rent or rent arrears or not completing work tasks practitioners might have asked the family to do. Particular examples include Sam (family 1) dying his hair in order to try and evade a drugs test to detect cannabis, or families avoiding engaging in certain behaviours when there was no surveillance (e.g. family 3 and inconsistent bedtime routines). In another example, Andrew (family 7) was able to convince the social worker that he was remorseful for behaviour that the social worker deemed problematic, even though in reality Andrew thought it was an overreaction.

The more general examples of resistance and barriers to engagement are similar to those outlined by Holt (2010a), Nixon et al (2006), Flint (2012) and Taylor and Ragoly (2007) and shows that totalised power is not always guaranteed;

*“This does not, however, render individuals as passive dupes beholden to the dictates of practice, but instead conceives of them as skilled agents who actively negotiate and perform a wide range of practices in the normal course of everyday life” (Hargreaves, 2011; 83)*

What can be missed in policy documents is that resistance does not always need to be framed as an individual choosing to reinforce their own social exclusion, and must be overcome by coercion, but put simply, resistance is a natural human reaction to resist the efforts of someone who is trying to persuade, explain or advise you to do something that is not necessarily your choice, your idea and/or is intrusive. It is therefore not unusual that families subject to interventions might be difficult to work with or be intolerant to services entering into their lives (Tepe-Belfrage and Montgomerie, 2016). This can be a challenge for practitioners to negotiate, especially because interventions are designed for those that are willing to engage with support. For example, interventions often have counselling and therapeutic roots, which requires the service user to want the support in order for it to be successful (Forrester, Westlake and Glynn, 2012). This is why using ‘a stick’ is argued to be an ineffective and unsustainable approach to generating behaviour change, and why practitioners have to build trust with families over time. Practitioners also have to accept that resistance is a possibility and need to rely on working in partnership with the family to effect behaviour change. Working with families, rather than against them is described as ‘power with them’ rather than ‘power over them’ by Sen (2016).

### **9.3 Consideration of practitioner authority**

All of the families in this study liked their key worker and key workers were viewed as less intimidating than social workers. Perhaps this was due to key workers having a ‘liminal’ status where ‘they are neither entirely formal professional clinicians, nor purely informal social carers’ (Flint, 2012; 834). As a result, families felt comfortable to tell practitioners when they were not happy with support and simultaneously it was accepted by families that key workers could challenge them. In these circumstances where families were vocal about their feelings, discretion and compromises on support would often be made in order to continue rapport and engagement with families and offer the family a choice of how to shape support. In general, families did not feel judged by the key worker, who often made them feel that they were not hopeless, with reassurance that they were often already displaying the required behaviour, but that they just needed a bit of help to expand the behaviour(s) during periods of chaos and/or crises. It has been suggested that perhaps support being delivered in the private space of the home, or a ‘non-clinical’ site cultivates a more balanced space for families to feel able to reply to the types of interventions suggested to them (Flint, 2012).

The literature often focuses on the power and authority practitioners have. In this research there was evidence that families could feel that they were being monitored, and indeed surveillance could be effective in altering behaviour. However, the literature often presumes that practitioners have authority by proxy. What is interesting and often neglected in the literature is that, firstly, accessing support is often voluntary and secondly, families can challenge and monitor practitioners too. In the research, practitioners would often have to prove themselves by accessing resources on behalf of the family, demonstrating that they were on the side of the family (by advocating for them in important meetings), being non-judgmental, listening to what the family wanted and providing support that could tangibly be felt as improving their circumstances. Whilst some families were not able to understand support and/or the consequences of non-engagement, many of the families in the research could make sense of the support

delivered, critically examine whether it had been helpful and reflect on what future support might look like. Therefore, processes of regulation and internalisation through the conduct of conduct was a process that did not necessarily go unnoticed by families. Furthermore, families could often hold practitioners to account if they did not deliver on their promises or if families felt that they were being judged. Equally this gave the key worker the right to challenge families and confront them over certain issues. The need to have a mutually positive relationship and partnership with families was often reflected in the fact that practitioners could feel intimidated by families, wanted to be liked and needed family affirmation that they were doing a good job, with feelings of rejection being felt by practitioners when families chose to work with someone else.

Furthermore, forming a relationship with families but working in line with state policy expectations could disrupt the direct translation of policy through 'worker antagonism' (Kerr, 1999; 183). For example, in family 3, the analysis outlined how the key worker provided comments about the family in a Team Around the Family meeting that refuted claims made about the seriousness of the family's anti-social behaviour. Although, ultimately, she could not stop the intervention (and the family were moved into the core block), the key worker was aware that there was a wider agenda to target the family's low social mobility and she was able to challenge the accusations made about the family. In line with Povey's (2017; 11) research, this could be argued to show that some practitioners do not deliver government policy dispassionately;

*"Their experiences reflect a 'softness' within the practices of frontline welfare professionals – relationships show understanding and common interests"*

This meant that the family viewed the key worker as an ally, but also meant that her advocacy role further ingrained the family's mistrust of social care (although not with wider services in general) (Sen, 2016). Equally, the role of advocacy could create emotional and resistant responses for practitioners towards wider services by mitigating conditionality which in certain circumstances they viewed as unjust. For example, as outlined earlier in the analysis, Rebecca (key worker) had been told to stop working with Carla (family 1) as she had maximised her support entitlement, yet Rebecca continued to work informally on behalf of the family due to Carla's inability to cope. Furthermore, in many cases, practitioners would not report instances of problematic behaviour (e.g. in family 4 there was evidence of cannabis use and undeclared paid labour) to stop families getting into further trouble. These examples could be compared to Lipsky's (2010) idea of street level bureaucrats where commonly front-line workers, influenced by their own social values, would be selective in following and applying institutional rules and guidelines to the service users they worked with and could disrupt the punitive order. In fact, by drawing on theories of street level bureaucrats, it was clear that practitioners were not always steering families to meet policy ends (e.g. employment), but would work on behalf of the family's needs. It is clear that the Troubled Families coordinators were concerned by the discretion and ethics of care demonstrated by front line practitioners as can be shown by the quote from Louise Casey who "has urged local authorities to be more 'authoritative' and 'challenging' with families, to cease 'colluding' with parents in making excuses for their children's behaviour and not to worry about being 'nice.'" (Louise Casey, quoted in Arthur, 2015; 450).

The evidence suggesting that key workers embedded a strong ethic of care, adopted their own forms of resistance in their practice and didn't solely concentrate on monitoring families challenges the argument Tepe-Belfrage and Montgomerie (2016; 12) make that practitioners 'pretend' to help the poor, particularly as the majority of support delivered is welfare-based;

“This *social panopticum* then pretends to help and support the poor, but rather creates an ever better form of their control.”

It appears that in this understanding of family support, discourses of coercive care, subtle control and normalisation are achieved through the coaxing of the critical friend role of the key worker. Listening, empathy and kindness is a way to dupe the individual into achieving behaviour change through seemingly uncoercive means. In fact, changing behaviour and ‘pedagogical and spiritual transformation’ via therapeutic interventions, for example those used during parenting courses, teaches individuals to self-blame and manage themselves in a system, which is labelled as empowering or service user-led, but in reality, is argued to leave the structures that marginalise them unchallenged (Peters, 2012c; Foucault, 1977; 121). This has been argued to be achieved through superficial presentation of reasonable and ‘basic, practical things that are the building blocks of an orderly home and a responsible life...like getting the children to school on time’ (DCLG cited in Arthur, 2015; 450) which in reality have a much more targeted rationale to grip families to adhere to wider social norms. Furthermore, voluntary engagement with projects is not wholly voluntary as if there isn’t engagement then further action such as child care proceedings may be taken (Sen, 2016). However, Stenson (2003) has challenge assertions of this nature by questioning whether practitioners can plot strategic pathways and/or individuals can be fully reflective if the intervention is focused on simply getting their basic needs addressed.

#### 9.4 Family agency and choice

In most of the families who took part in the research, a ‘stick’ was not necessary, not only because practitioners agreed this would not achieve behaviour change, but also because families wanted to engage with most of the support. Often families could reflect on why their behaviour was understood to be problematic and that subsequent interventions were justified. In fact, families wanted their children to go to school, they wanted mental health treatment and they often wanted help with parenting and this explains why support was not always viewed as punitive. As Flint (2018; 23) notes;

*“This reveals how normalising impulses have very diverse frames of reference that cannot simply be mapped on to elite constructions, although they also show how individuals locate themselves, often self-critically, within social hierarchies.”*

If families wanted to achieve the same outcomes as practitioners and had positive experiences from working with services, do we come to the conclusion that families have internalised normative values that have been enforced by social control projects, or do we de-legitimise marginalised voices by stating that every choice they make is not really their choice at all, but one that the state has coerced them into? This could be argued to prevent families having a sense of ownership over their empowerment and/or that they can make their own decisions about what support they choose to accept.

Furthermore, it could also be questioned whether academia can forget certain marginalised voices in broader narratives of urban marginality and in policy critiques. For example, many of the families who were not committing anti-social behaviour had similar intolerable attitudes to this form of conduct to existing media and political discourse. It would appear that this could be interpreted as a ‘horizontalisation’ of social conflict, and marginalised families are conforming to stigmatised discourse themselves (Wacquant, 2008). But, equally, some arguments in academia partly devalue the real

and tangible effects of ASB that is problematic for that individual. For example, Louise (family 10) was appalled by some of the ASB that she witnessed at the core block that caused her significant amounts of disruption when completing simple tasks such as putting out her washing or being able to sleep without getting woken up by unreasonable levels of noise. Bearing in mind that she faced similar levels of marginalisation, complex needs and barriers as the individuals that were committing ASB, should ASB be excused for reasons stemming from social exclusion and/or Louise's views be dismissed as an unempathetic judgement of poverty? As Sayer (2017; 155) sums up;

*“Radicals are likely to want to repudiate the programme and to reject its blaming of individuals and families, but in so doing they expose themselves to accusations of denying facts of anti-social behaviour and of idealising targeted groups”*

Sayer (2017) argues that despite the presence of social disadvantage, poverty and structural factors, there needs to be an acceptance that families have problems, and policy needs to target these problems (alongside wider structural issues of poverty), not by framing them in a way that induces stigma but is honest about the realities of social problems. Otherwise this overlooks people who are marginalised and do not commit ASB and condones problematic behaviour. This attitude was voiced in the research by practitioners who argued that not challenging problematic behaviour on account of poverty meant that individuals were effectively pathologised by having no agency to reclaim any control in their lives. Practitioners therefore could individualise responsibility and disapproved of families who were not active in trying to improve their circumstances, and this could be interpreted as laziness. Whether there is an intolerance to the effects of structural factors by practitioners, or an admission that something can be done regardless of poverty- that you can be vulnerable but still have power- is still open for debate. However, to admit that families have a range of issues that require the attention of services, alongside a need for setting out responsibility and behavioural expectations, without creating judgement clearly creates an anxiety in academia, where there may be a fear that stating this need may reinforce anti-welfare rhetoric or justifies conditionality, for example;

*“It can be difficult both to acknowledge that children are likely to take on the disadvantages of their parental context, and to counter politically motivated attempts to blame their parents' approach to child-rearing”* (Sayer, 2017; 161)

This dilemma is often clear in the academic literature. Often, authors are critical of intensive intervention policy which is argued to penalise the poor. However, authors then draw on empirical or archival evidence that suggests that often families have welcomed and benefitted from support, had positive experiences with support and in some cases families are open to certain aspects of conditionality (DeVerteuil, 2014). In fact, in Povey's (2017) research, the respondents found meaningful experiences in their interactions with the elements of support they were obliged to engage with and it appears that families interpret interventions as often reasonable responses to their behaviour, which they acknowledge can be problematic. Ultimately, there appears to be ambiguity in the academic literature about what value to give to marginalised voices, as to admit that interventions might be helpful to families and/or that families can resist/make their own choices goes against anti-state/welfare rhetoric. Furthermore, authors also critique when there isn't available support for families (Crossley, 2016; Gillies, 2005; 2008, Peters, 2012b). It becomes difficult to discern what academics define as support as embedding a social policy ethos and what kinds of support are a form of statecraft. Perhaps this calls for more nuance in academia where arguments

consider whether individuals would have less access to resources without practitioner support.

## **9.5 Conclusion**

This chapter has considered the relationship of power and resistance during the research which has been able to challenge and problematise some of the academic debates surrounding authoritarian practitioner power and family agency in the literature. The research found many nuances in how families understand, interpret and resist some of the interventions that are suggested to them. As a result of these findings, questions emerged regarding on what terms the literature values marginalised voices, particularly when families ask for and/or value the support delivered, accept their behaviour was problematic and also see other people's ASB as unacceptable. The following chapter will discuss the final themes of vulnerability and parenting in relation to the wider literature.

## **10 Discussion of vulnerability**

### **10.1 Introduction**

This final chapter discusses the themes of parenting and vulnerability in relation to the wider literature. The chapter firstly considers definitions of vulnerability in the literature. The chapter then moves on to consider how vulnerability was conceptualised by both practitioners and families in the research. The chapter then investigates the scenarios when opposing understandings of vulnerability by practitioners and families can influence fluctuating levels of empathy and the types of support that families receive during interventions. The chapter then moves on to discuss the context when the application of vulnerability concepts become a lens to scrutinise the role of parenting and child neglect concerns and the implications this has for vulnerable adults that require support.

### **10.2 Conceptualising vulnerability**

Ideas of what constitutes vulnerability influences how one positions, cares and regulates those that are viewed as having diminished capacity to effectively manage their own circumstances. Consequently, there are significant moral underpinnings bound up in formations of vulnerability, which appeal to social justice values through provision of the long standing social contract of services (Brown, 2011). However, ideas of vulnerability can be complicated by behaviour that is deemed morally problematic which draws on discourses of responsibility and arguments of structure and agency.

Vulnerability as a term, is therefore ambiguous and can be applied and removed interchangeably to situations, outcomes and individuals (Brown, 2011). However, a working definition of the vulnerability of individuals is “the extent that their integrity as subjects is overruled by the need for pervasive control and regulation” (Van Loon, 2008; 48). In line with the vulnerability literature, it was evident in the research that there was a clear screening of aspects of vulnerability in family assessments, examined against a ‘vulnerability spectrum’ (Brown, 2012; 43). In the research, practitioner constructions of vulnerability tended to be informed on sociological understandings of what it means to be vulnerable which included internal deficits of self-efficacy and basic skills, the impact of volatile past and present experiences and structural considerations including lack of access to material, health and financial resources. Vulnerability was behaviourally determined, and commonly centred on how the individual’s past had influenced coping strategies in the present, which often meant that the individual’s propensity to fight back and/or manage difficult relationships and/or circumstances was compromised. It was this perceived lack of control that contributed to the practitioner’s perception of individuals as vulnerable, however it did not always mean that practitioners felt that families could not make sense of what was happening during the intervention and/or that families could not express their opinion. Similarly, to the ‘troubled’ families label, practitioners did not explicitly tell families that they thought they were ‘vulnerable’, even though practitioners were certain that families were (Crossley, 2015).

Assigning vulnerability ‘to’ individuals has been argued to justify paternalistic state intervention to regulate behaviour by reinforcing what is normative behaviour (i.e. where the person should be able to live without being a victim/at risk and/or putting others at risk as a result of problematic behaviour), and validates executive provisions



for families where there is not always consent from individual members (Brown, 2011). Brown (2012) argues that since 1997, increasing power has been given to practitioners to make decisions of behalf of those who are considered vulnerable in order to determine their support pathways in their best interests. This shifts the balance of power not only to the practitioner in terms of making decisions, but simultaneously belittles individual knowledge, preference and opportunities to shape support plans. This risks a view of social problems and the individuals that experience them that is informed by and fixed on policy and practice-based interpretations. In fact, Bristow (2013) argues that it would appear the government does not trust adults in general to look after themselves/care for children properly and therefore needs state frameworks, which do not necessarily hear the voices of those that policy and intervention is directly targeted at.

In the research practitioners did not appear to think that they were compromising individuals' agency on the basis of their understandings of vulnerability, which was often linked with their social work practices based on cooperative and often voluntary engagement, rather than through enforcement and/or infantilization. On the contrary, and in line with Brown (2014) 'vulnerability was generally considered by professionals to be a notion which helped frame...difficulties or behaviours in 'caring ways'' (p 379). Even though in programme documents and press releases individuals have been presented as undeserving due to pathologies of recklessness, it appeared in the research that ethics of care and empathy were a key reason why practitioners had selected this career pathway in order to support families that had diminished life chances (Bond-Taylor, 2015). Sen (2016) labels this a 'nurturing culture towards families' (p 295). In fact, care was evident in the work that key workers did, (for example getting beds for children, going to cafes with family members to reduce social isolation, paying for trips to coffee shops and furnishing homes using their own money) and would involve sacrifices that extended beyond their normal working hours which were unpaid.

However, embedded in meanings of care was the possibility that practitioner responses could contain forms of control, which centred on ideas of vulnerability and assumptions about the families' best interests. For example, during the research Rebecca (key worker) for family 1, based on her position of authority, was faced with several moral decisions to make which would have implications for the family. She dealt with this position of power and made these decisions by weighing up the vulnerabilities of the family and the risks they might entail, knowing that her decision might leave her legally accountable if she made the wrong choice. As already discussed in the analysis, she voted in favour of the baby being removed from the care of the family. She decided that the vulnerabilities of the family (e.g. lack of parenting, addiction to cannabis, past accusations of sexual assault, mental health needs and learning difficulties) had created harm within the family and this posed too great a risk to the welfare of the baby. She knew this would deeply affect the family and would probably cause further disruption in the family, but morally she felt that she could not overlook the risks these vulnerabilities posed. In another example, Rebecca rang the police regarding an exchange of cannabis that she witnessed from her car. She reported the incident privately, not only because the exchange was a criminal activity, but because it was also fuelling Sam's habit which was not only harmful to his health, but that also his behaviour was putting Carla's housing tenancy at risk and was prompting him to steal from her to pay for drugs. His behaviour was therefore making Carla more vulnerable. In both of these incidents Rebecca felt that she could not tell the family about these decisions. This was primarily because she wanted to maintain a relationship with the family to continue to alleviate some of their vulnerabilities. But in addition, Rebecca

didn't actually want the family to know that she thought they were vulnerable as Carla did not think of herself as vulnerable in terms of her ability to parent her four children, whereas Rebecca did. This shows that vulnerability can be used to both care for *and* control families, often through means and judgements which the family might not be aware of, which was described as a 'torn loyalty' dilemma for the key worker.

It appears to be difficult for practitioners to decide whether the family member's problematic behaviour that makes them (or another family member) vulnerable, also stems from their existing vulnerability. For example, in family 1, Sam had mental health problems but also had problems with cannabis use. He was trying to seek support for his mental health, however services refused to support him until he sorted his drug problem out. He was also trying to hide his drug habit from child protection services in order that the baby could live in the family home. However, having multiple types of vulnerabilities was difficult for practitioner's to fully relate to in terms of empathy, as whilst Sam was vulnerable it was hard for Rebecca to feel sympathy for him when he kept selling Carla's goods (such as her television) and taking money from her bank account. Clearly it could be argued that receiving support could be made more complex when there were multiple and interlinked vulnerabilities - which was often the case in families in the research who had multiple needs. The scenario of multiple and overlapping needs and vulnerabilities has been problematised by policy critics who claim this not only individualises behaviour but also means aspects of broader vulnerability are not entitled to be dealt with and creates a situation where tackling vulnerability can become positioned in wider discourses of conditionality. For example, Sam could not be helped with one set of vulnerabilities (his mental health) until another (his drug habit) had been alleviated. As Sam had stated that smoking cannabis helped his mental health, it could be assumed that there was a crossover between his mental health and his cannabis habit in terms of his symptoms being relieved. However, sorting his cannabis addiction out first would mean continuing without mental health treatment, risking his cannabis habit continuing. Bearing in mind that the local authority advocates a joined-up approach, it might be argued that individuals are 'warehoused' until crisis point or until Sam took action independently (Povey, 2017). This is problematic and it would appear that conditions on accessing treatment and selective referral criteria are not necessarily cohesive across support services that are supposed to be joined-up. Brown (2014) describes how individuals could be either 'vulnerable victims' or 'dangerous wrongdoers' (p371), however it appears that individuals could be both - and it is difficult to know how to conceptualise empathy and/or provide services for both a perpetrator and a victim.

As the previous example shows, because vulnerability is informally defined and often used as a tool to conceptualise family dynamics and behaviours, its application is therefore value-laden and subjective. Consequently, it can present less clear understandings and demonstrations of behaviour intention and causation and ultimately creates ambiguity and inconsistency in decisions as to whether an individual is deserving of empathy, certain types of support and/or punishment. This can have a number of implications both for families and informing policy. For example, vulnerability might be interpreted as laziness or having the wrong attitude if the family were judged to have the capacity to change (which was the case in family 3). This means individuals are subject to potentially increased coercion and reduced support if vulnerabilities are not interpreted as sincere. Additionally, if the individual does not adopt a vulnerable persona, there may be a perception that the individual is not vulnerable, is making an informed choice to exhibit problematic behaviour and not worthy of support. But does this mean that vulnerability does not exist just because the individual makes a choice to behave in a certain way and/or reject support? In addition, choices individuals make

may be judged by practitioners as the individual having rationality. This could be presented as, if an individual can fully accept they are vulnerable, they are reaffirmed as vulnerable, and may avoid certain elements of conditionality or receive more support (Brown, 2012). What appears to be interesting, is rather than the individuals in these examples being treated as though they have assessed their own circumstances and accepted or rejected notions of vulnerability, vulnerability hinges on whether individuals conform to practitioner suppositions of individual vulnerability, rather than their own self-identity. This raises the question, should practitioners accept that individuals have self-identified as not vulnerable, even if the 'evidence' suggests the contrary? Perhaps the alternative question could be; Can you have agency and still be vulnerable in certain situations? The research suggests that in certain contexts, this is the case, where family members' lives were complicated and chaotic (and therefore making them vulnerable) but often, they were still able to assimilate what was happening in terms of support expectations and practitioner engagement. King (2016) states that whilst 'objective indicators' might indicate exclusion, families do not always think of themselves or their situation this way. Consequently, the risk is that practitioners define families 'by what they are not' which misses out other fundamental factors and considerations such as their strengths (King, 2016; 344). There needs to be increased dialogue between service user and practitioner in order to find a common understanding of support needs, rather than the 'truth' being practitioner-centred (Stenson, 1999).

### **10.3 Child vulnerability and adult agency**

Consistent with the critical social policy and practice literature, in this research, concern for families was particularly centred on child vulnerability where children are conceptualised as inherently vulnerable (Lister, 2006; Churchill, 2007). It was evident in the research that there was increased surveillance of parents to detect if parent vulnerabilities (such as mental health) were impacting on the wellbeing of the child(ren). In Swift and Parada's (2004) study, they argue that evidence of poverty can be one of the main reasons services can intervene in children's lives, and parents are made to show in a short space of time how they will manage poverty so it does not affect child wellbeing. This is because negative issues that can be symptomatic of poverty including mental health difficulties and inadequate parenting can increase the risk of child neglect (Sen, 2016). This creates emphasis not only on children who are placed on the child protection register, but also those identified in situations where there were concerns about parenting, parent's harmful behaviour (e.g. drinking, domestic violence, effects of mental health) putting children not only at risk of immediate harm, but concerns also being based around the risk that children may replicate these behaviours in the future. For example, there was a particular cause for concern surrounding how the lack of parenting would affect the future outcomes of children in family 3. As a result, the family were moved into the core block, not necessarily because of ASB, but because there were concerns about the children's development (the children were still being bottle fed even though they were no longer toddlers), but also because there were anxieties that the children may grow up to behave like their older brother Joseph who was violent, did not go to school and was averse to authority. There are clearly tensions in this scenario between the issue of child neglect and the family's right to a private life. However, concerns with social mobility had justified practitioners entering the family home (and moving the family to the core unit) on the grounds of the children's wellbeing. Arthur (2015) argues that this is because the home and the family remains a crucial site for child socialisation which therefore needs governing if there are predictions parenting will be done inadequately.

Practitioner empathy for families and their vulnerability was complicated by child welfare concerns where there was a shift in practitioner attitudes towards parents, often with a revised critical outlook on their previous vulnerability status. The issue of dirt and mess is indicative of how these vulnerabilities are symbolically separated. In practitioner descriptions of mess and dirt, practitioners would often isolate one room in the house (the parent's bedroom) that could be as messy/dirty as the parents wanted as it wasn't a shared space with children. Furthermore, practitioners could excuse certain poor adult behaviours and leave adults to continue on a path of unhealthy behaviours unchallenged as long as they did not involve the child in this. This presents a number of interesting assertions. First of all, these ideas clearly represented a difference between an adult's welfare and children's welfare based on the assumption of agency, rationality and accountability, which children do not necessarily have. Secondly, it prompts the question, can it not be argued that living conditions that are unsanitary, or behaviour that is harmful is also bad for adults? These meanings had implications for adults where the co-existence of parenting with vulnerability meant they were seen as vulnerable in every other area of life, but were held to account specifically for their parenting, which could affect the form of support and/or empathy felt towards parents. But, if practitioners believed that parents cannot make rational decisions for themselves (which is often why they have received the attention of services) then it is confusing to understand why practitioners assumed that parents could get over their vulnerabilities/reflect on them and make different or more informed choices for their children. What different form of agency did practitioners expect to see in their parenting which could not already be discerned from other areas of their life? There seems to be an increase in moral ideology and expectation, despite the fact that parents have the same amount of (sometimes limited) agency. Perhaps more critical policy commentators might link this to being about maternal and paternal instinct, by presuming that adults would make different choices for children. However, it might be more likely that when interventions are child centred, practitioners do not necessarily fully situate or value the parent's opinions on their life journeys or their interpretation of support (Forrester, Westlake and Glynn, 2012).

The shift in attitudes towards parents with vulnerabilities by practitioners could cause tension in terms of what practitioner interpretations of child vulnerabilities were. There were a number of situations during the research that showed divisions in what was interpreted as child neglect, and what counted as effective solutions to ensure the wellbeing of children. For example, as already outlined in the analysis, both the key worker and social care practitioners and Annie and Craig agreed that their eldest daughter continually running off was a problem that needed to be resolved. Annie and Craig's solution was to install a bolt and latch on the living room door to physically stop her. However, the practitioners believed that the matter should have been resolved by parenting their daughter not to run away. They in turn interpreted Annie and Craig's solution as concerning, but to Annie and Craig physically stopping her running away made sense. Whilst this is not a comment on whether Annie and Craig should or shouldn't have installed the lock on the door, in line with social care they were ultimately trying to control risk and protect their daughter – so both parties were heading to the same outcome that integrated ethics of care. However, feedback to the family appeared to confirm the family's inadequacies, rather than acknowledge common values. Perhaps seeing the commonalities in values, rather than a focus only on practicalities could shift the connotations of bad parenting to be about good intention in situations where parents have not intentionally tried to harm their children.

The social importance of parenting was clear in the intensive interventions and parenting was considered an issue in families by most of the practitioners in this

research. The literature suggests that deficient parenting cannot be easily eradicated but support can attempt to moderate some of the effects (Arthur, 2015). There is now a large evidence base that suggests that parenting courses can have positive effects on parenting strategies and parental stress levels and can reduce challenging behaviour exhibited by children (Bunting, 2004; Barlow and Stewart-Brown, 2001). The nature of parenting programme evaluations being evidence-based meant that parenting courses were trusted as the solution to better parenting by practitioners, with the hope that newly learned skills and knowledge might override some of the behaviours that put children at risk of poor behavioural outcomes.

Much of the content on the parenting course observed in this study was in line with many existing parenting programme components (Nixon and Parr, 2009; Lucas, 2011; Bunting, 2004). It was found that during the course, all of the parents that regularly attended had a positive experience. This is in line with much of the existing literature which emphasises that parents did not feel they were being preached to, and benefitted from the course learning outcomes (including more control and less temper tantrums from children) and increased wellbeing through feelings of calmness, being able to cope and building social networks, more confidence and less stress (Barlow and Stewart-Brown, 2001). The personalities of the parenting practitioners, the useful techniques taught and enhanced parental understanding of their child's behaviour was also helpful. It was clear that parents felt that the behaviour of their children had changed. But, also of importance, increasing the confidence levels of parents had a meaningful impact on them. There was also evidence of less harsh and physical discipline of children that parents identified as attributable to the course (see Bunting 2004 for similar findings).

The literature suggests that parenting programmes can increase good behaviour in children, but there are limitations. Critiques around pressure to change behaviour within the duration of the course could be felt by the parents attending who could feel that there was something wrong with their child – or them, if parenting strategies were unsuccessful. Other criticisms made by the parents were that the courses did not always 'allow children to be children' and that they were being tightly regulated to make children all the same. The course could also create tensions in the parent's relationships when only one parent attended the course and their partner did not adopt the same taught strategies. There were also issues surrounding how effective some parents were at implementing the strategies that were taught.

Clarke and Churchill (2010) suggest that one of the most fundamental issues with parenting programmes is that they are fixed and do not allow the space and time for new issues or issues the parents want to discuss to be addressed. Furthermore, it is often mothers that are seen to have the main relationship with children and whilst there is often an acknowledgement of father's and others' influences in the child's life, little action is taken to actively engage these actors on the parenting course. The authors find that these courses seemed to be less effective for families with older children, which could be argued to be the case for family 1 and 3 in this study especially, where the adolescent sons were averse to parental authority.

Peters (2012c) considers whether the therapeutic strategies that the parenting courses used to get families to reflect on their behaviour blames parents for not being able to control their child's behaviour – especially because children do not even engage on the programme, even though the course is about them (Clarke and Churchill, 2010). Holt (2010b) also questions whether courses are trying to teach affection that parents already have. What is interesting is the government insists that parents 'discipline' their children, however the programme teaches play and praise, before it teaches discipline

that is thought of as low-warmth. This could reflect a distinctly class element, where the majority of parents that attend parenting courses are working class (which was also the case in this research). Although this is now being challenged with various authors stating that more and more middle class parents are seeking parenting support (see Cullen et al, 2013), there are concerns that the skills that are taught to parents are from a middle class perspective, suggesting that vulnerability can be mitigated by the assumption that families can 'be educated out of their failing lifestyle' to adopt middle class norms (Taylor and Rogaly, 2007; 440).

#### **10.4 Parenting vulnerability**

There are concerns surrounding parenting interventions that tend to be attended by women (Gillies, 2005). Gendered blame is a prominent theme in the literature where interventions are seen to be targeted at women based on domestic tasks and inefficient maternal instinct that women have failed to carry out. Gender did not appear to be a strong theme in this research, as when there were two parent families the key worker worked with both parents equally. However, where gender clearly was a theme was in terms of cases of child to parent abuse, which was prevalent in the research. Even though children are regarded as vulnerable, and parents regarded as having agency, parents could be vulnerable to their child's aggression. Parent abuse can include physical assault, verbal and nonverbal threats of physical assault, financial, physical and psychological and can be a result of existing patterns of violence, child abuse, assertion of authority (usually male dominance) and lack of role models (Cottrell and Monk, 2004). In the literature, studies have found that child to parent abuse can be as high as a third of families (Cottrell and Monk, 2004). Valentine (1997) states that usually, it is male adolescents that tend to be more aggressive than females, and this tends to be aimed at the mother when family breakdown occurs and/or when there is existing violence and poverty.

This conceptualisation of child-to-parent abuse has emerged indirectly out of research that has focused on other issues (Hunter and Nixon, 2001). As a result, it has been argued that policy and practice developments in child welfare, domestic violence and in criminal justice areas are under developed (Tew and Nixon, 2010). In line with the ASB literature, most child-to-mother abuse appears to remain framed in terms of parenting rather than as a form of violence to be taken seriously (Holt, 2016; Thapar-Björkert and Morgan, 2010). For example, in an ASB case, the youth offender can be deemed as having full agency and a threat to the public. However, when the behaviour that is anti-social is committed in the private sphere, behaviour is often blamed on lack of parenting and/or the fact the perpetrator is a child. Therefore, a mother can be liable for their children's ASB and a victim of child to mother abuse reinforces the feminisation of parenting accountability, and was the case for Annie (family 3). The parallels of ASB cases and child-to-parent abuse is that women can be punished for their failure of not installing adequate discipline.

During the research (and in broader policy frameworks), there was a clear lack of legislation and guidance in this policy area. This was shown in the research when Rebecca's (key worker) advice to combat the parent abuse Carla (family 1) was experiencing was simply to not leave the house in order to stop Sam stealing and selling her possessions. This is an unsustainable solution, with a lack of clear guidance or helpful advice available to both practitioners and parents. As parental advice during the research did not always clearly outline how to deal with child to parent abuse, often abuse would not be effectively addressed. Furthermore, there is also a large amount of stigma and shame regarding seeking help for child-to-parent abuse (Hunter et al,

2010). In the research, Annie (family 3) had felt guilty about phoning the police when her son was attacking her but at the same time felt helpless about dealing with Joseph's aggression.

The focus on parenting can therefore undermine other vulnerabilities such as parent abuse- where going full circle, parenting is used to scapegoat the problem and is also the solution for dealing with violent children.

## **10.5 Conclusion**

This chapter has critically considered the concept of vulnerability in the academic literature and how understandings of vulnerability were interpreted by practitioners and families participating in the research. Ideas of vulnerability are particularly poignant when there are issues of poor parenting which can be interpreted as child neglect by practitioners. What is particularly interesting is the fluctuating application of adult vulnerability that could be the turning point for levels of practitioner empathy and feelings of entitlement. As a consequence, adults' support needs could be deprioritised due to labels of undeservingness based on how children are cared for, regardless if adults still remain vulnerable. This could cause friction with the adults in the families where child neglect was not their intention. The chapter raised important questions regarding the child centredness of policy and the need to understand the relationship between adult vulnerabilities and behaviour intention in all its complexity.

The next chapter discusses the thesis conclusions. It will also discuss the suggested policy recommendations for working with families who require intensive support.

## 11 Conclusion

### 11.1 Introduction

This final chapter of the thesis aims to synthesise the research findings and to discuss what implications these might have for policy and practice. The chapter starts with a reminder of the research aims. Then the research questions are answered. Next, the key findings that address the current gaps in the literature and knowledge are outlined. Finally, policy recommendations are made.

This thesis aimed to understand families' experiences of intensive interventions where behaviour change was the focus of the intervention, and how practitioners' and service users' experiences might offer new insights into the contexts, processes and outcomes of such interventions.

This thesis has considered whether policy and practice frameworks, that are understood to be capable of turning 'problematic' families' lives round, are actually successful, and whether these outcomes are in line with, or differ from, officially constructed policy programme criteria. Using an empirical and longitudinal approach and framed in a context of increasing welfare conditionality, the research has explored the lived realities of families who have multiple and complex problems and their interaction with services within the local delivery of the national Troubled Families Programme in a northern English urban local authority. The research also aimed to understand the ethical, normative and policy implications of intensive family based support using a theoretical and conceptual lens of power and governmentality.

This research has added to the existing knowledge base and addressed some gaps in understanding through revealing nuances in the relationships between practitioners and service users, based on evidence of resistance, attachment and understandings of behaviour change and vulnerability.

### 11.2 Research questions

The next part of the conclusion will return to the research questions.

#### **11.2.1 What are the social and political context and conditions in which families labelled as troubled are conceptualised as being problematic?**

There is a long history of attempts to discursively define, conceptualise and control families who are perceived to be a nuisance to society, usually focused on a small minority of the population to be targeted. Whilst there is not always an articulated defining factor that sets problem families apart from the rest of society, distinguishing features may include large numbers of children, poverty, a messy and dirty home, lack of routine, worklessness, unmanaged mental health problems and substance misuse. Constructions of policy and practice responses based on such definitions and understandings of these families have been applied since at least the Poor Laws regimes in England (Dean, 2010).

The government currently appears to have less faith in the ability of some adults to manage social problems within their families, with this inability justifying and requiring governmental intervention (Bristow, 2013). This lack of ability is usually blamed on a



lack of responsibility, which in turn is blamed on an absence of morals and routine that employment brings. As a result, there has been a drive to get families into work and curb dependency by rolling back the welfare state in addition to a range of measures to stop anti-social behaviour and poor parenting. These social and political discourses have culminated in families being labelled problematic, with the policy solution often being punitively based.

The importance of the family as a site of socialisation, which is conventionally viewed as a private sphere, has been reframed as necessitating the state to intervene due to concerns surrounding child vulnerability and welfare. Interventions are not only to be reactive but combine early proactive and preventative elements. In this understanding, many social problems can be mitigated through education and social practice theory, which are based on the space of the home (cleanliness, bedtime routines) and can be delivered in the home via outreach services or in a core residential unit.

According to practitioners in this research, the contexts where families became labelled as problematic were largely due to their histories of social disadvantage which had influenced and informed their coping mechanisms and routines in the present. This was largely reflected through avoidance behaviours, however laziness could also feature as an explanation for poor behaviour.

Practitioners did not agree with the discursive discourses embedded in national policy and they rejected the label 'troubled.' However, conceptualising the causes of family behaviours and judging the capacities of families to act created clear limits to practitioners' tolerance throughout the research, where practitioners could understand that families had upsetting histories, and were in poverty, however this was not seen as an excuse to behave poorly and victimise other people who could be regarded as being equally vulnerable.

### **11.2.2 How are behaviour change mechanisms constructed and enacted in practice by professionals and what are the outcomes of intensive interventions?**

This research has shown that behaviour change cannot be easily achieved, with a range of different behavioural change outcomes evident in the families during the intervention and the research period. Behaviour change was non-linear and comprised a strong temporal element which could include periods of crises and dysfunction. The research revealed evidence of many different forms of behaviour change. These included change that was achieved from a small amount of practical help, usually around finances and access to housing, as evidenced in the cases of families 8, 9 and 10. However in family 8, there were more issues in the family (including mental health problems and domestic violence) that had not been shared with the key worker and for which, therefore, support was not provided. These families were not always taught new behaviours as they were already exhibiting them, however they were taught how to use their skills to manage problems when unexpected events occurred. It was often this process of getting families to use their existing strengths and knowledge to react to problems rather than avoid them that was the catalyst in achieving positive behaviour change. At the other end of the spectrum, no evident substantive behaviour change occurred in families 1, 2 and 6. In these families, practitioners were often working informally with the family in order to sustain them in the community and ensure that their basic needs were met. Support was about maintenance and pastoral care, rather than using mobilisation approaches.

Within the spectrum of 'behaviour change' to 'no behaviour change' the research identified that there could be temporary behaviour change (where a family could slip back into old habits) which included family 3 and family 5. In the case of family 5, the temporary behaviour change that occurred appeared to be an issue of availability of, and access to, services, rather than Dominic overtly resisting intervention, as it was the removal of service provision that caused him to become increasingly unwell and not being able to fully access education. Finally, there was evidence of change that could be described as relational change (which is change that is good progress for the individual family but does not necessarily fulfil policy criteria) which described family 4 and family 7. In terms of family 7, they were making changes to their behaviour, but they still had work to do in terms of managing their children's behaviour, tackling Andrew's cannabis addiction and finding a suitable school for Freddie.

Practitioners were sometimes effective in achieving 'hard' measurable outcomes, for example decreasing some child welfare concerns, anti-social behaviour and truancy. There was also evidence of successful achievement of soft outcomes within the families which included increases in self-esteem, feelings of assertiveness and feeling able to keep calm in stressful situations. However, projects achieved less impact in terms of mental health issues, substance dependency and intra-family violence. Perhaps this is because overcoming mental health and substance dependency is a long-term process, alongside a lack of mental health resources, stringent referral criteria and lack of practitioner training in CBT techniques and trauma-informed approaches. Furthermore, child to parent abuse is an under developed area of policy that means formal effective practice has not yet been developed adequately enough to combat and/or manage child to parent abuse.

Behaviour change cannot be attributed solely to economic and social structures, programme interventions, or the orientations, aptitudes and relationships of individuals, but rather, results from a combination of these influences. In terms of structure, families tend to do better when they are in safe housing with access to basic resources such as money, food, water and heat. In relation to project influences on behaviour change, this tends to be due to a relationship between families and practitioners which is creative and flexible (Parr, 2009a; Flint, 2011a). In terms of individual change, families must be able to understand why behaviour needs to change, be able to act and must want to engage voluntarily. Practitioners do have constraints to their role which therefore means behaviour change cannot be guaranteed solely through interventions (e.g. contact hours with families can be a few hours a week), in addition to resistance demonstrated by families.

It was clear that in order to achieve behaviour change in families, practitioners used a range of strategies and approaches that had to be worked out and negotiated depending on the family's capacity for change, the complexity of problems, family viewpoints and their capacity and orientation to resist. Relationship based/case work approaches were the most evident form of engaging and working with families. This was achieved by building rapport and a connection through listening to the family, being non-judgemental, providing access to resources, workers proving themselves to the family (often through their advocacy role and through providing practical help) and demonstrating what they had in common with the family. This included considering the needs of all family members. By building a trusting relationship with families, practitioners could draw on techniques such as motivational interviewing (to establish what families wanted to change but perhaps did not know how to), social practice theory (by teaching and modelling new skills and behaviours), behaviour change theory (understanding and overcoming family barriers to change) and strengths-based approaches (building on what knowledge and skills families already have) in order to

effect behaviour change. Practitioners would also use incentives (including days out) and could use (the threat of) sanctioning (e.g. not providing weekly food parcels to families) in order to prompt behaviour change.

By engaging with these techniques (or 'creative social work' (Parr, 2009a)) during different scenarios throughout the intervention, alongside using carefully judged and achievable common aims, families could see and feel progress, both via changes in environment and routine and through increased confidence in their abilities to problem-solve and to manage situations, rather than use avoidance behaviours. Feelings of success and progress also reaffirmed to families that practitioner relationships were about partnership rather than authority, which could strengthen trust and the relationship. The understanding that practitioners were striving for the family's empowerment also cultivated a space where practitioners could challenge families. This shows that modelling, encouragement and practical help were useful to families and could affect their behaviour. It also shows that behaviour change objectives were more likely to be achieved through partnership and empathy, rather than via authoritative and coercive power. Finally, it shows that achieving soft outcomes is just as meaningful as achieving hard outcomes.

However, this is not to say that coercion did not change behaviour. During the research, it was clear that (the threat of) sanctioning could prompt behaviour change. This brought to the fore the idea of behavioural intention, where some of the families did not have basic skills or their basic needs met and did not have the intention of causing problems, and forcing behaviour change via conditionality could make family circumstances even more precarious. In fact, families are often regarded in policy as rational but this is not always the case. Where families are rational – or have the intention to change their behaviour, they still might not change their conduct, which is likely to be due to the effects of trauma and/or because there are positive reasons for, from their own perspective, not changing their behaviour. Getting individuals to act on their agency without them understanding/being ready/experiencing ambivalence can undermine the interplay of complex needs and manifestations of trauma.

This finding is important as practitioners have to negotiate national and local policy expectations – which is more difficult when families join interventions lacking basic skills and crisis management was more likely to be an outcome than transformative change. This shows a tension between the realities of everyday practice and policy expectations i.e. "interventions start at a point of 'mainstream' society" (King, 2016; 344). These pressures culminated in practitioners measuring 'successful' behaviour change informally. Practitioners would categorise families' behaviour change that was not solely measured through Payment by Results and metric indicators, but by practitioners' own informal measures. This was constructed not only in terms of meeting targets and claiming funding through Payment by Results, but also by not pushing families unrealistically beyond their capability and/or putting them under too much pressure, which would ultimately set them up to fail. This required the practitioner to do an assessment of families' capabilities and their capacity to change, which resulted in processes of 'creaming' and 'parking' based on the temporal aspect of family behaviour change which could loosely meet funding requirements. This has important implications for policy when Payment by Results is claimed based on families whose problems were addressed in the present, but would probably require further support in the future. I would argue that families exhibiting avoidance behaviours and practitioners having to develop their own methods of measuring behaviour change that does not put pressure on families via creaming and parking shows that policy is not reflecting the complexity of needs, which could often be long-term and trauma related.

It was evident during the research that practitioners had strong ethics of care which meant there were different levels of care and coercion in understandings of family vulnerability. This could mean that practitioners would carry on working informally with families and practitioners could also have feelings of family attachment. Other observations included decision making on behalf of families without their consent. Making choices for families rather than with them could have emotional implications for practitioners (and for families) where practitioners had to make moral decisions that would upset families and could affect ongoing engagement. This was described as 'torn loyalties.' However, practitioners could also acknowledge that in certain scenarios, non-negotiable aspects of support within families were justified. These reflected a 'limits to tolerance' by practitioners where poor behaviour was not deemed acceptable simply because the family were in poverty and/or vulnerable.

In summary, it would appear that, in general, for behaviour to change, a partnership between practitioners and families was needed in addition to families having the capacity and the will to change through voluntary engagement. Barriers to cooperation and capacity included trauma and mental health problems.

### **11.2.3 How do families with problems experience intensive interventions and make sense of their own behaviour and behaviour change?**

Some of the families who took part in the research had an understanding of wider social norms that framed their own perspectives on their circumstances and behaviours. This included acknowledging what kinds of behaviours were problematic (either exhibited by themselves or by family members) and by judging other individuals for their behaviour (for example being able to recognise ASB in the community). They would often agree that service intervention (either for their own families or for other families in the community) was reasonable and engagement was often much more than doing the bare minimum to try and keep services at bay. In most of the families, support was welcomed. Families often wanted the voluntary support projects offered in terms of help with getting their children to school as families acknowledged it was important for children to have a good education. Families also wanted to be able to control their children's problematic behaviour and appreciated being able to access parenting services, although they were aware of the stigma attached to parenting courses. Many of the family members were aware that they suffered from mental health difficulties and wanted to access services that would alleviate the symptoms they experienced. This means that practitioners are not always trying to get families to adopt new 'terms of reference' as families often already have 'mainstream' normative values, however circumstances and incidences of crises could overwhelm family coping strategies, at which point practitioners would provide guidance (Flint, 2018).

It was clear that the families liked their key workers. The fact that key workers were viewed as less intimidating than other service providers (such as social workers) helped build trust. However, just because the family liked their key worker did not give the key worker complete and uncontested autonomy to entirely dictate support pathways or assume that they would be accepted by the family. Practitioners had to pass a family 'initiation' test before they would work with them, often requiring a demonstration of how practitioners would advocate for them in meetings before they would reveal details about the family or accept confrontation from practitioners. In fact, the research findings suggest that some families could make sense of the support that was delivered and what was meaningful to them. Families could be forthright in outlining what support they wanted and what support they would not be willing to engage in and families had a clear influence in shaping elements of their support

pathways. Families could also monitor and challenge practitioners regarding the delivery of promised support and/or the quality of the support delivered. This often provoked practitioners to take family feedback personally, in addition to a need to please families and wanting families to choose to work with them. In addition, practitioners could also resist wider institutional rules and guidelines via discretion and working informally with families in order to secure ongoing engagement. This can be presented in the literature as uncompassionate delivery of government policy and ignores the fact that practitioners can get attached to families and use their discretion to prevent penalties being awarded to families.

It was therefore clear that building a partnership with families was crucial for support to work and to effect behaviour change and there were evident power nuances in the relationship between key workers and families. There were times when families did feel monitored and families could be defensive when they felt like they were being scrutinised. Despite evidence of vulnerability, the research was able to demonstrate how families were not completely constrained by their wider vulnerability but could act and resist elements of support. Practitioners accepted this would be part of the relationship dynamics and resistance was treated as a normal part of the intervention process, particularly at the beginning of interventions when relationships were being formed. When families did not want support they could actively resist through ignoring phone calls and letters, missing appointments and not completing work that was asked to be done by the practitioner. Instead of using coercion, giving power and control to families (e.g. by using compromise, giving families options and allowing families to suggest alternative support pathways) were important mechanisms in breaking down barriers. This showed that both families and practitioners were tactical in achieving their own agendas. Therefore, a power struggle was present but the position of official authority was not guaranteed to change behaviour. Instead collaboration was needed with practitioners acknowledging that solely using a stick would simply not work for the majority of the time and/or achieve sustainable change.

Whilst some families did have the understanding and the agency to change their behaviour, the research showed that in some of the families, they could not understand service intervention or the consequences of not changing their behaviour. In fact, in some of the families, there was a distinct lack of basic skills, with their basic needs often being unmet prior to services becoming involved. Often, this necessitated practitioners having to develop a strategy of working intensively with families from a position that assumed that there was no family functioning or significant barriers/challenges to family functioning. As already noted, when there was no behaviour change, practitioners had to work at sustaining families in the community, rather than pushing for transformative change. As previously discussed, families' behaviour could be changed through social practice (usually prompted by coercion) without fully understanding the rationales behind it. As Taylor and Rogaly (2007; 432) note;

*“The agency of the families was a factor in the problems they experienced or exhibited, the ingrained structural nature of their poverty was central in creating the context in which their actions played out”*

This means that inappropriate interventions with families who had complex and multiple needs and limited levels of understanding could push these families into further instability and create fragility in family relationships. This raises important questions regarding the ethicality of policy approaches that incorporate conditions that the recipient cannot adequately process and respond to. It may also mean that families could disagree with service providers on what was wrong with aspects of their

behaviour, for example their parenting and/or not see the need to change their behaviour. This could create tensions with practitioners when parental identity was scrutinised, even when parents were not setting out to intentionally hurt or disadvantage their children. For example, in family 3 and family 7 concerns regarding child neglect clearly had an intimidating effect on the parents, where they could not always understand how they were hurting their child(ren). This was an interesting scenario where the families' intentions can be understood more clearly through how they interpreted child safety and risk. Whilst ultimately the solutions were not desirable for practitioners (e.g family 3's bolt on the door to stop May running away, when family 7 took the children out late at night to monitor them whilst they socialised with friends), the end goal/intention of protecting their children was still evident. This raised questions as to whether the issue is one of parenting apathy per se, or whether, alternatively, parents simply do not have the desired parenting skills set. Therefore, ideas of bad parenting need to be reframed through a recognition that parents are often already reflecting a maternal/paternal identity but support is needed to find the most appropriate solutions to children's behavioural problems and/or childcare constraints.

There were also cases where families had the intention of changing behaviour, however they were unable to. I argue this is largely because of the effects of trauma. Although families could not always identify that the barriers they faced in changing behaviour were the effects of trauma, it was clear during the research that trauma was an issue that affected a large proportion of the families, which subsequently had an impact on their daily practices, the chaotic nature of their lives and coping strategies. Traumatic events that had damaged families were acknowledged by practitioners, however there was little evidence of how it was dealt with in practice, or how families were supported by a trauma-informed approach. Similarly, and in line with concerns in the broader literature, mental health problems were extremely common in families and these needs were often not prioritised, or were dealt with by untrained practitioners, particularly where there were children with needs in the family. It was clear that whilst immediate practical assistance delivered by practitioners can alleviate some stressors, more needs to be done in terms of mental health treatment.

In addition, families could feel unsupported by the projects where there were instances of intra-family violence. Often it was the mothers in families who were targeted and they were having to deal with feelings of failure for not being able to control their child(ren), fear at the harm the child(ren) could do to themselves and other family members and guilt at having to tell someone external to the family about violent incidents that had occurred. Practitioners (and the judiciary system) often had little to offer in terms of support and guidance for this form of abuse, which often left mothers feeling overwhelmed and helpless.

#### **11.2.4 What are the ethical, normative and policy implications of families subject to family based intensive interventions?**

Vulnerability was a clear theme in the research where families were assessed against informal understandings of vulnerability constructed by practitioners. This was often based on the impacts of social disadvantage, childhood and adult adversity and how the past had shaped individuals' inability to cope or created attachment issues and avoidance behaviours. This raised a range of ethical issues, particularly related to practitioners' professional status. Whilst there was a clear ethics of care exhibited by key workers who wanted to improve the lives of families through raising their social capital and accessing services rather than punishing them, it could mean practitioners became attached to a family because of empathising with these issues (e.g. some key

workers had been involved with some families for more than five years). Furthermore, practitioners could experience torn loyalties after making continual moral decisions which could affect their relationships with families, but also risked their career if they made the wrong decision. In addition, where there was a perceived lack of vulnerability in families, practice and delivery of support could be inconsistent. For example, understandings of normative practice showed there was a clear link between vulnerability and parenting where there were both short and long term concerns about child neglect, child development and the inheritance of problematic behaviours. It was evident that child vulnerability was of paramount concern to practitioners and this had three ethical, normative and policy implications for parents. Firstly, it meant that adults' vulnerability was reframed as irresponsibility where there was often shifts in perceptions of the vulnerability of parents and reduced feelings of empathy towards them. Secondly support was child-centred, meaning that support for adults was not prioritised and/or delayed, and their behaviour was viewed as damaging to the child, rather than simultaneously damaging to the adult. Additionally, in these scenarios where there was an issue with child to parent abuse, adults were left feeling unsupported, vulnerable and to blame for their children's violent behaviour. Thirdly, parenting practice was viewed as the solution to limiting the risk of poor behaviour, the impact of poverty, mental health and other problematic behaviours which could be achieved through the form of a parenting course.

How families identified with vulnerability could cause tensions with how practitioners viewed the family. If the family affirmed a vulnerable identity this could garner more empathy from the practitioner (and therefore affected support and sanctioning), whereas if they rejected this status, they could appear as undeserving of support, not vulnerable or were less likely to be believed by practitioners. This could create a range of processes including not being honest with the family (e.g. Rebecca and family 1), making decisions on behalf of families which they might not consent to (e.g. family 3 moving into the core block) and withholding certain forms of support (e.g. in family 8 Rebecca did not offer any mental health support/referrals to Lewis as she suspected he was violent towards Ruth and therefore he was both unpredictable and undeserving). Therefore, care could also be coercive and based on entitlement discourses.

As already highlighted earlier on in the chapter, sanctioning and conditionality are ethical issues. Where sanctioning did occur during the research, this was more likely to be benefit payments sanctioning by Job Centre Plus (e.g. in family 1), than by projects themselves. Regardless of who issued the sanction, the effects of sanctioning could be damaging to vulnerable service users. As Fletcher et al (2016; 180) note, the "complicated, disorganised and present-orientated nature of their lives [were] often in conflict with the requirements of conditional welfare." It would appear that sanctioning can only be ethical if people are able to actively react to and process the attached conditions. This research suggests that merely forcing or coercing people to change their behaviour did not usually achieve sustainable positive outcomes and was often counterproductive. This has implications for policy which needs to account for the scenarios where not all families will be able to achieve behaviour change in the time frame of the intervention and in this scenario, support is needed to sustain them in the community by meeting their basic needs, or by giving families time to understand why behaviour has to change, rather than insisting on full behaviour changes regardless of their level of understanding.

### **11.3 Contribution to knowledge**

This section will discuss the empirical, methodological and theoretical contribution of the research to knowledge.

### **11.3.1 Empirical contribution to knowledge**

The gaps in the literature included a lack of clarity surrounding the lived experiences of families subject to intensive interventions and in a context of welfare reform. Explanations of how behaviour changes are achieved and how families negotiate policy and practitioner based expectations of their behaviour were also less developed.

During the research, the lived experiences of families were explored in a context of welfare reform and within a local authority's Troubled Families Programme intervention projects. This gave families a voice and challenged not only national discursive problem family discourse, but also assumptions surrounding the interplay between power and vulnerability in the existing academic and research literature.

The research has shown that there are different types of behaviour change and that the complexities embedded in the process of behaviour change ultimately affects the range of different outcomes families experience, not only at the end of interventions, but during them. An overall assumption of behaviour change can be broken down into different categories, where there can be crisis management, transformative and temporary change occurring all at once, depending on the context. These complexities also include resistance by families, which has previously been labelled 'disengagement' in policy and practice definitions without adequate exploration.

The research has been able to unpick what qualified as 'successful' behaviour change outcomes. For example, by scrutinising the behaviours that had been used to claim Payment by Results, it was revealed that in reality, this was an informal assessment carried out by practitioners, that was based on family behaviour that was 'good enough.' Unpacking this further meant behaviour change could be revealed as relational and personal to the family in comparison with national/local policy criteria, which was considered just as compelling by practitioners. By probing further, it was revealed that many families had been able to improve their behaviour in certain areas, but had been less successful in others. This is a reflection of families' different capacities and capability to change behaviour, and shows the non-linear, uneven, diverse and sometimes unstable outcomes of behaviour change.

By scrutinising the relationship between power, agency and vulnerability, the research identified how the delivery of support was often negotiated based on whether the individual was constructed as a victim or a perpetrator. However, when the respondent was viewed as both victim and perpetrator, this created instances of 'torn loyalties' for practitioners and consequent shifts of empathy and accountability that have not been fully discussed in the literature previously. This was particularly the case when considering how adults were viewed differently in their roles as parents by practitioners. This is important because practitioners reframed adults as suddenly becoming active agents, despite prior assertions of vulnerability, with the assumption that they could make different choices for their children, even though these choices would not necessarily have been representative of how adults make choices in other aspects of their lives. When these different choices did not occur, it appeared that practitioners claimed it was ethical to allow families to live as they wanted as long as children were unaffected by this negative environment, which can invite judgement, reduced empathy and a de-prioritisation of needs for parents.



However, intolerance to some forms of behaviour (e.g. poor parenting) during the research was interesting and prompts a call for nuanced debate in the academic literature regarding behavioural expectations. It was evident that in academia there needs to be a discussion regarding the apolitical and a clearer indication of firstly what counts as support that is welfare-based/embeds a social work ethos and what is a form of statecraft, as there is some ambiguity here. There also needs to be acknowledgement that behaviours can be problematic and justify the attention of services, which does not compromise social justice values or validates all aspects of contemporary welfare reforms. Furthermore, there needs to be further discussion on what action/responsibility should be taken for behaviour that is problematic that could be argued to be influenced by poverty and entrenched structural factors. Finally, listening to and valuing marginalised voices are important to developing these debates.

#### **11.4 Methodological contribution to knowledge**

The methodological approach allowed space to capture family journeys over a number of months that enabled better sense of the nonlinear journeys families take during interventions and capture progress and setbacks, resistance and behaviour change in families. This enabled an opportunity to map interventions as they happened rather than only at the start of interventions and reflections of behaviour change after family cases had been closed. Attending the parenting course also allowed an insight into what material was taught during the course, and how parents responded to it during the sessions over a number of weeks.

The methodological approach captured crises and unexpected events and revealed what the practitioner(s) did to step in to manage the situation in addition to how families reacted. This could be compared to previous periods of crises but it could often show how families dealt (or didn't deal) with new issues and how family progress fluctuated. It also revealed that both transformative and stabilising outcomes could occur simultaneously, in addition to new behaviours that remained stable during periods of crises. Using this approach also reveals the barriers that families faced, how these were attempted to be overcome by practitioners and what approaches/prompts worked to change behaviours in families. It also revealed the scenarios when families were happy to engage (and therefore if changes in attitude/coping strategies ensued) and when they resisted. In these instances, it was possible to trace what happened next in terms of the direction of the intervention (was there a compromise/did the practitioner let the suggested support go/did the family come round to the idea?). In summary, using a longitudinal approach enabled the research to capture the messiness of behaviour change during the process of intensive interventions.

#### **11.5 Theoretical contribution**

Using governmentality enabled a framework to follow the course of an intervention that aims to change behaviour and understand what the processes are that effect change in producing particular behavioural practices, both at the level of the general population and at targeted groups of individuals. This includes exploring the interplay of power and social relations in garnering change, and getting families to perform and maintain revisions to their conduct.

Using the concept of governmentality to frame the analysis was helpful because it was evident in the research that removing the power dynamic and giving back power to the individual subject of interventions could change relationships with services. This led to the findings in the research questioning the totalising nature of authoritarian power that

is often presented in the governmentality literature, which leaves little room for resistance, where in reality power is not totalised, and families could consciously resist and shape support. This was shown in the research by the different types of behaviour change outcomes exhibited by families, the need for partnership for support to work and the extent of family agency and resistance. As Povey (2017; 14) notes;

*“The governance of the poor and disorderly is much messier than macro-level conceptions allow”*

The research showed that intensive interventions could change behaviour and improve the self-efficacy of families. However, whilst the research showed that support was not purely authoritarian, clear incidences of authority do exist where there are non-negotiable elements of support that families must adhere to. Using a governmentality framework, this considered how the nature of the key worker role was able to enforce this through subtle means of therapeutic intervention and counselling. This was particularly observable through the techniques used at the parenting course which encouraged parents to reflect on their own behaviour, rather than practitioners directly telling parents what aspects of their parenting were ineffective.

Where the concept of governmentality has been most helpful is being able to affirm that there needs to be more nuance to the governor/governed binary. Practitioners can also disrupt government policy and interventions are not passionless or impersonal. Support that is delivered does contain elements of a social inclusion and emancipatory ethos, rather than solely coercion. In fact, practitioners on the front line in particular have been shown to deliver support with compassion, discretion and underlying social justice ethics of care. Practitioners go beyond the call of duty to improve the circumstances of the families that they work with. They are not just helping families into employment but giving them confidence to meet their own basic needs. Some of the activities practitioners do with families (helping them to go to a café to reduce social isolation, getting a bed for the children or calling a doctor) are altruistic and some critiques of what key workers do with families misses out the human element in an overwhelming preference in the literature for framing such interactions in a primarily managerial context.

Furthermore, many of the families accepted that their behaviour was problematic and interventions were appropriate. This again questions whether marginalised voices have been devalued in favour of wider narratives of poverty and marginality and/or families have embodied wider societal and often classed norms that embed responsabilising and individualising discourses.

## **11.6 Recommendations**

### **11.6.1 National policy implications**

The research findings suggest that national policy discourses surrounding families with problems need to reinforce that families may have problems but do not necessarily have different values to those constructed as being held by ‘mainstream’ society. There needs to be a conversation within the wider policy and media community which acknowledges that families have multiple disadvantages and problems that is framed in a way that does not create class judgement or stigmatisation (Sayer, 2017).

This research, alongside the existing literature, has shown that there are many successful outcomes and social justice elements of intensive family support (Flint et al, 2011; Batty and Flint, 2012; Nixon et al, 2006). However, it was evident during the

research that there were underlying family needs that remained unaddressed. The fact that families have problems that are complex not only in their number, but also in their depth, suggests that the unaddressed problems families referred to interventions may have had were due to high levels of traumatic stress (Hopper et al., 2010). Policy needs to fully acknowledge the severity of psychological barriers that families experience which can impede behaviour change. These include the immediate and longstanding impacts of trauma on day to day life, rates of domestic violence, substance misuse and low self-esteem. There is emerging evidence that trauma-informed care can improve mental health and substance misuse outcomes in service users who are experiencing the effects of trauma (Hopper et al, 2010). Subsequently, there is a clear need for the implementation of trauma-informed services to be considered at a national level. Such services may be able to influence a reduction in the numbers of families being re-referred for service intervention and achieve long-term economic cost savings from gaps in service provision. This funding could be made available through the next phases of the Troubled Families Programme, particularly as there is an ongoing drive to tackle parental conflict (which includes the prevalence of mental health issues in causing parental conflict) (DWP, 2017). However, there needs to be a focus on the supportive elements of interventions, rather than punitive measures of behaviour change. Coercive measures that are not used as a last resort can undermine the impacts of trauma and can re-traumatise victims.

Taking into account the impacts of trauma and how the effects of trauma can manifest in daily life, there needs to be broader policy conceptualisations of 'success' including consideration of softer outcomes as valid indicators of important behaviour change and these should be valued. Programmes that target behaviour change need to incorporate stages of individual behaviour change (crisis management-stabilising-transformative) that need to be recognised in policy that does not just assume transformative change. Furthermore, crisis management outcomes should be acknowledged as a form of behaviour change, in addition to recognising that soft outcomes such as increased self-esteem can contribute to achieving hard outcomes. This would require a rethink to the Payment by Results regime which incentivises practitioners to claim funding rather than being able to be realistic about behaviour change in families and how it is valued and measured. In addition, different areas of holistic policy should be as equally valued as the drive for employment. This is because a focus on work as a solution to complex needs will not necessarily create inclusion if other needs (such as addressing trauma) are not met or balanced as well.

### **11.6.2 Local policy implications**

Policies should support interventions that use trauma-informed services to develop a trauma-informed system. Trauma-informed services at a local policy and practice level could meet gaps in need and explore barriers to behaviour change in families subject to intensive interventions. In terms of a trauma-informed framework, guiding theories and principles at a strategic level, and models of delivery would need to be established (including better screening and detection of trauma and training of staff in different job roles and agencies) (Hopper et al, 2010). There would also need to be buy in from local agencies to commit to integrating trauma-informed principles. Furthermore, a trauma-informed system needs to join together agencies including the voluntary sector and the National Health Service and will still need to be delivered via a whole household approach that can meet the needs of all family members. In agency programmes, there should be an understanding of how to identify and approach trauma and apply these practically in service-user interactions.

However, it is challenging to implement new localised regimes of practice which may take time (Ball et al, 2016). But, it could also be argued that there would not need to be a complete cultural shift in agency practice, as some principles of trauma-informed care are already used in the whole household approach including crisis planning, goal setting, strengths-based approaches and service user empowerment (Hopper et al, 2010). These strengths of current service delivery should be built upon, however, trauma-informed principles need to inform this way of working. Identifying which areas of current service delivery could be changed or enhanced, both in different organisations and within service programmes, can begin a review process of how trauma-informed care can be integrated and rolled out in practice. If all policy sectors adopt a trauma-informed approach, there may also be better successes in achieving a joined-up approach.

Access to universal and more specialist mental health services needs to be improved so that it does not require untrained key workers to be a substitute for unavailable mental health services. This may show that statutory agencies are increasingly becoming 'reactive' with the consequence that threshold criteria can become increasingly stringent and vulnerable families are not able to access certain services (Flint et al, 2011). Furthermore, whilst voluntary organisations play a crucial role in assisting families with problems, they should not be used to fill gaps in service provision, but must be complemented by the availability of more specialist knowledge and services.

It is important that staff who deal with families that have experienced trauma are also able to access counselling and support services as the research showed they can experience emotional stress from working with families who have complex needs and/or have experienced trauma (Hopper et al, 2010).

### **11.6.3 Frontline practice**

There needs to be a better assessment of family needs which considers the impact of traumatic stress. Even though practitioners work with service users who have experienced trauma, better awareness, understanding of trauma and the impacts of trauma need to be developed and put into practice by practitioners in order to understand why families may not have the ability to change their behaviour. Practitioners on the front line could be trained in trauma-informed care practices and CBT. Trauma Informed Care and Trauma Informed Social Work Practice trains practitioners to be aware of trauma and gives a perception of how past issues inform behaviour and coping strategies in the present. This also 'validates' and 'normalises' the service users' experience and uses the relationship to tactically address trauma through helping service users to also understand this and to find ways to help the service user manage in the present (Knight, 2015; 25). By rolling out trauma-informed care, more choice-led support can be advocated via mutual understanding between practitioners and service users. Practitioners will, therefore, be less inclined either directly or indirectly to undermine how families feel about themselves, their choices and their ability to cope.

However, at present, constructions of vulnerability by practitioners and perceptions of what is best for the family can reinforce a power dynamic because it can override individual choice and can re-traumatise some service users, especially as some key workers do not necessarily have the training and/or background (especially when it is based purely on personality) to notice trauma. Furthermore, parenting practitioners are not necessary able to capture the wider social context of parents' lives during parenting programmes, which is in the context of an education-based environment (Clarke and

Churchill, 2012). This may explain why some families disengage from this support provision.

#### **11.6.4 Future research agenda**

Behaviour change theories do not necessarily work when there is the presence of trauma. Crucially, understanding why behaviour does not change needs to be researched further in terms of the impacts of trauma. Therefore, more research needs to be undertaken to build evidence of how previous trauma can impact on families and how trauma-informed services might be able to treat service users who have experienced trauma. More research in this field would develop further principles and methods of integrating services and develop trauma-informed models, including a review process and evaluation of services (Hopper et al, 2010). Research can clearly outline principles and strategies and research what models are available and appropriate in an applied local context. There is more research needed that looks at how services can develop and implement trauma informed care into chaotic family settings specifically.

As previously stated, there needs to be further investigation as to whether trauma-informed services can indeed improve behaviour change in families that get the attention of services. However, this not a guarantee of behaviour change. It could be the case, as Forrester, Westlake and Glynn (2012; 127) note, that:

*“Furthermore, social work is not always about creating change and sometimes social workers are simply maintaining people in the community”*

If research concludes that this is the case, then maintaining people in the community presents a difficult challenge in terms of funding. It could be the case that extra funding allocated from the Troubled Families Programme can factor in more long-term care support in a less intensive format to be delivered to families on projects beyond two years.

Interventions were often child-centred and future orientated and risk-based. This enhanced the service emphasis on efficient parenting and social mobility and how this might (now and in the future) impact upon children’s welfare. However, these concerns can lead to incorrect assumptions about adult agency and neglects the needs of some adults. Adults’ own needs may need to be addressed in line with parenting/child-centred needs as a close focus on the relationship between parenting and child neglect where there is no intention for harm can be exclusionary for adults. What is needed is both horizontal and vertical policy in ‘services’ and ‘experience’ (Spratt, 2010; 351). This is where problems that are both interlinked (for example parenting) and independent problems adults might have (for example historic child abuse experienced by an adult in the family/low self-esteem issues) can be managed. Therefore, there needs to be delivery of support that concentrates not only on how family needs might affect the child, but of equal importance is valuing and meeting adults’ needs.

Further research is required into understanding child to parent abuse and the impacts this has on families’ chances of changing their behaviour and strategies to tackle this form of abuse that is traditionally blamed on poor parenting. This research could be used to inform local policy on the issue. Clearly more sustained and prolonged research is needed in order to understand the long-term impact of interventions. In the case study city this could involve working with a national charity which was contracted to work with the local authority after families had been signed off through parenting volunteers and informal support.

Finally, it would be beneficial to extend the scope of research surrounding intensive interventions by comparison with international projects working with 'problem' families where there is a different welfare model or no welfare model- e.g. Scandinavia, Brazil.

## 12 Appendix 1: Topic guide

### 12.1 Support and sanctioning questions

Can you tell me a bit about you and your family? (Prompts: who is in your household, how long have you lived in this area? Where did you live previously? What did you do after leaving school? Do you have a job now? What are your children's names, how old are they, where do they go to school etc.).

How did you come to be involved in X project and working with [project worker]?

What problems had you been experiencing? (prompts: neighbours, parenting, school, housing issues, budgeting etc.)?

Are you or anyone in your household working with any other agencies?

Have you had you had dealings with other agencies before? (prompts: school, social worker, police, local authority, housing association etc.) What was that like? Were they helpful? In what ways? If not, why not?

Have you ever been threatened with and/or experienced sanctioning? When?

What did [project worker] say they was there to help you with?

Were you happy to work with [your project worker] or did you feel that you didn't need help?

How did you feel when you first met [your project worker]?

Do you get on well with [your project worker]?

Can you remember how long they have been coming for?

Has [your project worker] helped you and your family? If so, in what ways?

When [project worker] comes round, what do you talk about?

Does [project worker] understand any problems you have?

What does [project worker] do about these issues? Do you decide together? Do you agree with these suggestions? Is there anything you would do differently?

Do you think [your project worker] makes support appropriate for your family? How?

Have there been times where the support received has caused conflict or you have disagreed with support?

How often do you speak to [project worker/how often does [project worker] pop round?

Has [your project worker] been able to help you reflect on any issues you had/have at all?

Do you think the support has made a difference to you so far? How?

Do you think things would be different if you hadn't had the support? How?

Who liaises with services like school or the local authority?

Is there anything more that [your project worker] could be doing to help?

### **12.1.1 Parenting questions**

Tell me again about each of your children

Have there been any issues with the children or comments made by agencies about your parenting?

What challenges as a parent do you think you face?

In what ways has [the project and/or project worker/school] tried to help you as a parent and your child/children? (prompts: routines, parenting skills; child's experience at school, friendships with peers, relationships within the family, support for mental/physical health etc. liaising with agencies etc.).

Has this support for each of these been useful? (Why, in what ways, why not?)

Have you or your children been involved in any other activities with the project, or with school etc.?

Have you attended any parenting programmes? Has this been useful? Why/why not?

Has the support changed anything for you and your children? (prompts, better relationships, better outcomes at school, more effective parenting, routines etc.?)

### **12.1.2 Questions on outcomes**

Is there anything [your project worker] expects you to complete between visits? Do you find it difficult to keep up with the expectations of the project/ project worker (why/ why not)?

Do you think you do anything different now? What would have happened before?

What would a standard weekday be like now and how did it look six months ago?

What have been the best types of support that you have received? Which issues do you think could be better or that you need further support with?

If things are getting better, did this happen quickly or take some time? Has progress been steady or have there been some setbacks?

If there have been changes because of you working with the project/project worker, what do you think has been most important in making these changes happen?

How long do you think you will need the support of the project/ project worker?

### **12.1.3 Questions to ask during each visit**

What has happened with you, your family and the project since the last time we chatted? Have any new issues emerged?

Have you seen the project worker? If so, what did you discuss/ do? Did this help?

Do you think things have been better since the last time we chatted (why/ why not?)

When will you next be seeing the project worker and what will you be doing with them?

The last time we chatted you mentioned these issues [describe them]. What has happened with each of these since we chatted?



#### **12.1.4 Questions for practitioners**

Tell me a little bit about the family and how you came to work with them?

Tell me about your role and what your organisation/project does?

What were your previous job roles/how did you come to work for the organisation?

What core skills do you think you need to be able to work with families?

What are the challenges of the job?

How do you measure behaviour change/progress?

Do you think policy is sufficiently meeting family's needs?

Do you think you can 'turn around' families realistically?

## **13 Appendix 2: Pen Portraits of Families**

### **13.1 Introduction**

In this section of the thesis, information related to each of the families that took part in the research is included. This includes tenure, date and reason for referral and details of the support that was delivered to the family. To reiterate, all names of have been changed and any information that could lead to the family being identified has been excluded.

### **13.2 Family 1**

Family 1 is a White British (English) working class family and consists of single mother Carla and her four children. They are Harriet (aged 24), Sam (aged 21), Sadie (aged 19) and James (aged 18). Only Sam and James live at home with Carla which is rented from a local Housing Association. Sam's girlfriend, Katie, is pregnant with their child and also lives in the property. She has already had one child (with a former partner) removed from her care.

The family was facing eviction from their local Housing Association tenancy due to fact that the smoke from Sam and Katie's cannabis habit could be smelt in the house by the neighbours next door. They had called the police several times regarding this issue.

Carla is in her mid-forties and has lived in the case study city for over 15 years. She is originally from another part of the country, however she moved to the case study city to be nearer to family in order to try and overcome her severe depression after a relationship breakdown with the father of her two youngest children. She still has a relationship with him but they are not officially together. She was originally in a relationship with a man before beginning a relationship with his father (and having her two eldest children with him). This caused a large amount of tension in her family. The relationship broke down due to severe domestic and psychological abuse that was directed at Carla. He has now died.

Carla has a long history of mental illness where she stated she often felt teary and could often not move from her bed when she felt ill. Carla has a range of physical disabilities and suffers from spondylitis and palatial fasciitis. She will probably need the use of a wheelchair in the near future. Carla also has emphysema which means she can struggle to breathe. It is possible she may need a lung transplant in the future but she has been told she cannot have this unless she stops smoking. As she cannot climb stairs, she sleeps on the sofa in the lounge. She does not tend to leave the house very often and relies on Sam to cook meals for her and James. Carla has extremely low levels of self-esteem and is socially isolated after falling out with her only close friend, who is her neighbour. They fell out after the neighbour reported Harriet to social services for smoking cannabis when Harriet should have been looking after her son. Harriet had reacted by physically attacking the neighbour, who in turn physically attacked Carla. It is only in the last month of the research that Carla and her neighbour have started to rebuild their relationship.

Carla was in poverty and had rent arrears which have been significantly reduced through a debt reduction order. She claims a number of out of work benefits including Employment Support Allowance, Disability Living Allowance and Carer's Allowance.

The children also have a range of problems which can cause a significant amount of stress in the family;

- Harriet has learning difficulties which meant that she struggled at school. However, she appears to be settled with her partner, Cameron, and her son from another relationship and there is no service involvement.
- Sam has mental health problems and learning difficulties. He is violent and was placed in a children's home until the age of 18 after setting the family bathroom on fire. He has also attempted to throw fireworks at family members and push them down the stairs. There were accusations he had sexually assaulted his sibling. He has an addiction to smoking cannabis and regularly steals from Carla in order to pay for cannabis.
- Sadie has impaired sight and hearing and has to have regular dialysis for kidney failure. She also suffers from anorexia. She is currently living in supported accommodation and attending an art course at college.
- James has got severe learning difficulties. He attends a school that teaches life skills.
- All the children are in education and/or claim welfare benefits.

The family has been engaged with the Community Regeneration Charity since July 2014. However there has been consistent child and family social work involvement with the family since the children were very young (mainly due to Sam's, James's and Sadie's learning, mental and physical health needs). The family were referred by the Housing Association when the housing officer who came to challenge Carla about the messy front garden realised there were further issues relating to social isolation and vulnerability. The main reasons for support was to deal with debt and budgeting, depression and isolation and the complicated family dynamics.

During the research the key worker had focussed support on:

- Maximisation of welfare benefits and budgeting advice
- Arranging a skip and physically helping to clear the rubbish in Carla's front garden
- Arranging food parcels for the family
- Emotional support
- Ensuring Carla arranges and attends medical appointments
- Encouraged Carla to attend a carer's café and craft café to reduce social isolation
- Family mediation
- Liaising with other agencies involved with the family
- Attempts to get Carla into more suitable housing that would better accommodate her health needs. This would be a property that did not have stairs. Carla was on a waiting list, however this was postponed during the period when social services were considering whether Sam and Katie's baby could stay in the family home
- Arrangements to try and secure Sam and Katie their own property
- Crisis management including liaising with Job Centre Plus when Carla's benefits were stopped and making sure Carla could get access to emergency medication when she ran out
- During the period of support, the key worker was on the panel that decided whether Sam and Katie's baby could live in the property. Rebecca (key worker) was asked not to work with Carla at the time when the decision was made.

Eventually it was decided the baby was to be placed with Carla's sister in another part of the country

By the end of the research, the key worker had been asked to stop working with Carla. However, she continued to work informally with the family to ensure Carla's basic needs were met.

Since the baby was born, Sam and Katie have split up and Sam is now living away from the property.

### **13.3 Family 2**

Terry and Steve are a married gay couple. Terry is in his mid-thirties and Steve is in his early thirties. They are White British (English) and have a working class background. They have formal guardian rights over Terry's sister's three boys (aged 6, 8 and 9) who live with them in the family home, which is rented from a local Housing Association. They were removed from Terry's sister's care due to her severe learning difficulties and alcohol addiction which had caused her to neglect the children. Her first child, Ruby (aged 14), lives with Terry's mother and stepfather, also residing in the case study city. Terry's sister has since gone on to have two more children. Terry was asked if he could care for the babies however Terry did not feel that he had the capacity to look after them so they have been placed in care. Terry avoids contact with his sister and she is not allowed to visit the family. She is unaware of where the family lives as they are in a different part of the country (the case study city) from where the family are originally from.

When Terry first started caring for the children in 2009 he was with his former partner, Richard. However, a violent homophobic attack caused them to relocate to the case study city. Witness protection put the family in touch with the project in the summer of 2010 to assist with finding housing, furniture, schools and health care. This was over five years ago, however Terry and Maggie (the key worker) have maintained a relationship. Maggie also helped Terry's mum move to the case study city in order for her to continue a relationship with the three boys.

Both fathers do not work and claim a number of welfare benefits including Employment Support Allowance, Disability Living Allowance, child benefit and Carers Allowance. Steve was studying to be a nurse however his severe depression caused him to drop out from the course. Terry also has severe mental health problems and agoraphobia. He has a long history of anxiety and suicide attempts, for which he has been hospitalised. He was raped by a non-family member when he was younger. Terry also has Attention Deficit Hyperactive Disorder, which has only been recently diagnosed. He takes medication for this and is having counselling. The key worker also believes Terry has attachment difficulties due to his chaotic family history.

Terry does not have a strong family support network. Tensions with his relations are strained, especially his father who accused him of sexually abusing Terry's disabled younger brother. He also has a temperamental relationship with his mother, who has also been referred to the project by Maggie (key worker) due to Ruby's learning difficulties, attachment difficulties and violent behaviour at home and at school. His mother has a history of severe mental health issues and self-harm.

The boys are also experiencing difficulties. The eldest child has been diagnosed with post-traumatic stress disorder, potentially stemming from witnessing the homophobic attack when he was younger. The second eldest child has autism and social communication problems. The youngest child is currently being tested for ADHD.

During the research the key worker had focussed support on:

- Support with welfare benefits- including the transition from Disability Living Allowance to Personal Independence Payments
- Housing support (including repairs and maintenance)
- Sourcing furniture for the family home
- Helping arrange doctor's services and schools
- Support with children's services
- Family mediation support
- Liaising with other involved agencies involved with the family
- Emotional support
- Crisis management

### **13.4 Family 3**

Annie and Craig are a married couple in their mid-forties and they live in a property rented from the Local Authority. They are a White British (English) working class family. Annie has two children (Alexandra aged 17 and Joseph aged 15) with her first husband. Alexandra lives with her father in another part of the country and does not have a relationship with Annie due to the tension between Annie and her first husband. This is upsetting for Annie. Joseph is very physically violent towards Annie and Craig. The police have been called because of his violent behaviour and Joseph has attended court for physically assaulting Annie. Joseph does not regularly attend school and warning letters have been sent to Annie and Craig by the school regarding his lack of attendance. By the end of the research Joseph had also moved to live with his father, and contact with Annie and Craig had diminished.

Annie and Craig have four children together. May is their eldest daughter, aged 10. She has severe learning difficulties and is violent. She attends weekly respite care. Their second eldest daughter, Kirsty is 8 years old. There have been concerns by services regarding her progress at school and her sexualised behaviour. Their third eldest daughter, Esme, is 7. She has recently been diagnosed with epilepsy and she is also considered to be behind at school. Their youngest son, Alasdair, is aged two. There are concerns surrounding his speech and language development which is considered to be low for his age.

They were referred to the Family Intervention Project in December 2014. The family were confronted with an abatement notice due to complaints about noise related ASB made by their next-door neighbours. The notice was breached and the family were threatened with eviction.

There had been a long interaction with social care regarding concerns with family functioning, child neglect and parenting. These were particularly focused on the level of hygiene and safety within the house, the hygiene of the children and Annie and Craig's ability to parent the children (particularly relating to being able to discipline Joseph and appropriate bedtimes for the children). There were a number of occasions where social services had been involved with the family regarding bruises on two of the children. Annie was escorted by police to the hospital however it was inconclusive whether the bruise was caused by an adult hand. The children had been placed on the Child Protection Register but have since been being taken off.

Annie and Craig receive child benefit and carer's allowance on account of May's learning difficulties. Annie was diagnosed with learning difficulties, however she

believed she had grown out of these. It was also suspected by services that Craig had learning difficulties although this was not formally diagnosed.

During the research the key worker had focussed support on:

- Attending child centred meetings
- Parenting- techniques to combat Joseph's poor behaviour, getting May out of nappies, getting rid of the children's bottles, making sure that the children played safely
- Addressing repairs in the home
- Attendance at meetings with school
- Organising days out
- Attending the police station with Joseph
- Crisis management
- Family mediation
- Undertaking safeguarding checks for visitors going to the property
- Arranging a CAMHS appointment for Joseph
- Arranging and assisting with the core unit move
- Managing the ASB complaints and action
- Managing false allegations Annie made about the neighbours
- Making sure there was safety in home e.g. safe plug sockets, removing the washing machine from the downstairs bedroom, installing a fire guard
- Constructing a budgeting plan as there were concerns about how income was spent
- Emotional support (surrounding paranoia that the neighbours were reporting noise)
- Encouraging healthy eating
- Physically helping clean the house and getting a skip for rubbish
- Assistance with bedtime and bath routines (including phone calls in the evenings to check the family are in bed)
- Helping arrange hospital appointments for Esme
- Arranging school transport for Joseph and May
- Undertaking arranged and unplanned observations of the family's morning and evening routines
- Constructing a cleaning plan
- Sourcing furniture
- Getting toys for the children

### **13.5 Family 4**

Nick and Sophie are both aged 22. They are both White British (English) and from a working class background. They have three sons; Toby (aged 5), Harry (aged 3) and Kieron (aged 2). Sophie had difficult pregnancies with all the children and Harry has respiratory problems. They currently live in the core unit rented from the Local Authority. The family were referred to the project in February 2014 due to ASB. Sophie and Nick had been working with the project for around 12 months when the research began. They were evicted from their home due to ASB which included a lot of drinking/late night parties and noise with a circle of friends who had criminal records and were listed as a risk to children. Sophie was arrested for assaulting a police officer. The family also had significant rent arrears.

Sophie stopped drinking immediately when the family were visited by a social worker and realised that a care plan might be introduced if she did not stop. She is much more cooperative than Nick.

Nick's father was abusive to Nick when he was growing up. Nick was thrown out of the family home as a teenager and left to look after himself for a few years. Nick has served time in prison and has numerous criminal convictions for violence and anger management issues. He has been violently abusive towards Sophie.

Nick struggles to follow rules and structure which makes it difficult for him to maintain a stable job. He previously has experience in a warehouse but the employers let him go after a day due to his criminal record. He is also on a three-year benefit sanction for not cooperating with conditions put on receiving payment (The Work Programme) although this has been lifted now he is cooperating with Job Centre Plus. He was previously relying on hardship payments and on Sophie's benefits as the children are aged five and under.

Nick had a court order against him and had to live apart from the family and could only stay a maximum of three nights with the family due to child protection concerns. The concerns were based on Nick's juvenile criminal record from a few years ago. These have since been lifted.

Sophie's upbringing was not chaotic, however the key worker had suspicions that she was bullied at school. Sophie has low esteem, and anxiety and is consistently controlled by Nick. Sophie has been encouraged to go to a domestic violence victim support group to empower her. Sophie is extremely lonely and doesn't have any friends and only tends to see Nick's family. She struggles to manage the three children as she is on her own a lot of the time as Nick tends to go fishing.

There were concerns that Nick and Sophie would regularly miss doctors appointments for Harry's respiratory condition and be constantly late getting the children to school. They would also miss bill deadlines and ignore payment letters. The family were often left without electricity, even in the core unit.

During the research the key worker had focussed support on:

- Ensuring the children attended school and nursery
- Encourage Sophie and Nick to attend appointments (including with services, the hospital and Job Centre Plus)
- Attending Team Around the Family meetings
- Parenting (particularly around bedtimes and ensuring toys are age-appropriate) and encouraging Nick and Sophie to attend a parenting course
- Encouraging collaboration and communication between Sophie and Nick
- Arranging anger management support for Nick
- Emotional support and confidence boosting
- Family mediation
- Arranging family trips out
- Help with budgeting
- Assisting with the family's transition back into the community
- Encouraging Sophie to attend college to get her GCSEs
- Encouraging Sophie to attend support groups for her self-esteem and empowerment

## **13.6 Family 5**

Ellen is a single mother in her forties and lives with her son, Dominic (aged 16). They are a White British (English) working class family and live in a flat rented from the Local Authority.

Ellen has a number of physical problems related to her back. She suffers from low self-esteem and depression which had been exacerbated by the death of two close family members. Ellen was a part time cleaner, and received child benefit and child maintenance from her ex-partner, however she was struggling financially. She was also struggling to parent Dominic.

Dominic has dyslexia and was consistently bullied at school. The school initially denied claims he was being bullied. Dominic developed chronic anxiety and CAMHS became involved in 2013, as Dominic decided to no longer attend school and would not leave his bedroom. His school were paying for him to attend centres where he could continue with his education and learn new skills such as angling, which Dominic enjoyed. CAMHS had closed the case, however the school decided they would no longer pay for the centre.

When the research began in 2015, the key worker had finished working with the family. The family was originally referred for support in 2014 because of Ellen's mental health and to help Dominic transition back into school. The key worker worked with the school but they said they could not afford to send him back to the centre. Instead Dominic attended a support group of around six students to continue his education. This group ended and Dominic was referred to attend a unit run by the school which was for pupils with anxiety. However, Dominic refused to attend - Ellen could get him to the school building but Dominic would refuse to go inside. The key worker managed to get CAMHS back involved with Dominic and was able to get home education for Dominic. Dominic found it quite hard to connect with people and trust them however he liked his CAMHS worker. During the research (by which time the key worker had closed the case), the support services for Dominic diminished because he was at school leavers age. The school were no longer happy to pay for Home Education or for his exams to be taken at home. Instead the school wanted him to take his exams either at the school or with other students taking exams (e.g. at a local college). This caused Dominic an immense amount of distress, particularly because his favourite teacher left. Eventually Home Education were able to pay for some of his exams to be taken at home. Dominic received his results and unfortunately, he failed all of his GCSEs. Dominic had no qualifications and Ellen was concerned for his future.

During the support period with the family the key worker had focussed support on:

- Helping arrange services for Dominic (including CAMHS and education)
- Supporting Ellen with parenting advice and to build the relationship between mother and son
- Liaising with other support services
- Provision of emotional support and suggesting counselling for Ellen which she declined

### **13.7 Family 6**

Hannah (aged 21) is a single mother and is White British (English) with a working class background. She has a son, Myles, who is aged 3. Hannah and her son live in the core unit which rented from a local Housing Association.

Hannah was referred to the project in January 2015 after declaring herself homeless. She has been involved with the project a total of 5 separate times, both when she was



a child under the care of her mother, and independently as an adult. Hannah struggles to maintain tenancies and consistently declares herself as homeless even when given a local authority property. She was originally not supposed to be allowed back on the project due to theft of furniture the last time she left. Hannah had a chaotic childhood where she was repeatedly homeless. Her mother is addicted to alcohol and she did not have a relationship with her dad.

Hannah was raped a few years ago by a local man. She now feels frightened to go out in case she sees him.

It is possible that Hannah has a personality disorder due to her mood swings. She is on the waiting list to be seen by psychiatric services.

Hannah has a temperamental relationship with the father of her child, Tim, who is physically and psychologically abusive towards her. The relationship originally broke down when Tim had an affair with a significantly older woman. They now have an on/off relationship. Tim was not permitted onto the project overnight, and the key worker felt progress was better when he was not around.

Hannah receives welfare payments as her child is under five years old, however she is looking into bar staff training.

During the support period with the family the key worker had focussed support on:

- Ensuring rent is paid
- Getting Hannah on the housing priority register and obtaining a property
- Signposting Hannah to mental health services
- Ensuring Myles is registered at a school
- Benefits support
- Ensuring access to food packages
- Monitoring the relationship between Hannah and Tim and ensuring he does not stay at the project overnight
- Emotional support
- Ensuring access to subsidised transport

Hannah's engagement with the key worker tends to be sporadic.

### **13.8 Family 7**

Family 7 consists of Andrew and Hollie who are White British (English) with a working class background. They are in their mid thirties. They reside in the core unit rented from a local Housing Association. Both Andrew and Hollie suffer from depression and are both claiming Job Seeker's Allowance welfare benefits. Hollie also suffers from anxiety attacks. They have four children Robin (aged 13), Freddie (aged 11), Leah (aged 9), and Oscar (aged 7).

The family were referred to the project in the summer of 2015 when they presented themselves as homeless to the local authority after Robin attempted suicide. They were previously living with a relative in a two bedroomed house.

Andrew had a chaotic upbringing as his father was a violent alcoholic and left his mother when he was a child. Andrew was associated with a number of people who he described as a 'bad crowd' and as a result got into trouble with the police on a number of occasions. He is addicted to smoking cannabis.

The children have a range of problems. Robin was having tests for psychiatric treatment as he attempted suicide. Freddie has severe Oppositional Defiance Disorder and was getting tested for ADHD. Oscar has fallen behind at school.

All of the family were suffering from the effects of bereavement after Hollie and Andrew's nephew died unexpectedly in a car crash.

The family found it particularly difficult to control Robin and Freddie's behaviour. The children would often run away from school (however Freddie is in the process of being moved to a school that specialises in behavioural needs) and would sometimes sneak out of the flat during the night to hang around in the community. On one occasion Freddie was found in a local pub late at night. He would often run off when Andrew and Hollie asked Freddie to come inside. Several times the police had brought Freddie back to the project. Freddie was physically and verbally aggressive. This was very distressing for both Andrew and Hollie. Freddie has been involved in a number of ASB incidents during the research period including damaging the front gate at the core unit and driving off on a moped he was not old enough or insured to drive.

The social worker became involved due to the incident with Robin and Freddie's schooling and behaviour.

The family was successful in paying their rent and bills over a 11 week period and were rehoused in the community.

During the support period with the family the key worker had focussed support on:

- Ensuring rent and bills are paid weekly
- Benefit maximisation
- Budgeting
- Liaising with education, housing and social services
- Signposting to services

### **13.9 Family 8**

Lewis and Ruth are a married couple in their twenties and are White British (English) with a working class background. Ruth has a daughter from a former relationship, Georgia (aged 14). Ruth and Lewis have two daughters (aged 9 and 7) and a son (8) together. Ruth is pregnant with her 5<sup>th</sup> child. They reside in a property that is rented from a local Housing Association.

The family were referred to the project by the housing association in Spring 2015 due to the front lawn which was untidy and strewn with rubbish. The family were also in arrears and the house required repairs.

Ruth has self-esteem issues but was attending college in order to become a barber/hairdresser. She was successful in working part time in a barber shop on a Friday and Saturday.

Lewis was previously in the army. He was signed off from the army due to a knee injury. He was planning on going back into the army in the following months. Lewis has issues with low mood and anger management.

The key worker suspected that there was domestic violence, however Ruth would change the conversation if the key worker approached the subject.

The project worker helped with the removal of the rubbish, however Ruth warned her there was needles (potentially drug paraphernalia) in the bin bags, which the key worker suspected were Lewis', although this was never confirmed.

The key worker noticed that there was tension in the family between Ruth and Georgia, as Georgia was self-medicating her dental problems by taking tablets. She also made a fire for attention in her bedroom.

The key worker referred Ruth and Georgia to a family strengths project where Georgia could do activities such as horse riding, as well as enjoy a day at the seaside with Ruth and her other siblings.

During the support period with the family the key worker had focussed support on:

- Benefit maximisation
- Help with budgeting to pay off rent arrears
- Referring the family to a cooking course
- Referral to family bonding projects
- Getting beds and white goods for the house
- Chasing up housing repairs
- Removal of rubbish
- Emotional support

### **13.10 Family 9**

Louise was in her fifties and has a White and Black Caribbean ethnicity with a working class background. She had moved to the core unit, rented from a local Housing Association in the summer of 2015. Originally, Louise was living with her sister, who was also her landlord and had neglected the property for a number of years. Consequently, Louise had no heating or hot water and there was raw sewage flowing into the house. After she moved out of her sister's house she accumulated a large amount of debt before becoming homeless.

Louise has poor mental health, with the possibility she may have a personality disorder. She suffers from depression, anxiety and insomnia. She was also infected with human immunodeficiency virus (HIV) from her ex-husband.

Louise has four children. Her eldest daughter is a primary school teacher. Her other daughter is studying for a social sciences degree. Her eldest son was unfortunately blinded in a road accident but lives independently with his wife and child. Her youngest son is in prison convicted of armed robbery. He is due to leave prison imminently. When he leaves prison he will be coming to live with Louise on the housing project.

Louise was waiting to start receiving carer's allowance for looking after her disabled grandson for a number of days and nights each week. She had lived for a number of weeks without income and was relying on hardship payments and her family.

Louise is regarded as a straightforward case by the key worker as she maintains the property to a high standard, pays her rent and bills each week.

During the support period with the family the key worker had focussed support on:

- Ensuring rent and bills are paid weekly
- Benefit maximisation
- Budgeting
- Signposting to other services including healthcare

### **13.11 Family 10**

Vicky and Scott are a married couple in their forties and are White British (English) with a working class background. They live on the core unit and their flat is rented from a local Housing Association. Scott has two older children from an earlier relationship and Vicky and Scott have two daughters. One is in her early twenties and the youngest daughter is in her early teens. Only the youngest daughter lives with the family. Scott is a relative of Louise's.

The family were referred to the project in summer 2015 after losing their home due to rent arrears. The father of the family had worked as a driver delivering supermarket shopping but a long battle with depression meant he had to give up his job, which caused the family to fall into rent arrears. Scott has a heart murmur, diabetes and is severely overweight. He cannot manage stairs. The mother of the family is suffering from cancer and has learning difficulties. The family were a relatively easy case, as they were managing to pay their rent weekly and keep the flat clean and tidy. The family receive a range of out of work benefits however Scott had attempted to claim disability allowance and carers allowance unassisted but failed to fill in the form properly and the claim was rejected. They are now reapplying for disability allowance and carer's allowance, supported by their key worker.

During the support period with the family the key worker had focussed support on:

- Ensuring rent and bills are paid weekly
- Benefit maximisation
- Budgeting
- Signposting to other services including healthcare

## 14 References

- Anti-social Behaviour Act 2003, c.38*. Available at: [http://www.legislation.gov.uk/ukpga/2003/38/pdfs/ukpga\\_20030038\\_en.pdf](http://www.legislation.gov.uk/ukpga/2003/38/pdfs/ukpga_20030038_en.pdf) (Accessed 13 July 2017).
- Anti-social Behaviour, Crime and Policing Act 2014, c.12*. Available at [http://www.legislation.gov.uk/ukpga/2014/12/pdfs/ukpga\\_20140012\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/12/pdfs/ukpga_20140012_en.pdf) (Accessed 13 July 2017).
- Arthur, R., 2015. Troubling times for young people and families with troubles—responding to truancy, rioting and families struggling with adversity. *Social & Legal Studies*, 24(3), pp.443-464.
- Arthurson, K., Darcy, M. and Rogers, D., 2014. Televised territorial stigma: how social housing tenants experience the fictional media representation of estates in Australia. *Environment and Planning A*, 46(6), pp.1334-1350.
- Atkinson, P. A and Coffey, A. 1997. Analysing documentary realities in D. Silverman (Ed.) *Qualitative Research: Theory, method and practice*. London: SAGE, pp.45-62.
- Ball, E., Batty, E. and Flint, J., 2016. Intensive Family Intervention and the Problem Figuration of 'Troubled Families'. *Social Policy and Society*, 15(2), pp.263-274.
- Bannister, J., Hill, M. and Scott, S., 2007. More sinned against than sinbin? The forgetfulness of critical social policy?. *Critical Social Policy*, 27(4), pp.557-560.
- Barlow, J. and Stewart-Brown, S., 2001. Understanding parenting programmes: parents' views. *Primary Health Care Research & Development*, 2(2), pp.117-130.
- Bate, A. 2016. *The Troubled Families programme (England)*. London: House of Commons Library.
- Batty, E. and Flint, J., 2012. Conceptualising the contexts, mechanisms and outcomes of intensive family intervention projects. *Social Policy and Society*, 11(03), pp.345-358.
- Batty, E., 2014. Learning and soft outcomes: evidence from intensive intervention projects. *Social Policy and Society*, 13(3), pp.357-369.
- Berriet-Sollicie, M., Labarthe, P. and Laurent, C., 2014. Goals of evaluation and types of evidence. *Evaluation*, 20(2), pp.195-213.
- Bevir, M., 2010. Rethinking governmentality: Towards genealogies of governance. *European Journal of Social Theory*, 13(4), pp.423-441.
- Bewley, H., George, A., Rienzo, C. and Portes, J. 2016. *National Evaluation of the Troubled Families Programme: National Impact Study Report*. London: Department for Communities and Local Government.
- Blades, R., Day, L. and Erskine, C., 2016. *National Evaluation of the Troubled Families Programme: Families' experiences and outcomes*. London: Department for Communities and Local Government.
- Blamey, A. and Mackenzie, M., 2007. Theories of change and realistic evaluation: peas in a pod or apples and oranges? *Evaluation*, 13(4), pp.439-455.

- Bloomfield, L. and Kendall, S., 2012. Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Primary health care research & development*, 13(4), pp.364-372.
- Boddy, J., Smith, M. and Statham, J., 2011. Understandings of efficacy: cross-national perspectives on 'what works' in supporting parents and families. *Ethics and Education*, 6(2), pp.181-196.
- Boddy, J., Statham, J., Warwick, I., Hollingworth, K. and Spencer, G., 2016. What kind of trouble? Meeting the health needs of 'troubled families' through intensive family support. *Social Policy and Society*, 15(02), pp.275-288.
- Bond-Taylor, S. 2014. The politics of 'anti-social' behaviour within the Troubled Families programme in S, Pickard (Ed.) *Britain: Victorian and contemporary perspectives*. Basingstoke: Palgrave Macmillan, pp. 141-154.
- Bond-Taylor, S., 2015. Dimensions of Family Empowerment in Work with So-Called 'Troubled' Families. *Social Policy and Society*, 14(03), pp.371-384.
- Bowen, G.A., 2009. Document analysis as a qualitative research method. *Qualitative research journal*, 9(2), pp.27-40.
- Bristow, J., 2013. Reporting the riots: Parenting culture and the problem of authority in media analysis of August 2011. *Sociological Research Online*, 18(4), p.11.
- Brown, G., 2009. 'Gordon Brown's Labour Conference speech in full.' Available at: <https://www.theguardian.com/politics/2009/sep/29/gordon-brown-labour-conference-speech-in-full> (Accessed: 12 July 2017).
- Brown, K., 2011. 'Vulnerability': handle with care. *Ethics and social welfare*, 5(3), pp.313-321.
- Brown, K., 2012. Re-moralising "vulnerability.". *People, Place & Policy*, 6(1), pp.41-53.
- Brown, K., 2014. Questioning the vulnerability zeitgeist: Care and control practices with 'vulnerable' young people. *Social Policy and Society*, 13(03), pp.371-387.
- Bryman, A., 2012. *Social Research Methods*. Oxford: Oxford University Press.
- Bunting, L., 2004. Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), pp.327-343.
- Bunting, L., Webb, M.A. and Shannon, R., 2017. Looking again at troubled families: parents' perspectives on multiple adversities. *Child & Family Social Work*, 22(S3), pp.31-40.
- Burney, E., 2002. Talking tough, acting coy: what happened to the anti-social behaviour order?. *The Howard journal of criminal justice*, 41(5), pp.469-484.
- Burney, E., 2005. *Making people behave: Anti-social behaviour, politics and policy*. Devon: Willan Publishing.
- Cameron, A., 2010. The contribution of housing support workers to joined-up services. *Journal of interprofessional care*, 24(1), pp.100-110.

Cameron, D., 2011. 'PM's speech on the fightback after the riots.'. Available at: <https://www.gov.uk/government/speeches/pms-speech-on-the-fightback-after-the-riots> (Accessed: 12 July 2017).

Carr, H., 2010. Looking again at discipline and gender: Theoretical concerns and possibilities in the study of anti-social behaviour initiatives. *Social Policy and Society*, 9(01), pp.77-87.

Carter, E. and Whitworth, A., 2015. Creaming and parking in quasi-marketised welfare-to-work schemes: designed out of or designed in to the UK work programme?. *Journal of social policy*, 44(02), pp.277-296.

Casey, L., 2012. Listening to troubled families. London: Department for Communities and Local Government.

Charmaz, K. 2008. Grounded Theory as an Emergent Method. In S, Hesse-Biber and P, Leavy (Eds.) *Handbook of Emergent methods*. New York: The Guildford Press, pp. 155-172.

Charmaz, K. and Liska Belgrave, L. 2012. Qualitative Interviewing and Grounded Theory Analysis. In J, Gubrium., Holstein, J., Marvasti, A., McKinney, K (Eds.) *The SAGE Handbook of Interviewer Research: The Complexity of the Craft*. London: SAGE, pp. 347-366.

Churchill, H., 2007. New labour versus lone mothers' discourses of parental responsibility and children's needs. *Critical Policy Analysis*, 1(2), pp.170-183.

Clarke, K., 2009. Early intervention and prevention: lessons from the Sure Start programme, in M, Blyth and E, Soloman (Ed.) *Prevention and Youth Crime: Is early intervention working?* Bristol: The Policy Press, pp. 53-68.

Clarke, K. and Churchill, H., 2012. 'A chance to stand back': Parenting programmes for parents of adolescents. *Children & Society*, 26(4), pp.316-327.

CLG. 2012. *The Troubled Families Programme: Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities*. London: Communities and Local Government.

Clifford, J. and Valentine, G. 2003. Key Methods in Geography. London: SAGE.

Cornford, J., Baines, S. and Wilson, R., 2013. Representing the family: how does the state 'think family'? *Policy & Politics*, 41(1), pp.1-18.

Cottrell, B. and Monk, P., 2004. Adolescent-to-Parent Abuse A Qualitative Overview of Common Themes. *Journal of family Issues*, 25(8), pp.1072-1095.

Crawford, A., 2009a. Criminalizing sociability through anti-social behaviour legislation: dispersal powers, young people and the police. *Youth Justice*, 9(1), pp.5-26.

Crawford, A., 2009b. Governing through anti-social behaviour: Regulatory challenges to criminal justice. *The British Journal of Criminology*, 49(6), pp.810-831.

Creswell, J.W., 2014. *Research design: Qualitative, quantitative, and mixed methods approaches*. London: SAGE publications.

*Crime and Disorder Act 1998, c.37*. Available at: <http://www.legislation.gov.uk/ukpga/1998/37/contents> (Accessed 12 July 2017).

- Criminal Justice Act, 2003, c.44*. Available at: [http://www.legislation.gov.uk/ukpga/2003/44/pdfs/ukpga\\_20030044\\_en.pdf](http://www.legislation.gov.uk/ukpga/2003/44/pdfs/ukpga_20030044_en.pdf) (Accessed 13 July 2017).
- Crossley, S. 2015. *The Troubled Families Programme: The Perfect Social Policy?* London: Centre for Crime and Justice Studies.
- Crossley, S., 2016. The Troubled Families Programme: in, for and against the state?. *Social Policy Review: Analysis and Debate in Social Policy*, 28, p.127.
- Cullen, S.M., Cullen, M.A., Lindsay, G. and Strand, S., 2013. The Parenting Early Intervention Programme in England, 2006–2011; a classed experience?. *British Educational Research Journal*, 39(6), pp.1025-1043.
- Davies, J. (Ed.) 2015. *Social work with troubled families: A Critical Introduction*. London: Jessica Kingsley Publishers.
- Day, L., Bryson, C., White, C., Purdon, S., Bewley, H., Kirchner Sala, L. and Portes, J. 2016. *National Evaluation of the Troubled Families Programme: Final Synthesis Report*. London: Department for Communities and Local Government.
- DCLG. 2012. *Working with Troubled Families: A guide to the evidence and good practice*. London: Department for Communities and Local Government.
- DCLG, 2015. *Troubled Families: progress information by December 2014 and families turned around by May 2015*. London: Department for Communities and Local Government. Available at: <https://www.gov.uk/government/publications/troubled-families-progress-information-by-december-2014-and-families-turned-around-by-may-2015> (Accessed 13 July 2017).
- DCLG. 2017. *Supporting disadvantage families: Troubled Families Programme 2015-2020: progress so far*. London: Department for Communities and Local Government.
- D'Cruz, H., 2000. Social work research as knowledge/power in practice. *Sociological Research Online*, 5.
- Deacon, A., 2004. Justifying conditionality: the case of anti-social tenants. *Housing Studies*, 19(6), pp.911-926.
- Dean, M., 2010. *Governmentality: Power and rule in modern society*. London: SAGE publications.
- Demi, A.S. and Warren, N.A., 1995. Issues in conducting research with vulnerable families. *Western Journal of Nursing Research*, 17(2), pp.188-202.
- Derr, M.K. and Taylor, M.J., 2004. The link between childhood and adult abuse among long-term welfare recipients. *Children and Youth Services Review*, 26(2), pp.173-184.
- DeVerteuil, G., 2014. Does the punitive need the supportive? A sympathetic critique of current grammars of urban injustice. *Antipode*, 46(4), pp.874-893.
- DeWalt, K.M. and DeWalt, B.R., with Coral B. Wayland. 1998. Participant Observation. *Handbook of Methods in Cultural Anthropology*, pp.259-299.
- DWP. 2017. *Improving lives: Helping Workless Families*. London: Department for Work and Pensions.



- Dickson-Swift, V., James, E.L., Kippen, S. and Liamputtong, P., 2009. Researching sensitive topics: qualitative research as emotion work. *Qualitative Research*, 9(1), pp.61-79.
- Dillane, J., Hill, M., Bannister, J. and Scott, S. 2001. *Evaluation of the Dundee Families Project*. Edinburgh: Scottish Executive/Dundee City Council/NCH Action for Children.
- Dixon, J., Schneider, V., Lloyd, C., Reeves, A., White, C., Tomaszewski W., Green, R. and Ireland, E. 2010. *Monitoring and evaluation of family interventions (information on families supported to March 2010)*. London: Department for Education.
- Donzelot, J., 1980. *The policing of families*. London: Hutchinson.
- Doody, O. and Noonan, M., 2013. Preparing and conducting interviews to collect data. *Nurse researcher*, 20(5), pp.28-32.
- Dwyer, P., 2004. Creeping conditionality in the UK: from welfare rights to conditional entitlements?. *The Canadian Journal of Sociology*, 29(2), pp.265-287.
- Edenborough, M., Jackson, D., Mannix, J. and Wilkes, L.M., 2008. Living in the red zone: the experience of child-to-mother violence. *Child & Family Social Work*, 13(4), pp.464-473.
- Ellis, C. and Berger, L. 2003. Their Story/My Story/Our Story: Including the Researcher's Experience in Interview Research, in J, Holstein and J, Gubrium Inside (Eds.) *Interviewing: New Lenses, New Concerns*. London: SAGE Publications, pp. 467-494.
- Elo, S. and Kyngäs, H., 2008. The qualitative content analysis process. *Journal of advanced nursing*, 62(1), pp.107-115.
- Evans, R., 2012. Parenting orders: The parents attend yet the kids still offend. *Youth Justice*, 12(2), pp.118-133.
- Fisher, C.B., Higgins-D'Alessandro, A., Rau, J.M.B., Kuther, T.L. and Belanger, S., 1996. Referring and reporting research participants at risk: views from urban adolescents. *Child Development*, 67(5), pp.2086-2100.
- Fitzpatrick, S. and Johnsen, S., 2009. The Use of Enforcement to Combat 'Street Culture' in England: An Ethical Approach?. *Ethics and Social Welfare*, 3(3), pp.284-302.
- Fletcher, D.R., 2011. Welfare reform, Jobcentre Plus and the street-level bureaucracy: towards inconsistent and discriminatory welfare for severely disadvantaged groups?. *Social policy and Society*, 10(04), pp.445-458.
- Fletcher, D.R., Flint, J., Batty, E. and McNeill, J., 2016. Gamers or victims of the system? Welfare reform, cynical manipulation and vulnerability. *Journal of Poverty and Social Justice*, 24(2), pp.171-185.
- Flick, U., 2002. *An introduction to qualitative research*. London: SAGE.
- Flint, J., 2002. Social housing agencies and the governance of anti-social behaviour. *Housing studies*, 17(4), pp.619-637.

- Flint, J. and Nixon, J., 2006. Governing neighbours: Anti-social behaviour orders and new forms of regulating conduct in the UK. *Urban Studies*, 43(5-6), pp.939-955.
- Flint, J., 2011a. The role of sanctions in intensive support and rehabilitation: Rhetoric, rationalities and realities. *British Journal of Community Justice*, 9(1/2), p.55.
- Flint, J., 2011b. Housing studies, social class and being towards dwelling. *Housing, Theory and Society*, 28(1), pp.75-91.
- Flint, J., Batty, E., Parr, S., Platts Fowler, D. and Nixon, J. 2011. *Evaluation of Intensive Intervention Projects*. London: Department for Education.
- Flint, J., 2012. The inspection house and neglected dynamics of governance: The case of domestic visits in family intervention projects. *Housing studies*, 27(6), pp.822-838.
- Flint, J. 2014. *Anti-social Behaviour*. Available at: [http://www.welfareconditionality.ac.uk/wp-content/uploads/2014/09/Briefing\\_ASB\\_14.09.10\\_FINAL.pdf](http://www.welfareconditionality.ac.uk/wp-content/uploads/2014/09/Briefing_ASB_14.09.10_FINAL.pdf) (Accessed 12 July 2017).
- Flint, J. 2018 (Forthcoming). Foucault's Duel: Constructed Narratives and Webs of Meaning in Anti-social Behaviour and Welfare Benefits Governance in the United Kingdom in Bevir, M., McKee, K., and Matthews, P., (Eds.) *Decentring Urban Governance: narratives, resistance and contestation*. London: Routledge.
- Forrester, D., Westlake, D. and Glynn, G., 2012. Parental resistance and social worker skills: Towards a theory of motivational social work. *Child & Family Social Work*, 17(2), pp.118-129.
- Foucault, M. 1977. *Discipline and Punish: The Birth of the Prison*. London: Penguin Books.
- Foucault, M. 1991. *The Foucault reader*. Edited by P, Rabinow. London: Penguin Books.
- Foucault, M., 2002. *Power: Vol. 3 of Essential Works of Foucault, 1954-1984*. Edited by J, Faubion. London: Penguin Books.
- Gans, H.J., 1999. Participant observation in the era of "ethnography". *Journal of contemporary ethnography*, 28(5), pp.540-548.
- Garland, D., 1997. Governmentality' and the problem of crime: Foucault, criminology, sociology. *Theoretical criminology*, 1(2), pp.173-214.
- Garland, D., 1999. Crime control, governmentality and sovereignty. *Governable places: Readings on governmentality and crime control*, pp.15-45.
- Garrett, P.M., 2007a. Making 'anti-social behaviour': a fragment on the evolution of 'ASBO politics' in Britain. *British Journal of Social Work*, 37(5), pp.839-856.
- Garrett, P.M., 2007b. 'Sinbin' solutions The 'pioneer' projects for 'problem families' and the forgetfulness of social policy research. *Critical Social Policy*, 27(2), pp.203-230.
- Garrett, P.M., 2007c. 'Sinbin' research and the lives of others': A rejoinder in an emerging and necessary debate. *Critical Social Policy*, 27(4), pp.560-564.
- Garvie, D. 2012. *Local decisions on tenure reform. Local tenancy strategies and the new role of local housing authorities in leading tenure policy*. London: Shelter.

Gillies, V., 2005. Meeting parents' needs? Discourses of 'support' and 'inclusion' in family policy. *Critical social policy*, 25(1), pp.70-90.

Gillies, V., 2008. Perspectives on parenting responsibility: contextualizing values and practices. *Journal of Law and Society*, 35(1), pp.95-112.

Gillies, V., 2013. Personalising poverty: parental determinism and the Big Society agenda. In W, Atkinson, Roberts, S and M, Savage (Eds.) *Class Inequality in Austerity Britain: Power, Difference and Suffering*. Basingstoke: Palgrave Macmillan, pp. 90-110.

Gillies, V. 2014. Troubling Families: Parenting and the Politics of Early Intervention. In S, Wagg and J, Pilcher (Eds.) *Thatcher's Grandchildren?* Basingstoke: Palgrave Macmillan, pp. 204-224.

Goldsmith, C., 2012. 'It just feels like it's always us': young people, peer bereavement and community safety. *Journal of Youth Studies*, 15(5), pp.657-675.

Goldson, B. and Jamieson, J., 2002. Youth crime, the 'parenting deficit' and state intervention: A contextual critique. *Youth Justice*, 2(2), pp.82-99.

Gomm, R., Hammersley, M. and Foster, P. 2000. *Case study method: Key issues, key texts*. London: SAGE.

Gordon, C. 2002. Introduction in Foucault, M., 2002. *Power: Vol. 3 of Essential Works of Foucault, 1954-1984*. Edited by J, Faubion. London: Penguin Books, pp. xi-xli.

Gray, M., 2014. The swing to early intervention and prevention and its implications for social work. *British Journal of Social Work*, 44, 1750-1769.

Gregg, D., 2010. *Family intervention projects: a classic case of policy-based evidence*. London: Centre for Crime and Justice Studies.

Halmi, A., 1996. The qualitative approach to social work: an epistemological basis. *International Social Work*, 39(4), pp.363-375.

Hammersley, M., 2008. *Questioning qualitative inquiry: Critical essays*. London: SAGE.

Hargreaves, T., 2011. Practice-ing behaviour change: Applying social practice theory to pro-environmental behaviour change. *Journal of consumer culture*, 11(1), pp.79-99.

Hayden, C. and Jenkins, C., 2014. 'Troubled Families' Programme in England: 'wicked problems' and policy-based evidence. *Policy studies*, 35(6), pp.631-649.

Hayden, C. and Jenkins, C., 2015. Children taken into care and custody and the 'troubled families' agenda in England. *Child & Family Social Work*, 20(4), pp.459-469.

Hill, M., Dillane, J., Bannister, J. and Scott, S., 2002. Everybody needs good neighbours: an evaluation of an intensive project for families facing eviction. *Child & Family Social Work*, 7(2), pp.79-89.

HM Government. 2008. *Youth Task Force Action Plan: give respect, get respect – youth matters*. London: Department for Children, Schools and Families.

HM Treasury. 2003. *Every Child Matters*. London: HM Treasury.

- Hodgkinson, S. and Jones, D., 2013. The use of family intervention projects to deal with anti-social behaviour: A preliminary study of keyworker perceptions. *Crime Prevention & Community Safety*, 15(4), pp.278-291.
- Hodgkinson, S. and Tilley, N., 2011. Tackling anti-social behaviour: Lessons from New Labour for the Coalition Government. *Criminology and criminal justice*, 11(4), pp.283-305.
- Holt, A., 2009. (En) Gendering responsibilities: experiences of parenting a 'young offender'. *The Howard Journal of Criminal Justice*, 48(4), pp.344-356.
- Holt, A., 2010a. Disciplining 'Problem Parents' in the youth court: Between regulation and resistance. *Social Policy and Society*, 9(01), pp.89-99.
- Holt, A., 2010b. Managing 'spoiled identities': parents' experiences of compulsory parenting support programmes. *Children & Society*, 24(5), pp.413-423.
- Holt, A., 2016. Adolescent-to-Parent Abuse as a Form of "Domestic Violence" A Conceptual Review. *Trauma, Violence, & Abuse*, 17(5), pp.490-499.
- Holmes, D. 2015. Delivering Phase 1 of the Troubled Families Programme: A Provider's Perspective in J, Davies (Ed.) *Social work with troubled families: A Critical Introduction*. London: Jessica Kingsley Publishers, pp. 124-158.
- Home Office (2011) *More Effective Responses to Anti-social Behaviour*. London: Home Office.
- Hopper, E.K., Bassuk, E.L. and Olivet, J., 2010. Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(2), pp.80-100.
- House of Commons. 2012. *Anti-social Behaviour – The Government's Proposals*. London: House of Commons Library.
- House of Commons. 2017. *Benefit sanctions*. London: House of Commons Committee of Public Accounts. Available at: <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/775/775.pdf>. (Accessed 13 July 2017).
- Housing Act 2004, c.34*. Available at: [http://www.legislation.gov.uk/ukpga/2004/34/pdfs/ukpga\\_20040034\\_en.pdf](http://www.legislation.gov.uk/ukpga/2004/34/pdfs/ukpga_20040034_en.pdf). (Accessed 13 July 2017).
- Hubbard, G., Backett-Milburn, K. and Kemmer, D., 2001. Working with emotion: issues for the researcher in fieldwork and teamwork. *International Journal of Social Research Methodology*, 4(2), pp.119-137.
- Hughes, N., 2010. Models and approaches in family-focused policy and practice. *Social Policy and Society*, 9(4), pp.545-555.
- Hunter, C. and Nixon, J., 2001. Taking the blame and losing the home: women and anti-social behaviour. *The Journal of Social Welfare & Family Law*, 23(4), pp.395-410.
- Hunter, C. and Nixon, J., 2012. Introduction: Exploring Parent Abuse—Building Knowledge across Disciplines. *Social Policy and Society*, 11(2), pp.211-215.

- Hunter, C., Nixon, J. and Parr, S., 2010. Mother abuse: a matter of youth justice, child welfare or domestic violence?. *Journal of Law and Society*, 37(2), pp.264-284.
- Jensen, T., 2013. Riots, restraint and the new cultural politics of wanting. *Sociological Research Online*, 18(4), p.7.
- Jensen, E. and Laurie, C., 2016. *Doing real research: A practical guide to social research*. London: SAGE.
- Jessop, B., 2007. From micro-powers to governmentality: Foucault's work on statehood, state formation, statecraft and state power. *Political Geography*, 26, 34-40.
- Johnsen, S. and Fitzpatrick, S., 2010. Revanchist sanitisation or coercive care? The use of enforcement to combat begging, street drinking and rough sleeping in England. *Urban Studies*, 47(8), pp.1703-1723.
- Jones, A., Pleace, N., Quilgars, D. and Sanderson, D. 2006. Addressing Anti-social Behaviour: An independent evaluation of Shelter Inclusion Project. London: Shelter.
- Jones, R., Matczak, A., Davis, K. and Byford, I. 2015. 'Troubled Families': A Team Around the Family in J, Davies (Ed.) *Social work with troubled families: A Critical Introduction*. London: Jessica Kingsley Publishers, pp. 124-158.
- Kerr, D., 1999. Beheading the king and enthroning the market: A critique of Foucauldian governmentality. *Science & Society*, pp.173-202.
- King, P., 2012. Power. *Approaches*. Pp. 347-351.
- King, H., 2016. The Connection between Personal Traumas and Educational Exclusion in Young People's Lives. *Young*, 24(4), pp.342-358.
- Kiyimba, N. and O'Reilly, M., 2016. The risk of secondary traumatic stress in the qualitative transcription process: a research note. *Qualitative Research*, 16(4), pp.468-476.
- Knight, C., 2015. Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal*, 43(1), pp.25-37.
- Kvale, S., 1996. *InterViews. An introduction to qualitative research writing*. Thousand Oaks, CA: Sage.
- Lambert, M., 2016. In pursuit of" the welfare trait": recycling deprivation and reproducing deprivation in historical context. *People, Place & Policy Online*, 10(3).
- Lee, E., Bristow, J., Faircloth, C. and Macvarish, J., 2014. *Parenting culture studies*. Basingstoke: Palgrave Macmillan.
- Lehmann, E.R., 2015. What if 'What Works' Doesn't?. *Evaluation*, 21(2), pp.167-172.
- Letherby, G., Scott, J. and Williams, M. 2013. *Objectivity and subjectivity in social research*. London: SAGE.
- Levitas, R., 2012. There may be 'trouble' ahead: what we know about those 120,000 'troubled' families. *Policy response series*, (3).
- Liamputtong, P., 2006. *Researching the vulnerable: A guide to sensitive research methods*. London: SAGE.

- Lindsay, G., Strand, S. and Davis, H., 2011. A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental-well being and children's behaviour when implemented on a large scale in community settings in 18 English local authorities: the parenting early intervention pathfinder (PEIP). *BMC public health*, 11(1), p.1.
- Lippert, R. and Stenson, K., 2010. Advancing governmentality studies Lessons from social constructionism. *Theoretical criminology*, 14(4), pp.473-494.
- Lipsky, 2010. *Street-level bureaucracy : dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Lister, R., 2006. Children (but not women) first: New Labour, child welfare and gender. *Critical Social Policy*, 26(2), pp.315-335.
- Lloyd C., Wollny, I., White, C., Gowland S., Purdon, S. 2011. *Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011*. London: Department for Education.
- Local Government Leadership and City of Westminster., 2010. *Repairing broken families and rescuing fractured communities: Lessons from the front line*. London: Local Government Leadership and City of Westminster.
- Lowndes, V. and Pratchett, L., 2012. Local governance under the coalition government: Austerity, localism and the 'Big Society'. *Local government studies*, 38(1), pp.21-40.
- Lucas, P.J., 2011. Some reflections on the rhetoric of parenting programmes: evidence, theory, and social policy. *Journal of Family Therapy*, 33(2), pp.181-198.
- Manochin, M., Brignall, S., Lowe, A. and Howell, C., 2011. Visual modes of governmentality: Traffic lights in a housing association. *Management Accounting Research*, 22(1), pp.26-35.
- Marshall, C. and Rossman, G.B. 1995. *Designing qualitative research*. London: SAGE publications.
- Mason, J., 2002. *Qualitative researching*. London: SAGE Publications.
- May, T., 2001. *Social research: issues, methods and process*. Buckingham: Open University Press.
- McDonald, I., 2006. The 'Respect Action Plan': Something New or More of the Same? *Journal of Social Welfare & Family Law*, 28(2), pp.191-200.
- McKay, J. and Garratt, D., 2013. Participation as governmentality? The effect of disciplinary technologies at the interface of service users and providers, families and the state. *Journal of Education Policy*, 28(6), pp.733-749.
- McKee, K. 2009. Post-Foucauldian governmentality: What does it offer critical social policy analysis? *Critical social policy*, 29(3), pp.465-486.
- McKee, K. 2011. Sceptical, disorderly and paradoxical subjects: Problematizing the "will to empower" in social housing governance. *Housing, Theory and Society*, 28(1), pp.1-18.
- McKee, K. 2012. Foucauldian Analysis. Approaches. Pp. 216-219.

- McNay, L., 2013. *Foucault: A critical introduction*. Cambridge: Polity Press.
- Melhuish, E., Belsky, J., Leyland, A.H., Barnes, J. and National Evaluation of Sure Start Research Team, 2008. Effects of fully-established Sure Start Local Programmes on 3-year-old children and their families living in England: a quasi-experimental observational study. *The Lancet*, 372(9650), pp.1641-1647.
- Miller, S. and Sambell, K., 2003. What do parents feel they need? Implications of parents' perspectives for the facilitation of parenting programmes. *Children & Society*, 17(1), pp.32-44.
- Millie, A., 2009. *Anti-Social Behaviour*. Maidenhead: Open University Press.
- Morgan, J., 2010. Family intervention tenancies: the de (marginalisation) of social tenants?. *Journal of Social Welfare & Family Law*, 32(1), pp.37-46.
- Morris, K., 2013. Troubled families: vulnerable families' experiences of multiple service use. *Child & Family Social Work*, 18(2), pp.198-206.
- Morris, K. and Featherstone, B., 2010. Investing in children, regulating parents, thinking family: A decade of tensions and contradictions. *Social policy and society*, 9(04), pp.557-566.
- Murray, L. and Barnes, M., 2010. Have families been rethought? Ethic of care, family and 'whole family' approaches. *Social Policy and Society*, 9(4), pp.533-544.
- Murray, C. and Phillips, M. 2001. *Underclass + 10 : Charles Murray and the British Underclass 1990-2000*. London: CIVITAS.
- Nixon, J., 2007. Deconstructing 'problem' researchers and 'problem' families: A rejoinder to Garrett. *Critical Social Policy*, 27(4), pp.546-556.
- Nixon, J., 2012. Practitioners' constructions of parent abuse. *Social policy and society*, 11(02), pp.229-239.
- Nixon, J. and Parr, S., 2009. Family intervention projects and the efficacy of parenting interventions in M, Blyth and E, Soloman (Ed.) *Prevention and Youth Crime: Is early intervention working?* Bristol: The Policy Press, pp. 41-52.
- Nixon, J., Parr, S., Hunter, C., Myers, S., Sanderson, D. and Whittle, S. 2006. *Anti-social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects*. London: Communities and Local Government.
- Nixon, J., Parr, S., Hunter, C., Myers, S., Sanderson, D. and Whittle, S. 2008. *The longer term outcomes for families who had worked with Intensive Family Support*. London: Communities and Local Government.
- Nixon, J., Pawson, H. and Sosenko, F., 2010. Rolling Out Anti-social Behaviour Families Projects in England and Scotland: Analysing the Rhetoric and Practice of Policy Transfer. *Social Policy & Administration*, 44(3), pp.305-325.
- Nunn, A. and Tepe-Belfrage, D., 2017. Disciplinary social policy and the failing promise of the new middle classes: the troubled families programme. *Social Policy and Society*, 16(1), pp.119-129.

- O'Malley, P., 1999. Volatile and contradictory punishment. *Theoretical criminology*, 3(2), pp.175-196.
- Parr, S., 2009a. Family intervention projects: A site of social work practice. *British Journal of Social Work*, 39(7), pp.1256-1273.
- Parr, S., 2009b. Confronting the reality of anti-social behaviour. *Theoretical Criminology*, 13(3), pp.363-381.
- Parr, S., 2011a. Intensive family casework with 'problem families': Past and present. *Family science*, 2(4), pp.240-249.
- Parr, S., 2011b. Family policy and the governance of anti-social behaviour in the UK: Women's experiences of intensive family support. *Journal of Social Policy*, 40(04), pp.717-737.
- Patton, M.Q., 1999. Enhancing the quality and credibility of qualitative analysis. *Health services research*, 34(5 Pt 2), p.1189.
- Parton, N., 2008. The 'Change for Children' Programme in England: Towards the 'Preventive-Surveillance State'. *Journal of law and society*, 35(1), pp.166-187.
- Pawson, H. Davidson, E., Sosenko, F., Flint, J., Nixon, J., Casey, R. and Sanderson, D. 2009. *Evaluation of Intensive Family Support Projects in Scotland*. Edinburgh: Scottish Government.
- Pawson, R. and Tilley, N., 2004. *Realist Evaluation*. London: British Cabinet Office.
- Peters, E., 2012a. Social work and social control in the third sector: Re-educating parents in the voluntary sector. *Practice*, 24(4), pp.251-263.
- Peters, E., 2012b. I blame the mother: educating parents and the gendered nature of parenting orders. *Gender and education*, 24(1), pp.119-130.
- Peters, E., 2012c. The weight of my words: the role of confession and surveillance in parenting programmes. *Journal of Social Welfare and Family Law*, 34(4), pp.411-424.
- Pezalla, A.E., Pettigrew, J. and Miller-Day, M., 2012. Researching the researcher-as-instrument: an exercise in interviewer self-reflexivity. *Qualitative Research*, 12(2), pp.165-185.
- Police Reform Act 2002, c.30. Available at: [http://www.legislation.gov.uk/ukpga/2002/30/pdfs/ukpga\\_20020030\\_en.pdf](http://www.legislation.gov.uk/ukpga/2002/30/pdfs/ukpga_20020030_en.pdf). (Accessed 13 July 2017).
- Povey, L., 2017. Where Welfare and Criminal Justice Meet: Applying Wacquant to the Experiences of Marginalised Women in Austerity Britain. *Social Policy and Society*, 16(2), pp.271-281.
- Prior, D., 2009. The problem of anti-social behaviour and the policy knowledge base: Analysing the power/knowledge relationship. *Critical Social Policy*, 29(1), pp.5-23.
- Procacci, G., 1991. Social Economy and the Government of Poverty in M, Foucault., G, Burchell., C, Gordon., and P, Miller. *The Foucault effect: Studies in governmentality*. University of Chicago Press, pp.151-168.



- Punch, K.F., 2005. *Introduction to social research: Quantitative and qualitative approaches*. London: SAGE.
- Rees, J., Whitworth, A. and Carter, E., 2014. Support for all in the UK Work Programme? Differential payments, same old problem. *Social Policy & Administration*, 48(2), pp.221-239.
- Respect Task Force. 2006. *Respect Action Plan*. London: Respect Task Force.
- Rogowski, S., 2011. Managers, managerialism and social work with children and families: The deformation of a profession?. *Practice*, 23(3), pp.157-167.
- Rollnick, S., Kinnersley, P. and Stott, N., 1993. Methods of helping patients with behaviour change. *BMJ*, 307(6897), pp.188-190.
- Rose, N., 1996. The death of the social? Re-figuring the territory of government. *International Journal of Human Resource Management*, 25(3), pp.327-356.
- Rose, N., O'Malley, P. and Valverde, M., 2006. Governmentality. *Annu. Rev. Law Soc. Sci.*, 2, pp.83-104.
- Rutter, M., 2006. Is Sure Start an effective preventive intervention?. *Child and Adolescent Mental Health*, 11(3), pp.135-141.
- Sanders, M.R., 2008. Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of family psychology*, 22(4), p.506.
- Saugeres, L., 2000. Of tidy gardens and clean houses: Housing officers as agents of social control. *Geoforum*, 31(4), pp.587-599.
- Sayer, R.A., 2017. Responding to the Troubled Families Programme: framing the injuries of inequality. *Social Policy and Society*, 16(1), pp.155-164.
- Scott, J. 1990. *A Matter of Record: Documentary Sources in Social Research*. Cambridge: Polity Press.
- Scott, S. 2006. Tackling anti-social behaviour: an evaluation of the Dundee Families Project, in J, Flint (Ed.) *Housing, Urban Governance and Anti-social Behaviour: Perspectives, policy and Practice*. Bristol: Policy Press, pp. 199-217.
- Sen, R., 2016. Building Relationships in a Cold Climate: A Case Study of Family Engagement within an 'Edge of Care' Family Support Service. *Social Policy and Society*, 15(2), pp.289-302.
- Serious Organised Crime and Police Act 2005, c.15*. Available at: [http://www.legislation.gov.uk/ukpga/2005/15/pdfs/ukpga\\_20050015\\_en.pdf](http://www.legislation.gov.uk/ukpga/2005/15/pdfs/ukpga_20050015_en.pdf). (Accessed 13 July 2017).
- Shildrick, T., MacDonald, R. and Furlong, A., 2016. Not single spies but in battalions: a critical, sociological engagement with the idea of so-called 'Troubled Families'. *The Sociological Review*, 64(4), pp.821-836.
- Silverman, D., 2013. *Doing qualitative research*. London: SAGE.
- Spratt, T., 2009. Identifying families with multiple problems: Possible responses from child and family social work to current policy developments. *British journal of social work*, 39(3), pp.435-450.

Spratt, T., 2010. Families with multiple problems: Some challenges in identifying and providing services to those experiencing adversities across the life course. *Journal of Social Work*, 11(4), pp.343-357.

Squires, P. (Ed.) 2008. *ASBO nation: The criminalisation of nuisance*. Bristol: Policy Press.

Starkey, P., 2000. The feckless mother: women, poverty and social workers in wartime and post-war England. *Women's history review*, 9(3), pp.539-557.

Starkey, P., 2002. Can the piper call the tune? Innovation and experiment with deprived families in Britain, 1940–1980s: The work of family service units. *British Journal of Social Work*, 32(5), pp.573-587.

Stenson, K., 1993. Social work discourse and the social work interview. *Economy and Society*, 22(1), pp.42-76.

Stenson, K., 1999. Crime control, governmentality and sovereignty in, R, Smandych (Ed.) *Governable places: Readings in governmentality and crime control*. Aldershot: Ashgate Publishing, pp.45-73.

Stenson, K., 2005. Sovereignty, biopolitics and the local government of crime in Britain. *Theoretical criminology*, 9(3), pp.265-287.

Stenson, K. 2012. The state, sovereignty and advanced marginality in the city in P, Squires and Lea, J (Ed.) *Criminalisation and advanced marginality: Critically exploring the work of Loïc Wacquant*. Bristol: Policy Press, pp.41-60.

Strauss, A. and Corbin, J. 2008. *Basics of qualitative research: techniques and procedures for developing grounded theory*. London: SAGE publications.

Swift, K.J. and Parada, H., 2004. Child welfare reform: Protecting children or policing the poor. *Journal of Law & Social Policy*, 19, p.1.

Taylor, B. and Rogaly, B., 2007. 'Mrs Fairly is a Dirty, Lazy Type': Unsatisfactory Households and the Problem of Problem Families in Norwich 1942–1963. *Twentieth Century British History*, 18(4), pp.429-452.

Tee, S.R. and Lathlean, J.A., 2004. The ethics of conducting a co-operative inquiry with vulnerable people. *Journal of Advanced Nursing*, 47(5), pp.536-543.

Tepe-Belfrage, D. and Montgomerie, J., 2016. Broken Britain: Post-crisis austerity and the trouble with the troubled families programme. *Scandalous Economics: Gender and the Politics of Financial Crises*, pp.79-91.

Tew, J. and Nixon, J., 2010. Parent abuse: Opening up a discussion of a complex instance of family power relations. *Social Policy and Society*, 9(04), pp.579-589.

Thapar-Björkert, S. and Morgan, K.J., 2010. "But sometimes I think... they put themselves in the situation": Exploring blame and responsibility in interpersonal violence. *Violence against women*, 16(1), pp.32-59.

*The Benefit Cap (Housing Benefit) Regulations 2012*. Available at: [http://www.legislation.gov.uk/uksi/2012/2994/pdfs/uksi\\_20122994\\_en.pdf](http://www.legislation.gov.uk/uksi/2012/2994/pdfs/uksi_20122994_en.pdf) (Accessed 13 July 2017).

- The Universal Credit Regulations 2013. Available at: [http://www.legislation.gov.uk/ukdsi/2013/9780111531938/pdfs/ukdsi\\_9780111531938\\_en.pdf](http://www.legislation.gov.uk/ukdsi/2013/9780111531938/pdfs/ukdsi_9780111531938_en.pdf) (Accessed 13 July 2017).
- Thoburn, J., Cooper, N., Brandon, M. and Connolly, S., 2013. The place of “think family” approaches in child and family social work: Messages from a process evaluation of an English pathfinder service. *Children and Youth Services Review*, 35(2), pp.228-236.
- Thoburn, J. 2015. The ‘Family Recovery’ Approach to Helping Struggling Families in J, Davies (Ed.) *Social work with troubled families: A Critical Introduction*. London: Jessica Kingsley Publishers, pp. 74-99.
- Valentine, G., 1997. 'My Son's a Bit Dizzy.' 'My Wife's a Bit Soft': Gender, children and cultures of parenting. *Gender, place and culture: a journal of feminist geography*, 4(1), pp.37-62.
- Van Loon, J. 2008. Governmentality and the subpolitics of teenage sexual risk behaviour, in A, Petersen and I, Wilkinson (Ed.) *Health, Risk and Vulnerability*. London: Routledge, pp. 48-65.
- Van Wel, F., 1992. A century of families under supervision in the Netherlands. *British Journal of Social Work*, 22(2), pp.147-166.
- Wacquant, L., 2008. Ordering Insecurity. *Radical philosophy review*, 11(1), pp.1-19.
- Watts, B., Fitzpatrick, S., Bramley, G. and Watkins, D., 2014. *Welfare Sanctions and Conditionality in the UK*. Joseph Rowntree Foundation.
- Welfare Reform Act 2012, c.5*. Available at: [http://www.legislation.gov.uk/ukpga/2012/5/pdfs/ukpga\\_20120005\\_en.pdf](http://www.legislation.gov.uk/ukpga/2012/5/pdfs/ukpga_20120005_en.pdf) (Accessed 13 July 2017).
- Welfare Reform and Work Act 2016, c.7*. Available at: [http://www.legislation.gov.uk/ukpga/2016/7/pdfs/ukpga\\_20160007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2016/7/pdfs/ukpga_20160007_en.pdf) (Accessed 13 July 2017).
- Welshman, J., 1999. The social history of Social Work: The issue of the ‘problem family’, 1940–70. *British Journal of Social Work*, 29(3), pp.457-476.
- Welshman, J., 2013. *Underclass: a history of the excluded since 1880*. London: Bloomsbury.
- Welshman, J., 2017. Troubles and the family: changes and continuities since 1943. *Social Policy and Society*, 16(1), pp.109-117.
- White, C., Warrender, M., Reeves, A. and La Valle, I. 2008. *Family Intervention Projects: An Evaluation of Their Design, Setup and Early Outcomes*. London: Department for Children, Schools and Families/Communities and Local Government.
- White, C. and Day, L. 2016. *National Evaluation of the Troubled Families Programme: Process evaluation final report*. London: Department for Communities and Local Government.
- Yee, W.C. and Andrews, J., 2006. Professional researcher or a ‘good guest’? Ethical dilemmas involved in researching children and families in the home setting. *Educational Review*, 58(4), pp.397-413.

Yin, R.K. 1981. The case study crisis: Some answers. *Administrative science quarterly*, 26(1), pp.58-65.

Yin, R.K. 1994. *Case study research: Design and methods*. London: Sage

Yin, R.K. 2003. *Case study research: Design and methods*. London: Sage.

Zainal, Z., 2007. Case study as a research method. *Jurnal Kemanusiaan*, 9.