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Using part-time fostering as a family support service: advantages, challenges and contradictions

Abstract

This paper examines the use of part-time fostering as a means to support families with social care support needs. It is based on a qualitative case study of the support care service. Support care is a supportive intervention for families at risk of breakdown and long-term separation. The service attempts to forge positive relationships with parents and provides short breaks for children and young people. The service attempts to be flexible and responsive to individual needs, but is time-limited, with typical intervention periods lasting between six and twelve months. Three support care schemes participated in the research and ten placements were followed for their duration. Eighty two individual interviews were conducted and data was collected from twenty two participant observation sessions. The aim of the research was to examine the 'doing' of support care. This included exploring stakeholder experiences, the aims and outcomes associated with the service, together with attempts to facilitate family change. The paper considers the advantages and contradictions inherent in this form of family support. Key aspects are related to broader considerations of family support services including the effectiveness of time-limited interventions and competing social work demands to support families as well as safeguard children.

Introduction

Support care is a service designed to support families who are experiencing crisis and who are at risk of becoming separated. It has been promoted by The Fostering Network across England and Wales since the 1990s, with the organisation supporting and encouraging local authorities and independent sector bodies to establish schemes within their areas. The service is described as being:

> at the interface of fostering services and family support services, offering a preventative intervention that avoids families becoming separated. Planned, time-limited, short breaks away from home are combined with family support work to promote change. Resources offered are flexible and tailor-made to suit family circumstances, providing day, evening, overnight or weekend breaks that meet the needs of individual families (The Fostering Network 2008: 5).

In accordance with The Fostering Network, the term 'support care' is used throughout this article. However local services may be known by other names including short breaks, support breaks, support foster care, family link placements or respite care.

Families engaged with support care are matched with a support carer. Emphasis is placed on partnership and non-judgemental support. Brown, Fry and Howard (2005) noted the approach was developed as a response to families who wanted to retain control of their lives, but who simply needed a break. Arrangements for short breaks attempt to be flexible to the family's needs, although typically involve one or two overnight stays per month. During these periods, support carers may work with children and young people to address behavioural or developmental issues, as well as engage them in a range of activities. In addition, carers are also considered to be a source of support for parents. This may include the provision of parenting advice and encouragement, as well as more general support and advocacy. Support

care placements are periodically reviewed, either in isolation or as part of the statutory review process for children in need or subject to the child protection process. The service is comparable to the use of short breaks to support disabled children and their families. However support care placements are time-limited and the intervention typically lasts between six and twelve months.

Support care has been subject to scant empirical attention, although previous studies have suggested the service is popular with stakeholders (Aldgate and Bradley 1999, Greenfields and Statham 2004), ~~effective in decreasing family tensions (Aldgate and Bradley 1999) and~~ cost effective in comparison with foster care (The Fostering Network 2013)~~.~~ and effective in ~~decr~~easing family ~~tensions~~difficulties (Aldgate and Bradley 1999). For example, interviews and psychometric tests conducted by Aldgate and Bradley (1999) showed the service to be effective in decreasing family tensions and only two out of the sixty children studied entered foster care during the research period.~~For example, only two out of sixty children receiving support care entered foster care during Aldgate and Bradley's (1999) study.~~ However prior to the current research, the views and perspectives of children and parents were only included in one study. Likewise, little was known about how the service was delivered, perceived and experienced by those involved with it, or how it attempted to alleviate family difficulty. Consequently, a qualitative case study was undertaken in an attempt to understand the 'doing' of support care. The research encouraged the participation of all key stakeholders, namely children, parents, support carers and social workers, and sought to understand how relationships were developed, how the service attempted to improve family difficulties and how it was perceived and experienced over the course of the intervention. As well as providing valuable information about support care, the study was also intended to contribute to debates regarding the most appropriate ways to support families in need.

Responding to families 'in need'

For families experiencing social, emotional and economic disadvantage, the obligations and responsibilities of the State remains contested. In recent policy and media coverage, families with social care needs have been referred to as 'disadvantaged' (Welsh Government 2011), 'complex' (Thoburn 2009), 'socially excluded' (Cabinet Office 2007), 'troubled' (Casey 2012), and 'problem' (Express 2013). Such reference provides insight into the variety of ways in which families' support needs are conceptualised. For example Huw Lewis, Communities and Tackling Poverty Minister in Wales, announced additional provision for 'vulnerable families' and explicitly recognised the impact of poverty on parenting (Welsh Government 2013). In contrast, Louise Casey (2012: 1), the Director General for Troubled Families under the Conservative / Liberal Democrat Coalition Government reflected that the families she had encountered "had entrenched, long-term cycles of suffering problems and causing problems". Viewed in this way families can be dually perceived to be both blameless as well as responsible for their difficulties. As victims, it could be argued that the State is morally obligated to assist, but as perpetrators, families retain some, if not full, responsibility.

The means and methods of state involvement with families with social care support needs have also been subject to debate. In England, recent attention has focussed on how much direct responsibility the State should assume as the Government consults on the privatisation of children's social care services (Department for Education 2014b). More broadly, questions remain as to when the State should intervene, for how long, in what way and for what purpose. For example, Featherstone, Morris and White (2013) have criticised the support offered to families with social care needs and suggested that coupled with a tendency to highlight parents' inadequacies is a dearth of meaningful, practical support to overcome difficulties. In contrast, Martin Narey has suggested that it is detrimental to children when too much emphasis is placed 'fixing' families who are beyond repair (SundayTelegraph 2009).

The Labour Government's term in office (1997 - 2010) signified a more involved state in family life and it has been suggested that this has continued under the Conservative / Liberal Democrat Coalition (Bristow 2013). For example, efforts to teach parents in the form of weekly parenting courses have proved popular in England and Wales and a study of the feasibility of universally available courses has been undertaken in England (Department for Education 2014a). Current social policy responses have also favoured the development of holistic services which attempt to consider the needs of the 'whole family' (Morris *et al*. 2008). These include intensive programmes designed specifically for families with multiple and complex needs, such as Family Intervention Projects (FIPs) in England and the Integrated Family Support Service (IFSS) in Wales. Again differences in approach are evident between countries with England favouring more "muscular" (Frost and Parton 2009: 165) and "assertive" (Morris and Featherstone 2010: 560) programmes in comparison to Wales.

Despite the array of initiatives designed to support families, the numbers of looked after children have continued to increase in both countries with populations rising by 12% in England (Department for Education 2013) and 23% in Wales since 2009 (Statistics for Wales 2014). In both countries foster care remains the dominant provision for children separated from their families (Department for Education 2013, Statistics for Wales 2014). The rise has been associated with more risk averse practice following the high profile media coverage of the abuse and murder of Peter Connolly (National Audit Office 2014). ~~Yet while the efficacy of family support initiatives has not been the focus of media and public concern, its future nevertheless seem uncertain. For example, i~~In a speech to the National Society for the Prevention of Cruelty to Children (NSPCC) in 2013, the then Secretary of State for Education, Michael Gove also placed renewed emphasis on the need to 'rescue' abused and suffering children (Gove 2013).

Considered against this political and practice backdrop, support care both compliments and contrasts with current approaches. The service is unusual in its incorporation of both family support and foster care characteristics. On the one hand it aims to prevent family breakdown and is conceptualised as a holistic, 'whole family' service. However, more interventionist / child rescue elements are also apparent as support carers provide regular periods of care for children. At the outset of this research, the means by which support care attempted to improve family relationships was unclear. In other words, were support carers expected to teach parents and / or children, how would social workers be involved, what were the goals of the service and what would be would be expected from families within the temporary time-frame? Consequently, research into the 'doing' of support care sought to explore such questions and examine the perceptions and experiences of key stakeholders over the course of an intervention.

The research study

Three support care schemes operating in England and Wales participated in the research. Ten individual support care placements were followed for their duration and included the participation of social workers, support carers, parents, children and young people. A temporal design was incorporated and three or more contact sessions were undertaken with the majority of participants over the course of the intervention. The research questions were concerned with the experiences of all involved over time, the aims of the service, together with its perceived effectiveness.

Ethical approval for the project was secured from XXXX University's School of Social Sciences Research Ethics Committee. Accessible information sheets were made available to potential participants and families were informed that their decision regarding participation would have no bearing on the service offered to them.

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Individual interviews and participant observation constituted the principal research methods. The complimentary nature of the methods has previously been recognised by Coffey and Atkinson (2002) who argued that social life is both performed as well as narrated. Qualitative interviews enabled insight into the way respondents felt, viewed and made sense of their experiences (Rubin and Rubin 1995). Participant observation was conducted at support care placement agreement meetings and reviews, and provided for direct insight into the interactions between family members, social workers and carers. The research also involved observing children during their short breaks with carers.

In total eighty two individual interviews were conducted and data was also collected from twenty two participant observation sessions. Interview times ranged from half an hour to two and half hours and observations ranged from forty five minutes (typical review meeting) to several hours (placement observation). The data were analysed using an inductive qualitative thematic approach (Seale 2004).

The families and support carers

The families that participated in the research were all experiencing acute social and economic disadvantage. Difficulties included family conflict, drug / alcohol dependency, inadequate support networks, unstable and volatile relationships, as well as mental and physical ill-health. The ages of the children and young people ranged from a few months old to 15 at the onset of the intervention. Nine of the children were deemed to be 'in need' by social workers, four were the subject of a child protection plan and one a supervision order.

The support carers that participated in the research came from a variety of backgrounds and lived in a variety of circumstances. For example, all of the carers had children but some had young children, some older children and some were grandparents. Some carers were single parents, single carers who were in relationships as well as couple carers. Some were

childminders and had undergone extra training and supervision in order to act as support carers. However for others, an interest or connection to foster care had prompted their involvement with the service.

Findings

The following section provides an overview of the research findings and is structured around conceptualisations of the purpose of families' engagement with support care, the service approach and attempts to facilitate change, together with outcomes achieved at the conclusion of the intervention.

In order to protect the anonymity of participants, all names and identifying features have been changed.

The purpose of short break support

The overarching goal of support care was to prevent family breakdown. However within the delivery of the service other goals and objectives were also apparent. The typology below summarises the variety of functions served by the support care service over the course of the research. Such analysis highlights the potential contradictions inherent in family support services which combine characteristics of support and prevention with monitoring and protection.
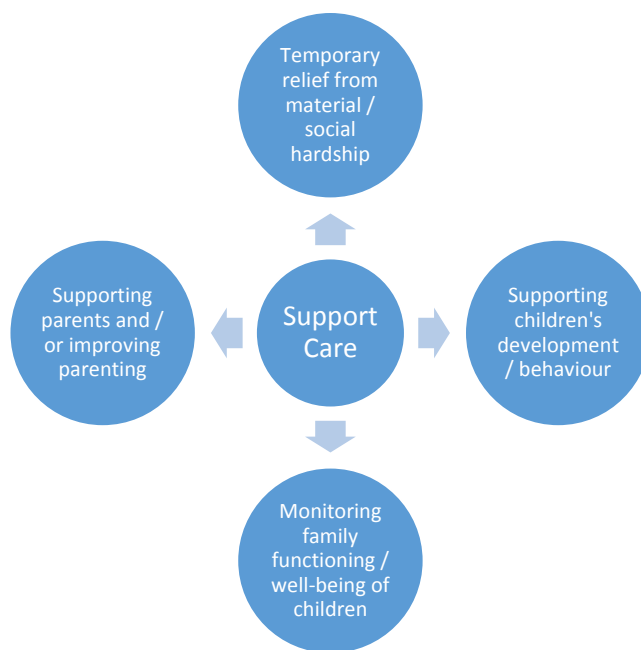
Figure 1: The functions of support care

As shown in the typology, support care was used to support families in a variety of ways. In some instances the service was designed to provide some temporary relief from hardship. For example the service was offered to one family who were living in severely overcrowded conditions. The breaks were designed to give the children some relief from the difficult living arrangements as well as ease the demands on parents.

The use of support care to support parents and / or encourage children's development was observed in several of the cases. Some parents were supported to manage health conditions alongside caring responsibilities while a single-parent family was supported in order to maintain part-time employment and substance rehabilitation. In this way, parents were sometimes eager to engage with the service, describing it as a 'lifeline' in what would otherwise be an inadequate or non-existent support network. For example, Emma (mother) discussed her reaction to being offered the service: "*We* [her and her social worker] *bounced*

up and down, … when we walked out we were like can you believe it … score!". Similarly, Ian (father) stated:

> *Um it was perfect for me cos it meant that I could keep in work. Keeping in work is a big thing for me. It keeps me off drugs and things. … yeah, you know it's given me a bit of stability. It's kept me in work and if I hadn't have had it then who knows what would have happened.*

For younger children, the service ~~could be~~ was used to encourage specific developmental targets such as toilet training or speech and language. For older children, ~~the~~ support carers ~~could be~~were tasked with encouraging anger management skills and / or developing social skills more generally. In addition to short-term goals, longer-term aspirations were sometimes attached to professional and carers' understandings of children's engagement with the service. Some stakeholders expressed hopes of inspiring children, broadening their horizons and motivating them towards a brighter future. For example support carer Paul explained his hopes for Jack (aged 15) "*it is a really rough estate in the area* [where Jack lives], *so he's able to, it sounds awful, but he's able to mix with people who don't come from such rough estates".* Similarly, social worker Jennifer commented: "*I think it's just so lovely when carers can help develop interests that are so out of the realms for a lot of our children".*

Together with efforts to engage parents supportively, it was also apparent that the service provided social workers with increased ability to monitor families. In instances where there were concerns about the welfare of children, the information gathering aspects of support care were highly valued by child and family social workers. For example, social worker Julie stated the family's engagement with the service had given her "*some really good information in terms of* [parent's] *ability to provide a stable safe environment … and to engage appropriately with different professionals who are involved in the case".* The potential for the

service to be used in this way, although rarely made explicit, may have explained some initial reluctance from parents. For example, it was apparent that Rosie (mother) complied rather than welcomed the referral, stating she thought it "*better to work with them* [Children's services] *than against them*".

Service approach

The contrasting comments of Emma, Ian and Rosie above highlight the variety of emotions experienced by parents at the onset of the support care intervention. Some were reluctant to engage with support care due to a mistrust of social services, negative associations with foster care and / or not perceiving themselves as needing support. Yet for others the service represented an ideal provision and there was a sense of happiness or relief at being referred. For children, varied responses were also observed. For some, mixed feelings were apparent: Aaron (aged eight) stated he was "happy to go but a bit nervous" while Ben (aged eight) stated he "was just a little bit scared". In contrast, the oldest young person Jack (aged fifteen) stated that his initial reaction was "no, no way" but was later persuaded to give the service a try as he would be able to engage in a variety of activities with the carer.

~~Despite any~~In recognition of the potential for initial reluctance and anxiety, support care social workers and carers attempted to~~emphasis was placed upon~~ engag~~ing~~e positively and supportively with families. As described by Anne [support care social worker]:

> *I think it's about working in partnership with them [families], it's not about making them feel they are on the outside. ... So yes its partnership, there's no arm behind their back with the service, it's a more warm, relaxed kind of relationship.*

Fahra [support care social worker] stated:

What we often see is that carers make really good relationships with families .... It feels like an extension of the family rather than like being in care if you know what I mean?

Similarly, Nicola (mother) stated:

She's like a friend really. In the beginning I was really nervous because I've never left my kids with anyone. But as soon as I met her, I just knew... She was so lovely and the girls love her so yeah. And with me she always tells me I look nice and she said I looked like I lost weight, things like that that give you a boost you know?

Efforts to engage children and parents at the onset of the intervention were a central feature of the placements and the majority of families developed positive relationships with support carers over the course of the intervention. The following section examines the extent to which such relationships were conducive to improving family relations and / or facilitating change.

Facilitating change through relationships

The positive relationships forged with support carers served to reassure parents about entrusting carers with their children and ensured children felt comfortable and happy to attend the short breaks. Yet carers were also sometimes instrumental in encouraging reconciled relationships and more positive communication. For example, efforts to decrease incidents of aggression and swearing were noted for one young person. Children and young people were also sometimes engaged in activities such as cooking, which could be shared and discussed with families on their return home. Such activities provided opportunities for more positive interactions between parents and children. On occasions, carers also sought to encourage more constructive communication and reflections from parents. For example, the following fieldnotes were taken from a review meeting:

Paul [support carer] was very positive about Jack [age fifteen] throughout the meeting. He immediately corrected Sarah [mother] when she said 'he can be a good boy' with 'he is a good boy'. Sarah then repeated 'yes, he is a good boy'. Paul stated he had encouraged Jack to communicate his feelings less aggressively at home but also reminded Sarah that 'he is a man now, not a boy'.

The fieldnotes help illuminate how the respectful relationship established between the support carer and parent facilitated efforts to improve relations within the family. Paul's positive relationship with Sarah enabled him to gently confront some of her behaviours in a way that was accepted as supportive rather than damning. In a similar example support carer Rachel reflected:

What we found was their way of communicating was different to ours. This is not a judgement on Mum but she [young person] *had learned to communicate in exactly the same way as Mum, you know so that is use of language, screaming. That was the only way she knew how to communicate. ... I used to spend time talking to Mum* [and] *she said "I can see I need to calm down in the way that I speak to her. I get so angry that it just becomes a screaming match".*

The examples above suggest that in order to facilitate change, support carers must navigate a delicate balance between not offending and overtly confronting parents but encouraging change and reflection. Considered in this way, the support carer role is not one of expert or teacher but rather, change is facilitated through a process of supportive engagement, demonstration of positive alternatives and parental reflection.

In other instances, the relationships forged over the course of the support care intervention did not encourage wider family change. For example, the following observations were recorded during a short break session involving Jade [support carer] and Lucy (aged 4):

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> I notice Jade attempting to correct some manners with Lucy. Lucy talks with her mouth full, climbs over the settee, stamps on toys, interrupts and refuses to remain quiet when Jade is attempting to nurse her baby sister to sleep. Over the course of the observation, I observe Lucy being encouraged and praised for saying 'thank you' 'please' and 'excuse me'. I ask Jade if she communicates any of this back to her parents. She states she doesn't as she doesn't have them regularly enough [visits occur fortnightly] and states. '*It's hard as well because you don't want to offend'.* (fieldnotes, placement visit)

While Jade deemed it appropriate to correct Lucy and encourage more positive behaviour (as she perceived it) during the short break sessions, she felt unable to discuss her interactions with Lucy's parents. In this way, efforts to maintain a positive, non-judgemental relationship with parents inhibited a more open discussion of the child's behaviours and / or parenting strategies. Likewise, carers also sometimes reported feeling frustrated by parents who they perceived as unmotivated and lacking impetus to change. For example, support carer Paul reflected:

> *I get attached to these kids quite a bit and it's not in all the cases but in some of the cases it's heartbreaking because you know you're sending them back to where they've come from .... you know they are going back to where mum is sat in front of the telly with a can of beer or cigarettes and x amount of fellas. Or Dad. You know?*

Support carer Karen admitted her husband, who was not a support carer, had similar misgivings about the ability of the service to encourage wider family change:

> *He thinks it's cruel. He can't get his head around it. ... Um and he can't understand when they come from the environments they do and they come here then they go home and then after nine months it's finished. He thinks it's a waste of time but I say "it's*

not a waste of time though because so many changes can happen in that nine months either with the child or with the family's circumstances.

Such examples suggest that although many support carers attempted to engage with parents in a positive and respectful manner, they were not always able to forge relationships, facilitate change and / or provide non-judgemental support.

Support care outcomes

At the conclusion of the support care placements, a number of outcomes were highlighted by stakeholders. For some, tangible improvements were evident in the family situation. For example, issues of overcrowding were resolved for one family while another parent had shown significant progress with substance misuse issues. Outcomes were also commonly highlighted in respect of children. Developmental improvements such as speech and mobility were noted for younger children. For example, over the course of her engagement with the service, Chloe (aged 3) stopped wearing nappies. This had been an issue identified at the onset of the service as Chloe's mother had mobility difficulties which hindered her ability to consistently encourage her daughter to use the toilet. Similarly, social worker Jennifer discussed the progress made by Jack (aged 15) over the course of the intervention:

With Jack there has been changes in his behaviour in every way. He is at college and he is doing well at college... and he has stopped smoking. He is better in the house and he is just so much more positive about his life now. It is really nice to see him now and I think that is down to Paul. I do.

While positive changes were often attributed to the involvement of the support carer, as in the example above, it is important to note that the impact of the carer cannot be isolated from other potential influences. For example, social worker Beth acknowledged:

Since he's [child] *been going his development has really started to come on ... but obviously you can't say for definite whether that's down to the placement or whether that's organic you know?*

For other families, intangible changes were noted. Reflecting on the impact of the service for one family, social worker Beth stated that "*overall it has been a positive impact on their lives.*" Likewise social worker Jennifer stated:

I think she [mother] *has realised that the children need that adult time. I mean she has seen how the children have responded to the carers and she wants that for herself. And she is making more of an effort, so in that way it has been very positive.*

Jennifer's comments can be related to the example above where change was sometimes facilitated through the demonstration of positive parenting and parental reflection. For Jennifer, the parent's increased awareness around spending time with her children and communicating more effectively with them was a positive service outcome. However it is important to note that the positive assessment was not shared by the mother Sarah who stated: *Nothing's changed here. When they* [children] *were going* [to the short breaks] *they were better* [behaved]". It is noteworthy that Sarah's comments are focussed upon her children's behaviour and make no reference to increased parenting awareness or reflection. Sarah's comments also imply that support care was beneficial whilst it had been available but had not facilitated long lasting change.

The extent to which stakeholders acknowledged on-going family issues at the conclusion of the intervention varied between stakeholders. Support care social workers were more likely to highlight specific ways in which family issues had changed over the course of the intervention whilst children and family social workers were more likely to recognise the continuing, mutating nature of family problems. For example discussing the conclusion of the

service for Ian (father) and his family, support care social worker Maria stated: "*It was their decision ... it's all positive .., they are doing really well*". In contrast, family social worker Julie was more cautious about the family's future "*It was his decision and he felt that they didn't need to have the support ... any further. You know they have done really well but Dad has had a lapse since ... and the pressures are only going to increase in the future*"

In some instances on-going issues resulted in families being referred to additional support services following the conclusion of support care. These included shared care options for one family, and comparable short term, time limited interventions for two others. The circumstances surrounding the referral of one family to another support service is explained in the following fieldnotes:

> At the time of review, Emma had been engaged with support care for approximately eighteen months, far longer than the service norm. In the week prior to the review, Emma had requested additional support from the service as she was unwell. The request was denied and the family's social worker Sandra had discussed the possibility of her daughter being voluntarily accommodated if Emma felt that she could not cope. Sandra stated that she had spoken to her manager and it was agreed that additional support could not just be requested when Emma is feeling low. Sandra stated that maybe there needs to be a period in foster care where Chloe has continuity and Emma is able to concentrate on her needs and to get "better". Emma stated there needs to be an emergency support service where children can go into foster care at short notice if you need it. Emma stated that she does not want Chloe to go into foster care at this time. Reference is made to an intensive family support service. A brief description of the service was discussed and Emma stated she was interested. Mum was informed that it is an intensive working program and she has to be committed to it.

The fieldnotes above suggest that over the course of Emma's engagement with the service, little progress had been made towards the family progressing toward independent function. The fieldnotes are noteworthy because Emma describes the type of service that she feels should be available to support her needs. This would involve a more responsive service that could provide care for her daughter as and when her physical and mental health deteriorated. Instead she is offered a service that is available rather than one that is suited to her needs. For Emma, the problems are periodic but long-term. In contrast to efforts to engage parents supportively and as partners at the onset of the intervention, Emma discussed her frustration in a subsequent interview as the support was being brought to a close:

> *I am constantly fighting. I don't see why they can't, you know ... I don't need constant support and I can't see why they can't give it to me. I don't see why they can't provide the sort of help that I need.*

The example highlights a tension within social work practice which aims to respond to need whilst seeking to avoid dependency and making best use of limited resources. Despite recognising the need for continued support by referring to another service, the social worker stresses Emma must be 'committed' to change within another temporary, short-term timeframe.

Limitations

The small sample, qualitative case study design was adopted to provide detailed insight into the delivery and 'doing' of support care. It is acknowledged that the sample is not representative of families engaged with support care nor those who require social care support services more generally. In addition, the study was not designed to measure the effectiveness of support care nor track family progress after the conclusion of the

intervention. Such features limit the extent to which generalised conclusions can be drawn from the data**.**

Discussion and conclusion: the challenges of family support in contemporary Britain

This study of support care has illustrated some of the challenges faced by contemporary family support services. As an example of a family intervention, support care has many positive attributes. The findings of this and previous research (Aldgate and Bradley 1999, Greenfields and Statham 2004) show support care to be a popular service with stakeholders. The service approach has resonance with social learning theory (Bandura 1977) in the way that children and parents may learn from and model the behaviours of support carers. Informal, non-judgemental supportive approaches have been identified as characteristics indicative of effective family support provision (GHK and Arad Research 2011). In this way, support care can be contrasted with trends in England towards more 'muscular' (Frost and Parton 2009) 'assertive' (Morris and Featherstone 2010) and 'persistent' (White et al. 2008) interventions. For example with regard to FIPs, Parr (2011), has previously argued that the combined approach of support and enforcement "did not seem conducive to positive change" (2011: 732) and may be "more effective if decoupled from punitive and demonising discourses and practices" (2011: 731). Attempts to engage supportively and respectfully with families also correspond with core social values to respect human rights and promote social justice (BASW 2012). Parents are encouraged to be partners within the provision and the service is flexible and adaptive to a range of needs and situations. Such an approach resonates with Furedi's (2013) assertion that parenting should be thought about in terms of relationships rather than as a skill to be taught. Furthermore, the provision of regular short breaks provides an example of practical support which stands in contrast to criticisms regarding the scarcity of meaningful help for parents (Dolan, Pinkerton and Canavan 2006, Featherstone, Morris and White 2013).

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Yet despite such positives, the variety of functions associated with the service (see figure 1 above) show that support care, like other family support services, balances competing tensions. For example, considered alongside Fox-Harding's (1997) analysis of the differing relationship between the State and the family, support care can be thought of as both a measure to support parents and preserve family life as well as a means to monitor parents and protect children. In addition, efforts to encourage children's development and provide them with temporary relief from disadvantaged circumstances can be interpreted as recognition of children's rights and / or an attempt to influence their future trajectory. For social workers, support care may be a welcome provision which helps them to manage competing demands in regards to safeguarding, maintaining a focus on the needs of the child as well as efforts to support families and prevent breakdown. However, parents may be less comfortable with the monitoring and interventionist aspects to the service and over the course of the research, it was apparent that such features were somewhat downplayed in comparison with notions of partnership with parents and the provision of non-judgemental support. Viewed in this way, the examples above help illuminate social work commentary related to family support. For example, Frost (2003) has observed that the spectrum of family support services includes those which can be done to, done with or which enable families to do for themselves. Likewise Morris, Barnes and Mason (2009) have noted the potential for services to be used to support, educate or police parents.

Competing tensions also exist as family support services on the one hand seek to provide an effective, responsive service, whilst on the other adhere to resource and organisational pressures. Recent austerity measures implemented across Britain have impacted on the funding available for services such as support care. For example, the NSPCC (Jütte, Bentley, Miller, and Jetha 2014: 6) has reported that child protection budgets have retracted to 2006/7 levels despite an "extraordinary increase in demand for services". For family support

services, such economic conditions increase pressure to demonstrate both cost efficiency and effectiveness (McDermid *et al.* 2011). The time-limited nature of support care is a familiar characteristic of family support services more widely and can be considered advantageous in terms of discouraging service dependency and maximising service capacity. Yet in contrast to political depictions of family problems as generational and entrenched (Casey 2012), the provision of time limited support suggests that difficulties can be remedied in the short-term. As shown in the example of Emma above, some families have chronic and long-term needs. Despite this, the available support remains temporary, with continued pressure to demonstrate progress towards independence. For families with on-going and longer-term support needs, the short-term provision may prove frustrating for stakeholders; for social workers keen to promote independence and recognise progress whilst aware of continuing need and for families who feel supported by the service and don't want it to end. Ironically this may incentivise parents against an acknowledgment of improved circumstances as this would result in the provision being withdrawn. On-going needs such as Emma's also impact on outcomes observed at service conclusion. The above examples show that support care did not consistently encourage change and the progress made by families was not always clear nor agreed by all parties. Such outcomes may raise concerns about service effectiveness and the benefits of short break support. Alternatively, the outcomes may be symptomatic of short-term, temporary interventions when family difficulties are complex, multi-faceted and evolving. Viewed in this way, short-term interventions such as support care should not be coupled with unrealistic expectations of change nor considered a panacea for entrenched family difficulties.

Conclusion

The data upon which this article is based is of relevance to on-going developments of support care but also provides valuable opportunities to consider family support provision. The

research engages with broader questions about the purpose of family support, how it should be delivered and what it should aim to achieve. In this way, the case study of support care provides a microcosm of how policy, practice and theory inherent in the relationship between the family and the State are enacted and experienced at the point of service delivery. It is therefore hoped that the findings will inform and / or be of interest to a range of readers with connections to social work and social policy.

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