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Young people on the 'edge of care': perspectives regarding a residential family intervention programme using social pedagogic and systemic approaches- striving for 'humane practice'

Lucille Allain, Helen Hingley-Jones, Tricia McQuarrie, Helen Gleeson [ID], Diane Apeah-Kubi, Bola Ogunnaike and Sarah Lewis-Brooke

Department of Mental Health and Social Work, Middlesex University, Hendon, UK

ABSTRACT

Support approaches and interventions to keep families together are major goals in family welfare services. Different service models are used including some targeted at families where the assessment is part of family court pre-proceedings. Although outcomes of family interventions have been extensively researched, there is limited recent research regarding the subjective experiences of young people, their parents/carers and professionals who experience an intervention where they all live together for a short period and where mutually agreed goals and a family programme are co-created. This article presents findings from an exploratory qualitative study into a residential family learning project where families from an English inner-city local authority and professionals reside together for up to a week with engagement in intensive family work. Findings revealed mixed experiences of the intervention with a key theme being that a sense of time and space allowed the families to reflect and listen to each other's perspectives leading to relationships improving and shifting. However, despite positive changes being made during the intervention sustaining these changes when returning home was often challenging. Findings, which are linked to the systemic idea of punctuation where families saw professionals differently and vice versa, had particular significance for families experiencing social and economic deprivation.

Introduction

Promoting family wellbeing, and reducing the rising number of children coming into care, has been at the forefront of practice for decades, with a number of recent research studies focused on outcomes regarding edge of care family interventions (Asmussen et al., 2012; McPherson et al., 2018; Sanders et al., 2002). There are challenges in designing, delivering and measuring outcomes in family intervention programmes as the reasons children become looked after are multifactorial (Cocker & Allain, 2019). Routes and pathways into care and how to safely minimise the number of children becoming looked after require

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CONTACT Lucille Allain ✉ L.M.Allain@mdx.ac.uk

integrated service design across health, education and social work and across adult and children's services. This exploratory qualitative study integrates families and professionals' perspectives about what might work better and how systems could be improved to support young people and families in the post-intervention phase.

It is argued by Featherstone et al. (2014) that there is a 'need to engage with and develop a family support project for the twenty-first century' (p. 1735). Stevens et al. (2020, p. 125), take a critical view of contemporary family support, arguing that 'we urgently need a new kind of children's social care system that foregrounds support, rights, social inclusion and "trauma" prevention'. The focus on collaborative, respectful practice is also a theme of the current 'Independent Review of Children's Social Care'. The Chief Social Worker (Children and Families, England) has stated that there needs to be greater recognition of' 'the strengths of families and communities . . .' and that the current system leaves "too many families feeling persecuted and unsupported" which involved a 'colossal and disproportionate spend on institutional care' (Community Care, 2021). Latest data show 80,080 children were in local authority care in March 2020, an increase of almost 10,000 since 2016 (Department for Education, 2020).

This paper draws on interviews with families and professionals with experience of an intervention based on social pedagogic principles with the aim of sustaining family relationships. The project is the 'Family Learning Intervention Project' (FLIP) which is underpinned by a collaborative and humane model. This follows a tradition of promoting more supportive and respectful approaches to family social work services where understanding diverse cultural norms and the impact of poverty is prioritised. The families who take part in the FLIP programme, although at crisis point, are supported to devise their own solutions and focus on collaborative work with the aim of minimising the likelihood of either the young people coming into care, or if they were already in foster care, avoiding placement breakdown.

Background

The local authority where FLIP was delivered is a diverse, inner-city borough; with an estimated population of 279,665 people (London Councils Directory, 2020) and a young age profile (48% of residents are under 29 years). It has a diverse population (64% are from a minority ethnic background) although it has high levels of child poverty with a quarter of children under the age of 15 in this local authority living in income deprived households (Local Government Inform, 2022).

The number of safeguarding referrals for children and young people is significantly higher than the national average (London Safeguarding Children's Partnership, 2019) and there are high numbers of looked after children at 68 per 10,000 in 2020 (Department for Education, 2020). Given the profile of the borough and the needs of children and families, family support and intervention programmes are a priority.

The programme is funded by the Children's Social Care Innovation's Programme which facilitates the development of innovative intervention approaches in local authorities to support families and include whole family group residential projects and partnership approaches. This research emerged as part of increased collaborative practice, workforce development and training plus research as part of the North London Social Work Teaching Partnership.

FLIP model

FLIP is delivered in an adapted family home in an English rural setting; a deliberately different location from families' inner-city homes. Referrals are made internally where 'edge of care' concerns exist. The move to the house only takes place after families have been assessed by professionals to ensure the service is appropriate to their needs. In practice, families are directly involved in agreeing to take part in the FLIP intervention and then work with professionals to co-produce and plan the focus/purpose of the work beforehand. In line with social pedagogic principles, the focus in the house is on families spending time together doing activities and connecting as a family; building understanding of each other's perspectives. Once they move to the house, the social worker/ family worker or social pedagogue moves with them for the 3–7 days of the intervention period. The family intervention model has a referral and preparation stage, intervention and post- intervention phase. Families agree to commit to trying this approach and most are coming to the house when all previous methods have not worked.

A unique component of the initiative is the use of social pedagogues who are employed to work alongside social workers to encourage change in families. Social pedagogues have expertise in child-focused practice and an in-depth understanding of child development. They have skills in whole family relational work and in promoting organisational change around collaborative working and shared values, stemming from an educational perspective. The model uses principles from social pedagogy and systemic practice to create an adapted form of therapeutic family work. It is an approach which brings together families and professionals to live together in the house for a short period.

Data from the local authority in Tables 1 and 2 give background data on the families who have experienced the FLIP intervention and the number of referrals made over the eighteen-month period of this research. Table 3 summarises the plan in place for each young person involved in FLIP prior to taking part in the intervention.

Family support and social pedagogy

Social pedagogy has a long history throughout Europe as an approach to supporting children and young people via education, welfare and social services. It can be an elusive concept and may be difficult to directly translate to individual country's existing systems which has led to multiple definitions and experiences of the practice of social pedagogy across the continent and in different disciplines (Hildago & Martinez, 2020). In the UK, social pedagogy has been piloted in a limited number of local authorities, primarily with children in residential care. Evaluations have shown modest benefits due to some extent to a lack of a clear definition of social pedagogy and how it is used in a UK context (Kirkwood

Table 1. Summary of family involvement in FLIP.

Overall Number of Interventions	**81**
Number of Families	**69**
Families that have attended FLIP x3	2
Families that have attended FLIP x2	8
Overall Number of YP participants	**156**
Number of FLIP Referrals	**185**

Table 2. Ethnicity of the young people who received a FLIP intervention.

Ethnicity	No YP	%
Asian British/Bangladeshi/Indian/Pakistani	5	3%
Black British	13	8%
Black British/African	11	7%
Black British/Caribbean	48	31%
Mixed/Black & White	12	8%
Mixed/Multiple ethnic groups	4	3%
Mixed/White and Black Caribbean	8	5%
White British	30	19%
White Irish	5	3%
White/Any other background	8	5%
White/Greek Cypriot	10	6%
Any other ethnic group	2	1%
	156	100%

et al., 2019). It is not common practice, nor is it a required approach in child and family social work and is generally not taught prior to qualification. Instead, arguments have been made for social pedagogy practice to be embedded within existing social work practice, through post-qualification training, to be able to make best use of the framework of social pedagogy in supporting children and young people in the care system (Chavaudra et al., 2014). One small scale qualitative study (Bain & Evans, 2017, p. 2119) revealed that some European-trained social pedagogues have found challenges in adapting their work to the UK statutory childcare social work context, producing 'a tension between their expectations of practice, especially working directly with families to foster change, and the reality of working in a hierarchical system built around procedures and control'. There is optimism, however, that there is potential for fruitful development of social pedagogy to enhance social work practice in the UK (Cousee et al., 2010) and the FLIP model exemplifies this.

Key to the practice of social pedagogy are the concepts of 'head-heart-hands' and the common third (Eichstellar & Holthoff, 2012). Head-heart-hands refers to the need for social pedagogues to engage with children and young people through thinking, feeling and doing with each aspect being of equal importance. Social pedagogy is primarily concerned with the development of genuine, facilitative and trusting relationships that are child-centred and strengths based (Petrie, 2011). Practitioners are required to be self-aware and self-reflective throughout the process. The common third is related to shared activities that create a sense of common interest and ownership between practitioner and child or family (Kirkwood et al., 2019). It has been highlighted however, that social pedagogy should not be seen as a technique alone but that it forms a fundamental basis for ethical practice (Petrie, 2011).

Table 3. Pre-FLIP plan young person status.

Pre-FLIP plan status	No YP	%
Child in Need	41	26%
Child Protection	28	18%
Family support	30	19%
Looked After Child	55	35%
Other	2	1%
Total	**156**	**100%**

Within the FLIP model social pedagogy is used to facilitate relationship strengthening within families through a range of activities that are chosen by family members and led by qualified social pedagogues. The principles of social pedagogy guide the interactions between children, parents/carers and social workers to develop communication, understanding and to move towards resolutions for issues that create family conflict.

Methods

The aims of the research were;(1) to explore the experiences of young people and parents/carers who received the family intervention; (2) to understand how families used what was learned in the family intervention after leaving the house and if this was sustainable; (3) to explore professionals' perspectives on the intervention in comparison to other approaches; (4) to explore the impact of the intervention on professional's ways of working more broadly. The research did not intend to focus specifically on issues of poverty but this emerged in the process of the research and became an important part of the analysis. The study conformed to the ethical guidelines of the Social Research Association and was approved by the Ethics Committee of Middlesex University.

The sample

Ethical considerations were integrated into the sampling process to ensure that young people and parents/carers' wellbeing was foremost. A sub-sample was drawn from all referrals to FLIP over an eighteen-month period (see Table 1). The majority of young people were Black British/Caribbean (31%) followed by White British (19%). A convenience sampling approach was used to select participants for interview, involving two stages of recruitment. In the first stage the local authority wrote to families who had completed the programme between August 2017 and January 2019 inviting them to take part in the study. Based on the families' personal circumstances and advice from the FLIP team, 49 families were considered appropriate to contact. There were a variety of reasons why some families were not deemed suitable to be approached to take part in the research and this provided insight into the complex nature of the issues within some families including mental health crises and youth violence.

A second phase of telephone contact led to recruitment of seven parents/carers were interviewed and three young people (YP). The professionals were recruited in a similar way. Seven professionals were interviewed including a mix of social workers, managers and social pedagogues. Table 4 provides details on the final sample.

Table 4. Research participants in this study.

Parents/carers	5 mothers and 2 foster carers	7
Young people	2 siblings (aged 13) & a 17 year old	3
Professionals	5 social workers +2 social pedagogues	7
	Total	**17**

Data collection and analysis

Data collection was through individual, in-depth interviews with each participant. Interviews were audio recorded and transcribed. In order to carry out a thematic analysis of the data a coding frame was developed for each participant group (professional; parent/carer; young person) to aid in identifying themes (Braun & Clarke, 2006). Data analysis was conducted in an iterative process between the full research team to extract codes with supportive quotations and a series of team meetings were used to discuss, refine and connect these codes into themes. Our focus in thematically analysing the data was on the experiences of all groups of participants, the effect they described of being involved with the FLIP programme and any longer lasting impacts they associated with FLIP.

Findings

Theme 1: the FLIP house environment

A theme that emerged from both the family and professional interviews was the environment of the FLIP house and how this affects the family moods, dynamics and interactions. Most of the families who were interviewed described a sense of space in the house which allowed them to take time out, learn new skills and create memories together. One professional described a sense of space being created in the FLIP house, describing FLIP as;

> . . . a pedagogical way to show families how they can do things in a different way because often they know how to do things but sometimes, they just need to have the space and support from professionals to do it. (PROF)

The importance of time and space

While the interviews did not directly ask about experiences of poverty for the families involved in FLIP, its presence was felt in many of our discussions about the importance of the physical environment of the FLIP house. Features such as parents and children having their own rooms, a bathroom with a bath, a fully stocked and spacious kitchen and access to a garden were talked about unprompted by most of the parents and children we interviewed. Within these discussions the stresses of not having enough space in their own homes, or for one family in the hostel they were accommodated in, became a focal point as one of the reasons for tension and arguments within the family;

> . . . it just gave me like room to talk with my daughter, because we were away from family and stuff like that. Because at first she wasn't going to come. Then she came. Then we were talking. We were talking quite a lot. So I felt like we were getting somewhere with her. (PARENT)

Other parents spoke about the therapeutic impact of having another adult to help in taking care of the children and give them some time alone, which was not possible in their usual day to day living situation and the effects of this on their own wellbeing;

> That was amazing for me. I actually got me time. I was able to go and sit in the back garden and have a cup of tea without, 'Mum, Mum, Mum'. S [social worker] was like, 'No, I'll read them a story', and they were on it all the time. They were on all the kids all the time . . . Any

parent that doesn't really get much time to themselves, even five minutes is like an hour, do you know what I mean? (PARENT)

For the young people too, having time and space to spend with parents was seen as a positive aspect of taking part in the intervention. When daily life is consumed by work and household chores there can be little time left over to enjoy in activities or conversation with family members;

> I would say that's the most time I've ever spent with my mum because sometimes there would be days where I'll stay in the sitting room with my mum, and we'd play and stuff like that, and we would watch movies. But most of the time I'm like, and my mum lets me have my tablet, yes, I will just be in my room and she wouldn't see me for like the rest of the day. So, really and truly, I'd say it was actually like making me more close to my mum. (YP)

Professionals also recognised the additional pressures that families deal with when living in cramped accommodation or in an area of high deprivation. One of the social workers simply referred to the constraints of working successfully with families within the 'Borough environment' implying a negative impact of living in a community where poverty is widespread;

> It didn't really work [using FLIP approaches in families own home]. I think it's something about the FLIP House. We were having these conversations in the house. When something goes wrong and they get upset, usually people live in a small house or a flat. If someone is upset, there no room to take some time out .... So, that's why the FLIP House is a bit magic ... Then, there is a lot of space as well, so if you need some time out, you just go and then you come back". (PROF)

A further manifestation of the longer effects of living in a deprived area of the borough was shown through the mistrust that some initially felt on being informed of the opportunity to visit the FLIP house. There was a sense that some of the parents had low expectations of the quality of what they were being offered by the local authority both because prior experiences had told them they were not deemed worthy of 'nice things' and because they were aware of the impacts of austerity on services;

> I think that what's nice is that it's a nice house. I think a lot of families would be like, 'The local authority is taking us somewhere. It's really scummy', and it's not. They get there, and they're from London and they often live in small flats ... and they have this house where they get big rooms and a nice big kitchen and a nice garden. A few of them are like, 'It's like a holiday'. Then they did nice activities. Having a nice time, for them, as a family, was special. (PROF)

A number of the families referred to their time in the FLIP house as a holiday, which they otherwise would not have been able to experience. For some, they had not been on any trip outside of the borough for many years, and the short stay in the house was a chance to rest and reset and enjoy their time with their children in a comfortable environment;

> It just felt like we were going on holiday, so it was like they [the children] couldn't wait. They had their bags packed. I don't know. I think on the day it was very exciting for them. (PARENT)

. . . a bit excited, because, like I say, I don't travel a lot, so for me it was like going to a hotel. So, I felt quite happy myself. But, as I said, the kids were very happy on going and stuff. (PARENT)

For one family the prearranged stay in the FLIP house happened days after a friend of the young person had been stabbed. This offered a chance to take the young person to a place of safety that otherwise would not have been possible as the family did not have the resources. Removal from the environment and the support available from social workers and social pedagogues allowed time for reflection and grieving that would have been denied to the family had they stayed at home. This was recognised by the social worker who travelled with them as an important intervention to prevent further violence;

I think especially for families, when they are on a low income or benefits, they don't go on any types of trips. I think it was really positive, especially because of what- he'd been stabbed the week before. I think that was a really good experience for them to be able to be somewhere safe as planned anyway. (PROF)

The therapeutic effect of simple activities

Many families and professionals described the therapeutic effect taking part in 'simple' activities had. Many learnt new skills and appreciated simple activities that the families didn't have the time or space to do before. Through these simple activities new skills were learnt or in some cases reignited and new reflections and observations were made. Activities included feeding the lambs; pottery; bubble baths; creating photo books; reward charts and routine planning. Some parents learnt new skills such as self-care; listening; confidence; parenting skills and the simple joy of family time and creating memories together;

We did things that we used to do, if that makes sense? We used to do pottery when she was younger, so she opted to do some pottery. Then we did a song together as well, because I play guitar and she sings, so we recorded a song together. (PARENT)

Another mother referred to the space in the house and her excitement of being able to have an uninterrupted bath. She also points out the importance of having the time to cook with her daughter in the afternoons;

It was fantastic, I had a big massive room to myself, which was larger than my living room here. You got a bed; you had a cast iron bath . . . Literally, because it's the only time that you'll have to spend an hour to two hours in a bath, without any interruptions . . . You think it sounds silly but it's something which you, as a parent when you're at home, good or bad, you never get the chance to have a lie in . . . So that's like a bit of a luxury and you do kind of feel that you're relaxing and it's nice, it takes away the tension. (PARENT)

Another mother talked about the positive impact of having shared memories from their time together at the FLIP house and how sharing simple activities can have a lasting effect on families;

It's a nice memory to have. Especially when you don't get out much with the kids or get to go somewhere like a hotel kind of thing. That's a very good memory to have with them and do activities with them. Maybe some parents don't get to do that much activities with their kids. So that would be a nice place for them to be. (PARENT)

Theme 2: Improving relationships and changing perspectives

The FLIP house environment not only created a space for the families and professionals to spend time together and enjoy simple activities, but an important finding was that those who experienced the FLIP intervention often saw each other in a different light or new perspective;

> I suppose they see you in your true glory, you know what time you get up, what time you go to sleep and things like that. So they [the professionals] saw some things that I was talking about [the daughter's behaviour], so it's like 'Yes, that's normal'. Then they just looked at me and I went, 'Yes, that's normal, yes that's good' So that was an eye opener for them, and they saw a different side . . . (PARENT)

Some families described coming away with a closer family bond. The professionals were able to see how the families behave in a neutral environment and the parents seemed to benefit from having extra support from the staff in the house. Observations of this quality are often difficult to achieve in Young People and Families Services. One mother described her experience of being in the house;

> So when I went down there [the FLIP house], I just actually saw her [social worker] in a different light and it was very much, 'Okay, we're going try to get through this, and what have you'. Yes, so I saw her in a different light, and I thought, 'Oh okay, she's not so bad after all'. So that changed. Then she also got to see me just doing what I do. (PARENT)

One mother described how the FLIP house creates a family environment;

> Even though they're not really family, [professionals] it felt like it was a family unit. I'm not used to having more than one adult in the house. Because I had more than one I felt like I had backup. For me, I felt like it was just a unit. So that was rewarding for me. (PARENT)

This mother valued the FLIP house set-up as she was feeling (as most single parents do) that she was alone in the responsibility for parenting and this intervention gave her that bit of additional support that can't usually be found elsewhere.

Parents also discussed the tensions of being with professionals in a family home, essentially living with them and sharing space, with some positive feedback and some more negative. It took time for 'territory' to be negotiated and expectations of what it meant to be together in this environment.

One parent felt the social worker who accompanied them to the house had the wrong focus in their work, with too much emphasis on the views of her child and less concern for the family perspective:

> . . . nothing was centred around the family, everything was just centred around my daughter. It was like, "How on earth do you expect everything to get back together if you are just centring it around the child and everything that they need, and you're not thinking about the family? (PARENT)

Another was critical of the number of social workers at the house, finding it hard when they asked them questions but accepting that this was necessary for them to learn about the family, to '*see you in your true glory*'. The interpersonal skills of the staff were valued by another parent, who described the FLIP staff as 'bubbly', 'full of life' and 'outgoing';

> . . . it wasn't like they were professionals, it's like we knew them. We were just automatically comfortable straight away. Another parent said:

> They were quite interested. I wouldn't even say nosey at all, it wasn't even about that. I didn't find it offensive in any way. I find it quite a feeling, because I think without them, I wouldn't have known where I was going in my path, you know what I mean?(PARENT)

Young people described being taken on trips and playing with staff. One teenage boy described a relationship with a male FLIP worker as important to him. They connected through football initially;

> Then we were talking about football, yes; he was like he liked Chelsea, and I said, 'Oh, I like Arsenal'. And then we were having a debate on which one was awesome. (YP)

Later, this young person describes a story of feeling noticed by the worker and engaged in playing a computer game together. He takes time to remember the sequence of events, as though it was significant, with the worker perhaps acting as a role model for him;

> And then we were playing it together and the thing is, yes, is that me and him, we were just playing all day until my mum asked me if we wanted to play, so I was like, 'Okay', so we played a bit of Monopoly and then that's when he played with us. (YP)

After FLIP – sustaining positive changes at home

Given the importance of the physical environment to reducing stress, allowing families time to enjoy activities together and having their own space, it is not surprising that some found it difficult to maintain those positive impacts on returning home without the ongoing support from social workers or social pedagogues. Many of the families stated that they did learn new, more effective, ways of communicating with each other and felt that the time at the house had created a stronger bond between parents and children. However, for some, the physical reality of temporary and uncomfortable accommodation made this additionally challenging;

> I'll try it, but right now, I can't try it, because I'm in a situation in this place, do you know what I mean? . . . Yes, I do. I try and do everything like what we did in there, but sometimes it is hard. (PARENT)

For other families, priorities of work and maintaining a stable income could mean that they were unable to take advantage of what the FLIP house had to offer. For this mother, her children's father was not able to attend as it would have meant taking time off work, for those parents who cannot physically travel to the house, for whatever reason, there are no comparable interventions currently available for them;

> Yes, as much as he wanted to, but with work commitments as well at the time and obviously having- you know, because I wasn't receiving benefits at the time, so we needed money and that was more important at the minute, for the kids' sake. We needed a whole new house, basically. New beds, new sofa, new flooring, we needed basically new of everything, so yes, money was a bit tight. So, that's what we had to do. (PARENT)

Some parents were critical of the after-care approach on leaving the FLIP house. Most evident with those who had visited the house in the earlier stages of the intervention, there was a sense that this aspect of the visit was poorly planned and some felt they were not supported to continue the work that had begun while staying in the house;

> Yes, that was the most emotionally difficult, and then the next day I said, 'What is going to happen? What is the follow up?' because we were leaving that day and there was a driver coming to collect us all. We said, 'Is there a plan?' (FOSTER CARER)

For those who felt the FLIP house did not improve their family relationships, they reported long waits for follow-up with other professionals, or in some cases no follow-up at all, and that no further support was available to them;

> Also, the follow up from the family therapist was weeks later and she basically said, 'I'm sorry it didn't work, and I don't know what else to suggest'. We then never heard from her again. (FOSTER CARER)

Professionals also expressed frustration at the difficulties of transferring the ways of working and interacting with families to their usual day to day practice, often constrained by the lack of appropriate space, time and minimal understanding of the social pedagogic approach from other colleagues. Some social workers also expressed caution about the potential for FLIP to make sustained changes within families and that it is not capable of altering pre-existing challenges related to a family's circumstances or environment;

> But there's also- almost being . . . in the FLIP House for that week, gives you a false expectation about what can be different. Because, actually, you're still going to be going back to a situation that was problematic before, and it's going to be problematic in the future, and it's going to have the same limitations and the same challenges. (PROF)

However, this view was not held by all social workers who had experience of being in the FLIP house, for example, the social worker quoted below did not hold very positive views of the approach until after they had experienced the house and seen the impact on families involved;

> Before I went to FLIP my prejudice, if you like, was that I wasn't very keen on the idea. I thought that taking a family out of the reality of [Borough] to a kind of fantasy environment, and trying to effect change over a few intensive days, wasn't likely to be that effective, and that it would be more useful to work over a longer period of time with people in situ. Having been, I think I think differently about it. I think . . . it really helped to develop relationships with the family, which then meant that when we came back we were able to work much better together, with much more trust and understanding had developed. (PROF)

A number of families also reported longer term positive impacts of having stayed at the FLIP house and spoke about an increased confidence in their parenting skills, improved communication amongst family members and a greater sense of family bonding that endured beyond the short stay at FLIP;

Interviewer: *What did you learn in the time that you were there in the house?*

Respondent: *Not to second guess myself. That I'm doing well with them. And that even though I don't see what I've taught them that it has been instilled in them. Because I don't see it a lot, because they're with me 24/7. Then they get things wrong and it's like, 'Oh, I've taught you this already. How comes you aren't . . . ?' For me, I just feel like because they're with me I don't see it. But then when other people are around maybe, and they get to sleep over or whatever, other people see it. I just don't get to see that myself. (PARENT)*

Discussion and conclusion

Many families who experience child and family social work support and interventions have experience of 'social suffering' (Frost & Hoggett, 2008) of feeling disempowered and having to fight to safeguard their family's wellbeing, sense of identity and pride. Families and professionals may have felt initial ambivalence and uncertainty about the FLIP project but findings show there were some small but important shifts in family connectedness in most cases and professionals' shifting perspectives. Young people saw their parents and carers interacting and connecting with the professionals and there was evidence of strengthened emotional commitments to try to make things work within families. The intervention contributes to contemporary discussions calling for humane, collaborative child protection practices, in poorer communities and beyond (Stevens et al., 2020).

In terms of other issues which arose, a key aspect was in relation to poverty and social exclusion. The data from this study did not intend to focus on poverty however the impact of the participants' home environment and wider systemic issues outside the FLIP house overlapped with the constructed themes. For example, one family were living in a hostel and despite learning new skills and enjoying their time in the FLIP house, their poor housing conditions meant the mother couldn't implement anything she had learnt. The circumstances they were living in meant that the effectiveness of the FLIP intervention had decreased. Other families were single parent households who had no additional child care or family support and this meant that trying to maintain those positive changes was often disrupted by the day to day challenges of parenting. This highlighted the importance of continued support from the local authority to address the wider systemic issues that were affecting the families such as basic housing needs and child care arrangements. It also shows that while the FLIP approach can be beneficial to families where children are 'on the edge of care', it is by no means a panacea to the structural disadvantages often faced by families in these situations.

Overall, findings showed there were significant logistical challenges in pre and post FLIP arrangements and that community after-care was not fully developed and implemented which impacted on post-intervention support for families. The aftercare processes families received once they left the FLIP house was limited, however this is key if sustained change is to be created. As noted by one foster carer, FLIP is one small part of the process, 'a drop in the ocean', and for a social pedagogic approach to be effective it needs to continue into aftercare processes to enable sustained change.

One professional described how the expectations of the family can really change in comparison to the services they are usually offered. There is an implied sense that some of the families with experience of social services do not expect such care and consideration to be put into their accommodation and that it is a pleasant surprise. This reflects the call for humane practice by child and family social workers (Stevens et al., 2020) and co-created practice may help towards removing negativity experienced by families towards social workers and reduce some of the barriers often experienced in working together successfully.

FLIP is a time and resource intensive intervention and, while we found modest benefits of involvement for the families included in this research, it requires further evaluation to assess its longer-term impacts. The inclusion of social pedagogues with a remit to focus exclusively on one family's challenges in a dedicated space over a number of days is not likely to be feasible in many local authorities struggling with staff and budget shortages. Nonetheless, it offers an alternative approach to preventing family

break-up and is a case-study in how putting faith in families to actively improve their relationships can have positive outcomes.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Lucille Allain is Professor of Social Work (Practice) at Middlesex University and Head of Department, Mental Health and Social Work. Her research is focused on practice with care experienced young people, special guardianship, fostering and family placements plus interprofessional learning and practice. She has led on the development of a number of new workforce development innovations in social work and mental health including in leadership and management.

Helen Hingley-Jones is Director of Programmes and Associate Professor in Social Work at Middlesex University, where she teaches, carries out research, and develops and leads qualifying programmes. She is also research degree coordinator for her department. Her research interests concern special guardianship, social work with disabled children and their families, observation as a research methodology, relationship-based practice, theories and interventions. She studied for her Professional Doctorate in Social Work at the Tavistock Centre and worked there, leading and delivering social work qualifying teaching and carrying out therapeutic work with adolescents. Helen's practice background is in social work with disabled children and their families, and she has worked in several London boroughs as a social worker and manager. She is currently developing and evaluating a mentor scheme for Black, Asian and minority ethnic students with local authority partners.

Tricia McQuarrie is a mixed methods researcher at Middlesex University. She holds a BSc in Psychology from De Montford University and an MSc in Addiction Studies from KCL. She has a special interest in the treatment of mental health and addictions alongside clinical skills from practicing in these fields. Tricia was part of the evaluation team at Brunel University evaluating the Family Drug and Alcohol Court which aims to tackle the widespread problem of parental substance misuse in care proceedings. She has worked at Lancaster University where she was part of the Center for Child and Family Justice, here she contributed to a range of projects; vulnerable birth mothers and recurrent care proceedings, fathers experiences and the effectiveness of legal orders. At Middlesex Tricia is a member of the Drug and Alcohol Research Centre where she works on a variety of cutting-edge research projects including rapid evidence and systematic reviews.

Helen Gleeson is a Research Fellow in Social Work/Social Policy at Middlesex University. She gained her PhD in psychology from NUI Galway where her research focused on young people's relationships with the police. Her current research interests include young people at all stages of the justice system, marginalised groups and substance use services and higher education professional studies (social work and nursing) pedagogy.

Diane Apeah-Kubi is a Senior Lecturer in Social Work at Middlesex University. Her practice experience includes working in child protection and leaving care teams for an inner London borough. She has worked at Middlesex University since 2016 with her current area of responsibility being the social work CPD programmes; although she has also worked as a programme leader for the pre-qualifying fast-track postgraduate social work course. Diane's areas of teaching and research interest include practice education and work with newly-qualified social workers.

Bola Ogunnaike is a Lecturer in social work at Middlesex University on the undergraduate and postgraduate social work program. Bola has over twenty years as a practicing social worker,

children's guardian and independent social worker specializing in children and vulnerable families. Her research interests are with children in care proceedings from the African diaspora.

Sarah Lewis-Brooke an Associate Professor of Social Work (Practice) at Middlesex University and is one of the Social Work Directors of Programmes. Her research interests are children in care, mothers who have experienced recurrent permanent removals of their children, children on the edge of care, services to older LGBTIQ, assessing social work student attitudes to LGBTIQ people.

ORCID

Helen Gleeson http://orcid.org/0000-0003-0505-5281

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