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**An evaluation of the implementation of systemic ideas
into child safeguarding social work practice with
domestic violence and abuse using the principles of
realistic evaluation**

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University of Sussex July 2018

Declaration of Originality

I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

Signature:.....R Hare.....

R Hare, Bromley, Kent, July 2018

Summary

In 2015 the application of ideas from systemic family therapy was being introduced into the field of children and families social work practice. Numerous Local Authorities were training their frontline social workers in these ideas and concepts while government initiatives to attract new social workers into the field emphasized systemic principles. At the same time, the main reason for referrals into statutory social work was domestic violence and abuse.

This study took a theory based evaluation approach, based on the principles of realistic evaluation (Pawson & Tilley 1997), to understand the impact of introducing systemic ideas on social work practice with domestic violence and abuse.

Realistic evaluation focusses on the theory of change concerned with the relationship between context and mechanisms to generate outcomes. The evaluation sought to know whether any changes in practice were congruent with child protection legislation and guidance at that time. This qualitative study took place in a UK Local Authority in which Social Workers worked under child protection legislation to safeguard children affected by domestic violence and abuse (DVA). The review of the literature found that sparse empirical evidence existed to support the decision to apply systemic ideas to DVA, and in some cases, the literature highlighted potential tensions between the systemic approach and the statutory social work context.

The evaluation involved two stages of qualitative interviews. The first stage sought to understand what outcomes the experts in systemic approaches had assumed would be created by implementing these ideas. The second stage involved child protection social workers who had been trained in systemic ideas and sought to qualify and challenge the expert's assumptions while seeking to understand the impact of context.

The primary findings of this research were that little evidence existed to support the implementation of systemic ideas specifically with child protection DVA practice. The impact on practice was that social workers were more focused on engagement with fathers, were willing to undertake direct work with families and changed their

views on the causality of DVA. However, the research also identified some unintended outcomes including the risk of creating tension and frustration and division in the workforce. This study has concluded that although there is evidence of some positive practice change as a result of the use of systemic ideas, this was not always congruent with a child protection approach. It illuminates the need for further research on the application of systemic ideas on domestic violence and abuse.

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Table of Abbreviations

Abbreviation	Definition
CMOC	Context, Mechanism, Outcomes Configuration
DFE	Department For Education
DVA	Domestic Violence and Abuse
MARAC	Multi Agency Risk Assessment Conference
RCT	Randomised Control Trials
RSW	Reclaiming Social Work

Chapter 1

Introduction

1.1 Introduction

In 2011, Professor Eileen Munro was commissioned by the then government to undertake a review of child protection practice in England (Munro 2011a, 2011b). Child protection practice falls within the broader remit of child safeguarding, described more fully in Chapter 2, and relates to the actions taken by the government and their agencies including education, health and children's social care to promote the welfare of children and protect them from harm. This practice involves the assessment and direct work by the social worker with the child, young person and their family. Munro's review focused on children's social care in the United Kingdom and described a context in which social workers were spending the vast majority of their time writing reports, attending meetings and filling in forms as a substitute for direct work with families. Munro (2011b) argued that social workers lacked the skills, time and support to carry out meaningful interventions with families and instead there existed a 'managerialist' or 'rational- technical' culture and approach (p. 86), in which:

...the emphasis has been on the conscious, cognitive elements of the task of working with children and families, on collecting information and making plans. (Munro, 2011b, p. 86)

In her review, Professor Munro set out fifteen recommendations for the government, local authorities and policy makers to 'create the conditions that enable professionals to make the best judgments about the help to give to children, young people and

families' (p. 6). These recommendations included the creation of both a new inspection framework and a Chief Social Worker who would report directly to the government, advising on social work practice.

One of the fifteen recommendations focused on how Local Authorities carried out their work with families:

Recommendation 13: Local authorities and their partners should start an ongoing process to review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods where appropriate and supporting practice that can implement evidence based ways of working with children and families. (p. 13)

In her review, Professor Munro highlighted one local authority – the London Borough of Hackney – and its Reclaiming Social Work model (RSW) as a positive exemplar. RSW had been launched in 2009 by Hackney's Assistant Directors of children services, Steve Goodman and Isabelle Trowler. The model used multi-disciplinary units consisting of experienced social workers, full-time business support and clinical therapists and proclaimed to take a more collaborative approach in both direct practice and staff support. In her review, Professor Munro had argued that direct work between the social worker and the family would improve outcomes for children and young people. This view was also a fundamental premise of RSW, with the architects of the model arguing that if social workers spent more time with families carrying out meaningful interventions, then fewer children would need to be removed from their families and placed into the care of the Local Authority (Goodman & Trowler 2011). A core component of the model, said to be critical to its success, was the theoretical approach used by the units when undertaking the direct work. Social work practitioners can use a range of theories and methodologies, two examples being 'Task-centered' and 'Crisis Intervention' in their direct practice with families (Payne 2005). Social workers will adapt and change methodologies based on their own

experience, knowledge and what they believe will work best with a family. However, the RSW model argued that social workers should predominantly take a systemic approach in their assessments and direct work with families. This approach, which is informed by systemic family therapy (Pearce 2007; Burr 1995, 2003; Cronen & Lang 1994; Palazzoli et al. 1980; Pearce & Cronen 1980; Minuchin et al., 1967), and described fully in Chapter 2, was taught to social workers in the RSW model via a specific training courses organised by the Institute of Family Therapy (<http://www.ift.org.uk>).

In 2010, researchers from the London School of Economics, including Professor Munro (Cross et al. 2010), undertook an evaluation of the model. This early evaluation found that RSW supported the creation of good working relationships between the local authority and partner agencies such as education and health services, as per government legislation (HM Gov. 1989, S11), and was viewed positively by social workers. Further evaluation of RSW by Donald Forrester and colleagues (Forrester et al. 2013) identified that social workers using RSW felt less stressed in the workplace and had improved relationships with families when compared to a non-RSW approach. Although both Cross et al.'s (2010) and Forrester et al.'s (2013) evaluations did consider the impact of RSW on social work practice, in general terms, their studies focused on the effect of the unit model as opposed to the use of the systemic practice. When discussing the limitations of their study, Forrester et al. (2013) made a recommendation for future research:

As such it would be highly desirable to have further studies looking more specifically at particular elements of the impact of systemic units. This might involve the exploration of more specific context/mechanism/outcome combinations within a realistic evaluation approach. (p. 183)

This thesis seeks to answer Forrester's recommendation by reporting the results of a qualitative analysis of the application of systemic ideas on child safeguarding social work practice with domestic violence and abuse (DVA). In this case, the study employs the principles of realistic evaluation (Pawson & Tilley 1997) in the evaluation design.

Realistic evaluation, described more fully in Chapter 4, is a theory-based approach to understanding the impact of social programmes or interventions. In a realistic evaluation, interventions are thought to contain 'mechanisms' (Pawson & Tilley 1997) which influence human behaviour to generate outcomes. These mechanisms can be both implicit and explicit but can only be understood by taking into account the context within which the intervention sits. It is the association between context, mechanisms and outcomes (or C+M+O configurations) that is the object of the study.

This introductory chapter begins by setting out my interest in the study, to help the reader understand both the rationale for selecting the research topic and questions and the significance of the fact that I am professionally involved in this field of practice. The chapter continues with a brief description of my original research design and the changes to it, necessitated by difficulties confronted in securing access to the field in the ways intended. I discuss further details of these changes and the reasons why they were necessary in Chapter 4. The current chapter concludes by setting out the overall aims and research questions, and the structure of both the study and the thesis as set out in the following chapters.

1.2 The researcher's stance and origins of the research

Personal experience of the model informed my specific interest in RSW and the more generally the systemic approach. In 2010, I was a social worker in the London Borough of Hackney at the time of RSW implementation (Goodman & Trowler 2011). I received training in systemic approaches from the Institute of Family Therapy (<http://www.ift.org.uk>) and operated as a social worker in an RSW unit. Upon receiving the training, there were developments changes to my and other colleagues direct practice, including the application of new approaches, such as the application of hypothesising and systemic questions, described in Chapter 2. Acquiring this knowledge and skills increased my confidence in undertaking direct work, and I felt enthused and excited about the prospects of creating change in the family and the more extensive child safeguarding system. However, I was also aware of conflicts between those who had received the training and those who had not. These conflicts were most apparent when undertaking direct work with families where DVA was a safeguarding concern. As a safeguarding social workers legislation and policy state that I am required to enable the upbringing of the child within their family, but any intervention must be consistent with the primary aim, which is to safeguard their welfare (HM Gov. 1989). Following the systemic training some of the social workers I worked with, appeared to identify family reunification as their primary goal even in the face of significant concerns about parental capacity and child safety. These social workers appeared to be unquestioning as to the benefit of the approach and were applying these new ideas in their direct work with families even where there were severe safeguarding concerns. This tension created numerous disputes between those practitioners who had received the training and those who had not.

I sought answers from senior figures within the training organisation on the application of systemic ideas with DVA. I wanted to understand the evidence base for implementation and clarification on how to safely apply concepts such as neutrality in practice. Unfortunately, their responses were not helpful and appeared unclear and not specific to direct practice with DVA. At this stage, it appeared that the architects of the programme had not considered DVA as a form of harm in its own right. This potential oversight was surprising and concerning as it was my experience that within child safeguarding, DVA was the primary reason for being involved in the lives of families. These experiences informed my researcher stance at the time of undertaking this study.

I recognised the benefits of the systemic approach, concerning my development, but remained curious about what evidence existed to support its promotion with child safeguarding practice with DVA. This curiosity and my observations of other social workers caused me to question whether the safety of the child was still the priority and if not what this may mean for individuals children and young people. Some social workers were unquestioning of the new approach, and it appeared that systemic practice had taken on an almost cult-like status in the workforce. Despite their strong beliefs in the power of systemic to create change, the social workers found it difficult to convince those who had not received the training into their way of thinking. It was from this researcher stance, which I would define as a concerned curiosity, that I undertook this study.

1.3 The original research plan and changes made

My original aim for this study was to evaluate the training course taught in the RSW model. The research would have sought to understand the outcomes of the training

programme on social worker's direct practice, by this I mean assessment and interventions, with DVA. I was interested in how the context of a child safeguarding affected social workers application of their new skills and whether or not their priorities, as far as family outcomes, had changed. The research question at this stage was "To what extent does systemic training of social workers change their practice in situations of domestic violence and abuse?" The original evaluative design had been to undertake a two-stage evaluation. In the first stage, I had planned to interview the trainers and architects of the programme to understand their theory of change. The findings from these interviews would be used to formulate 'initial programme theories' (Pawson & Tilley 1997) based on the $C + M = O$ configuration (Context + Mechanisms = Outcome) in the second stage. I would test these theories by interviewing social workers who had received the training and were currently working within a child safeguarding setting with children, young people and their families who had experienced, or were experiencing, DVA.

In the event, research access was denied to both the training course and some of the relevant trainers. In response, the study became a retrospective evaluation of practice outcomes of training using the views of trainers and students (described fully in Chapter 4). The impact of this change had structural, methodological and practical implications, which are reflected in the timeline of this research and are discussed during this thesis.

1.4 Aims of the study

My practice experience informed the decision made at the outset about what should be the primary aim of my study. I planned to look in more depth at the theory and practice of systemic thinking in work with children at risk of significant harm through

exposure to DVA and to do this from the independent stance that doctoral study allows. To achieve this, I was keen to understand from both the conceptual literature and the empirical research what evidence existed in other independent studies to support the implementation of systemic ideas into child protection practice with DVA. Secondly, in keeping with realistic evaluation's theory of CMO configuration, I wanted to explore how the 'mechanisms' embedded in the methodology had influenced social workers to practice with DVA and how the context of a child safeguarding setting had impacted on these mechanisms. Finally, I sought to understand whether any changes in practice resulting from the introduction of the systemic model were congruent with the overriding legal principle of ensuring child safety first. The following research questions were formulated to address these aims:

1. What evidence exists to support the implementation of systemic ideas, such as those used in RSW, into child safeguarding DVA practice?
2. To what extent are the social workers' accounts of their experience congruent with the desired outcomes of systemic proponents?
3. How far does the child safeguarding context explain this degree of congruence?

1.5 Study Design

A critical aspect of this study was to understand the contextual impact of practice conditions that exist within child safeguarding, such as caseloads and supervision, on the mechanisms of systemic ideas. Additionally, and importantly, this study aimed to look inside the 'black box' (Scriven 1994) and see the inner workings of systemic ideas from the perspective of those directly involved in trying to implement these

approaches, of one particular kind, in contemporary child safeguarding practice in one local authority. Weiss (1995) argues that without this understanding from the inside, outcomes evaluation is a pointless exercise. The aims of my study meant that I discounted experimental approaches such as randomised controlled trials due to their focus on inputs and outcomes but not mechanisms, processes or contexts while requiring that contextual factors, such as caseloads and bureaucratic priorities, should be controlled (Pawson & Tilley 1997). Importantly, an experimental, methodological approach would have precluded investigating the ‘real-world’ effects of systemic paradigms upon the protection of children at risk, which was a principal aim and rationale of this study.

Therefore to achieve my research aims, I employed the methodological framework of realistic evaluation (Pawson & Tilley 1997; Houston 2001, 2010; see Chapter Three for details).

Realistic evaluation draws on Bhaskar’s (1978) epistemology of ‘critical realism’, which argues that the social world is full of different mechanisms at work at the same time and different levels. A critical realist position does not ask whether or not an intervention works *per se*. Instead, it accepts that there will be an impact of some kind and that the kind of impact will depend, in part, on the context in which the intervention takes place. Both realistic evaluation and critical realism are discussed in greater detail in Chapter 3.

The study followed the three-stage approach of the realistic evaluation framework proposed by Pawson and Tilley (1997). In the first stage, I undertook interviews with key stakeholders of systemic ideas. In this evaluation, these key stakeholders were trainers of a programme based on systemic ideas similar to the one I had undertaken

and used in the RSW model. Qualitative methods, specifically semi-structured interviews, were the chosen methods to collect data based on the realistic principle that it is people, rather than interventions, that create change. These interviews sought to understand from these experts in systemic ideas the intended impact of systemic ideas on child safeguarding practice with DVA. In keeping with the realistic evaluation methodology, the findings of these interviews were used to establish initial programme theories. These theories detail what it is that proponents of systemic ideas hope to achieve (outcome), which aspects of systemic ideas are intended / perceived to allow the social worker to meet these outcomes (mechanism), and finally, which contextual factors relating to child safeguarding do they think may support or inhibit these mechanisms (context). Formulation of these theories is set out by the configuration $\text{Context} + \text{Mechanisms} = \text{Outcome}$. Stage two of the evaluation involves testing these initial theories to see generated outcomes, which mechanisms are triggered and how the child safeguarding context had impacted. In the third and final stage, the initial programme theories were revised and refined in response to the findings in stage two

1.6 Structure of the thesis

The three-stage realistic evaluation framework informs how this thesis is structured. Chapter 2, situates the research at the time of my interviews by reporting on the legislation and policy of child safeguarding DVA in 2015. The chapter describes the systemic approaches and concepts with a focus on two approaches used within the RSW. These approaches are known as the Structural approach (Minuchin et al. 1967; Minuchin 1974) and the Milan approach (Boscolo et al. 1987). I then review the conceptual literature on systemic approaches to DVA to understand what evidence exists to support their implementation into child safeguarding with DVA. In Chapter 3,

I report the findings of a scoping literature review which sought to understand what, if any, empirical evidence is available to support the hypothesis that the implementation of systemic ideas is an effective method in child safeguarding practice with DVA.

Chapter 4 begins with a detailed discussion of the realistic evaluation methodological framework, followed by a description of the methods of data collection and analysis, and the ethical considerations of the study. Chapter 5 documents the significant findings from Stage 1 interviews with key stakeholders of systemic ideas. These findings detail the stakeholders' expectations of potential outcomes, the contextual impact on these outcomes and their understanding of how systemic ideas will achieve these outcomes. Chapter 5 concludes by setting out the initial programme theories developed from the Phase 1 interviews. Chapter 6 details the findings from Stage 2 interviews, testing out the initial programme theories in light of responses from child safeguarding social workers who had received systemic training. It then refines these theories in Stage Three of the realistic evaluation process.

Chapter 7 contains a discussion and conclusions highlighting 3 key messages for those supporting the application of systemic ideas into child safeguarding practice specifically with DVA and reflecting critically on the research undertaken and the implications of its findings for both professional social work practice and future research.

The thesis ends, in a brief Chapter 8, in which I reflect retrospectively and critically upon the path that the research and my thinking has taken during the course of this research.

1.7 Chapter Summary

This chapter has set out the origin and rationale for this study. It has also set out the overall aims and research questions of the study and introduced the reader to the methodological framework, described in Chapter 3. The chapter has also set out the thesis structure in order to help the reader navigate through this research. In Chapter 2, which follows, I situate the study within the context of child safeguarding with DVA at the time of this research and introduce systemic family therapy and the approach to DVA.

Chapter 2

Situating the study in 2015

2.1 Introduction

The chosen research methodology influences the decision to situate the study in a specific context and time. Realistic evaluation (Pawson & Tilley, 1997) is a theory-based evaluation framework which holds that programmes and interventions react to the context in which they are introduced to generate outcomes. In realistic evaluation terms, context is multi-faceted, meaning that it works across individual, social, political and organisational domains. Therefore, as a researcher, there is a need to understand the context to determine whether the causal factors which already exist, and are therefore not attributable to the intervention, are affecting the outcomes. These causal factors can include policies, procedures and laws, which in contexts such as child safeguarding settings can be continuously reviewed and amended. Therefore, situating the study at the time of introducing the intervention is of vital importance to the researcher (Houston 2010). As Pawson and Tilley argue; 'Programs are ideas; ideas have their time and place' (Pawson & Tilley 1997, p. 71).

This chapter begins with a description of the context of child safeguarding and practices with DVA at the time of this study. I then describe the two primary schools of systemic family therapy used in the RSW model, namely the Structural (Minuchin et al. 1967) and the Milan approach (Boscolo et al. 1987). The chapter continues with a review of the systemic conceptual literature and highlights the potential tension with

the child safeguarding approach. The chapter then concludes with a summary of the findings and sets out the reasons for the literature review which follows in Chapter 3.

2.2 Key definitions used in this evaluation

At the time of this research the definition of child safeguarding being used in the United Kingdom was set out in statutory guidance on inter-agency working. Working together to safeguard children (Department for Education: DFE 2015), while emphasising it was everyone's responsibility, described safeguarding and promoting the welfare of children as:

- protecting children from maltreatment;
- preventing impairment children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes. (p. 5)

The definition of DVA in 2013 was set out by the Home Office (Home Office 2013a) and had recently been amended to include both coercive and controlling behaviour (Home Office 2013b):

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour:

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour:

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. (Home Office, 2013a)

2.3 Legislation, Policy and Practice

When reviewing the history of legislation from the position of an experienced child safeguarding social worker, I was surprised to learn how recent the concept of safeguarding and child protection was. It was not until 1952 and the publication of the Children and Young Persons (Amendment) Act (HM Gov. 1952) that the government gave the duty to local authorities to investigate those children whom it defined as in need of protection from harm:

...child or young person who, having no parent or guardian or parent or guardian unfit to exercise care and guardianship or not exercising proper care and guardianship is ill-treated or neglected in a manner likely to cause him unnecessary suffering or injury to health.(S1)

The 1952 act delegated duties from the government to local authorities and gave a range of powers to protect these children from harm. However, it was not until 1970 (S2), with the introduction of the Local Authority Social Services Act (HM Gov. 1970), that local authorities established social services to carry out these designated duties. By 2015, the principal legislation for social workers employed by local authorities to protect children from harm was the Children Act 1989 (HM Gov. 1989). The Act set out that the role of the local authority social worker was to undertake assessments to determine whether a child is in need of social care help (Section 17) and to conduct enquiries where there was reasonable cause to

suspect that a child may be at risk of 'the likelihood of significant harm' (Section 47). Where the local authority assesses that a child is suffering or at risk of suffering significant harm (s47), the social worker can apply to the court for an order under Section 31 of the Act if the harm can be attributable to either the care the child receives or to the child being beyond parental control. These orders can include ongoing supervision of the child by the local authority while the child remains at home, or if the risk of harm is more significant, the child may be removed from the family and placed into the care of the local authority. Although I was surprised by how young the child safeguarding profession was the legislation around DVA is even more recent. In its original form, the 1989 Act defined harm as the 'ill-treatment or impairment of health and development', categorised as physical abuse, sexual abuse, emotional abuse and neglect. In this interpretation, a child living with or witnessing DVA was not necessarily or routinely recognised to be at risk of harm by either the courts or local authorities. The first steps to the recognition of this risk occurred in 1991, with the United Kingdom ratification of the United Nations Convention on the Rights of the Child (UN, 1989). Articles 9 and 19 of the Convention brought the focus onto the requirement to consider the needs of the child both regarding their right to be safeguarded from the harm caused by violence and their right to remain at home. Schedule 6 of the Family Law Act 1996 (HM Gov. 1996) invoked further amendments to the 1989 Children Act. The Family Law Act 1996 advised that interim and emergency protection orders could be invoked through the court if a social worker assesses that there is a possible risk of significant harm to a child or there is cause to be concerned for their welfare Section (IV). The introduction of an 'exclusion order' gave power to the court to remove the perpetrator if it felt that by doing so, the child could remain

at home free from significant harm. The act also gave the police powers of arrest as part of the exclusion order. Additional powers came with the introduction of 'non-molestation orders'. These orders prohibited the perpetrator from molesting either another person known to the victim or their relevant child. Consideration of DVA as a child safeguarding problem in its own right materialised in 2002, with the introduction of the Adoption and Children Act (HM Gov. 2002). Sec 120 of the Act redefined the existing definition of harm in Sec 31 of the Children Act 1989 to include 'impairment suffered from seeing or hearing the ill-treatment of another'.

This amendment changed the interpretation of s31, which now meant that the parent did not have to directly harm the child themselves for the threshold of significant harm to be reached and for the local authority to make an application for a court order. This change in definition was interpreted by the courts and local authorities to refer to witnessing or living with DVA. Although the recognition of DVA was relatively new at the time of my evaluation, DVA had already become the primary reason for child safeguarding intervention in the United Kingdom. In 2015 figures suggesting that DVA accounted for almost fifty per cent of children who were receiving an intervention from a child safeguarding social worker (DFE, 2016). This data supports my experience as a child safeguarding social worker, which I discussed in Chapter 1, with the majority of my work involving families who were experiencing DVA.

Since the 2002 legislation change researchers in the United Kingdom and beyond had identified numerous safeguarding and welfare concerns which supported the need for the safeguarding of those children living with DVA. These concerns

included stigmatisation, impairment of emotional, cognitive and social development, and harm to physical health and educational attainment (MacDonell 2012; Chan & Yeung 2009; Holt et al. 2008; Levendosky et al. 2003; Kitzmann et al. 2003). Empirical evidence had found that living with DVA in childhood could create a 'cycle of abuse' (Delsol & Margolin 2004; Kitzmann et al. 2003) in which the children affected might go on to become either perpetrators or victims in adulthood. However, this view was later challenged by Abramovaite et al. (2015), who argued that empirical studies which link intergenerational DVA are methodologically weak and that further studies are required.

When assessing children, the research suggests that social workers should be aware of the recognition in the research that DVA is a form of polyabuse. Which means that children living with DVA are also at higher risk of physical violence, sexual abuse, and neglect from a parent or guardian (Radford et al. 2011; Meltzer et al. 2009; Holt et al. 2008; Delsol & Margolin 2004, Kitzmann et al. 2003). In 2015, social work practice, including my own, perceived the dynamics of DVA in and beyond the family from a gendered position, in which the woman was typically the victim in need of empowerment, while the man – the perpetrator – needed to accept responsibility for his violent and abusive actions while the child needed to protection (DFE 2010, 2013). I experienced what Munro had defined as the managerialist approach in which social workers signposted families to external programmes as opposed to doing direct interventions themselves. These programmes, such as the Freedom project (Craven 2008), which seeks to empower women suffering harm from DVA, or the Domestic Violence Intervention Project (dvip.org) which seeks to help the man accept responsibility appeared to

be a standard response to DVA within child safeguarding. However, at the time of this study, this principle was being questioned, and statutory guidance and government supported policy reports had started to shift towards a family preservation stance consistent with systems thinking (DFE 2015, Farmer & Callan 2012). Recent research had found that high caseloads, generated by concerns about the prevalence and impact of DVA, were a causal factor in poor practice and social work stress (Baginsky et al. 2010, Babcock et al. 2004). Social workers reported feeling blamed and victimised (Humphreys & Asler 2011; Stanley et al. 2011b) with limited resources. National guidance continued to direct the police and other agencies to refer all children who lived with families in which an incident of domestic violence had occurred to the local authority children services (DFE 2013, 2015).

With these types of pressures, it was understandable that local authorities and the broader social work profession began to look for alternative approaches. Numerous practice methodologies and the theories that underpin them, such as motivational interviewing (Miller & Rollnick, 1991, 2002) and restorative approaches, been recruited into the statutory social work context for which they had not been designed. Even where these new methodologies had been designed explicitly for the statutory context, such as the 'Signs of Safety' strengths-based model of child protection conferences (Turnell & Edwards, 1997, 1999), they were being delivered without an evaluation of any real rigour (Barlow et al. 2012). At the time of this research, system based methodologies were being used in numerous approaches in the statutory social work context. Methodologies such as Multi-Systemic Therapy (MST: Henggeller, 1997) also, Safeguarding Children

Assessment and Analysis Framework (SAAF: Bentovim et al. 2009) had either been implemented into children services as practice methodologies or were being used by external agencies to whom social workers would refer children and/or families to address specific problems such as family breakdown. Neither of these approaches had received any evaluation of real significance at this time (Barlow et al. 2012).

2.4 Structural / Milan and the conceptual debate

Systemic family therapy first came into use in the 1950s in the US and UK. Its introduction followed dissatisfaction with psychoanalytical and other individual therapies and the emergence of general systems theory and group psychotherapies (Dallas & Draper 2005). It was Ludwig Von Bertalanffy's 1968 book 'General Systems Theory' (Von Bertalanffy 1968) which introduced the systems approach, in which the whole is treated rather than the sum of its parts.

Von Bertalanffy proposed the need to observe the interactions of the components of the system if we are to understand how an organism works. Over the years, different modes of therapy, such as experimental (Satir 1972, 1982) and strategic (Haley 1973) have evolved, each holding different views about understanding and creating change in families. The model evaluated in this research and promoted by RSW is known as a 'method model' (Bentovim 1986) and is based on the Structural (Minuchin et al. 1967, 1974), and Milan (Boscolo et al. 1987) approaches. The Structural approach was developed initially by Salvador Minuchin et al. (1967) who applied the basic premise of Von Bertalanffy's ideas to family assessments':

"....cursory observation of the bone structure of the arm can reveal the limits of the arm's movement. But observation of the bones alone will not tell us the strength, the speed of movement, or the style and grace with which the arm

once held a fragile object or embraced a loved one. Analysis of a family structure often has the same quality of quick, gross assessment of the range of interactional possibilities without telling us much about the quality of the interaction." (p. 216)

Structural therapy also takes the view that the individual exists within their social context and therefore that behaviour is explained by observing and understanding this context. Problems occur in these families due to unclear boundaries and problems with hierarchy (Israelstam 1988). Change is created by transforming the structure of the family and the positions of individuals within the family to create new experiences. For example, a therapist would look to build more precise boundaries between the adults and children within the family in cases of conflict or behaviour management difficulties. The focus of this work is primarily on the nuclear or broader family, with little time spent in the broader system, by this I mean schools, education and friends (Israelstam 1988). The structural family therapist has two fundamental principles in their work with families. The first is that the individual is part of a social system, this being the family, to which they must adapt.

The individual's characteristics are governed by the characteristics of the system, which includes the past actions of all members of the system. The individual responds to stresses in other parts of the system, to which they adapt, and they may contribute significantly to stressing other members of the system. The second principle is that changes in a family structure contribute to changes in behaviour and the inner psychic processes of the members of that system:

Family therapy uses techniques that alter the immediate context of people in such a way that their positions change. By changing the relationships between a person and the familiar context in which he functions, one changes his subjective experience. (Minuchin 1974, p. 13).

These patterns of interaction act to sustain the family as a system and allow it to function. The family system moves through time and is affected by the transitions through which it finds itself moving (Jones 1993; McGoldrick 1998). Relationship patterns are defined through the process of negotiation and become so consistent that family members come to relate as if there were specific rules to their interaction as they move through the system's life cycle (Burnham 1986; McGoldrick 1989). The Milan approach is named after the group of therapists who formulated the approach while working in Milan (Boscolo et al. 1987). Both Structural and Milan therapists approach family problems from the viewpoint that they are a result of dysfunctional patterns of interaction between the individuals. However, there are some differences between the two approaches. The Milan therapist looks at a more extensive system than the immediate family to create necessary change (Israelstam 1988). Their work can also include the broader family such as grandparents, but additionally incorporates friends and involved agencies such as the education or health. Also, Milan therapists follow three fundamental principles when working with families: hypothesising, circularity and neutrality. Hypothesising is the process by which therapists formulate explanations for behaviours from the information available (Selvini et al. 1980; Cecchin 1987).

The hypothesis is not something that is necessarily 'true' but aims to be helpful for the therapist to understand what might be occurring within the family. Circularity is the principal by which therapists receive information about relationships and differences regarding individuals' values and ideas. The Milan therapist uses this information to describe sequences of behaviours in a circular rather than a linear manner (Burnham 1986). Neutrality is the principle that encourages therapists to spend equal amounts

of time questioning each family member and avoid forming alliances by taking care not to accept one opinion as more valid. The primary aims of these principles are to equip the therapists with relevant interviewing methods and help the family to change through the mechanism of reflexive contemplation while reducing the effect of dependence upon the therapist's qualities, such as charisma and intuition (Selvini et al. 1980).

However, the conceptual literature identifies a challenge to these ideas from within the systemic therapist field most commonly with the principle of neutrality and explicitly concerning DVA. From the onset of systemic ideas being introduced feminists systemic therapist who sought to show that in relationships where domestic violence in male/female relationships was an issue the woman is always the victim and the man the perpetrator and that the application of neutrality place women at risk of continued violence (Milner 1993; Bograd 1992; Goldner 1985). By not recognising the power and control that exists in the relationship therapists were in danger of forming alliances with perpetrators of DVA and ignoring the specific needs of the victim. In 1987 Cecchin sought to address concerns and proposed that therapists must retain a position of what he termed 'curiosity' when working with families in which safeguarding concerns existed. The challenge from within the field continued with Willbach (1989) who argued the approach was fact immoral and that by moving away from a focus on the individual to the family.

This could create an outcome in which the perpetrator would not be held entirely responsible for the violence while the victim was, if only in part, blamed. 'In cases of severe and life threatening violence, it is clearly inappropriate and extremely dangerous to use conjoint or systems interventions.' (Gelles & Maynard 1987, p.

272). In more recent times therapists such as Rivett & Rees (2004) argue that the concern remains and that this approach may place victims and children at greater risk and lead to what Mankowski et al. (2002) term 'Collateral Damage'.

During the period when this study was conducted, the debate between those within the field of systemic therapy continued. Some therapists argued that a zero-tolerance policy should exist and that therapy should only occur if 'no violence' contracts were signed by the couple which they thought would keep individuals safe from harm (Vetere & Cooper, 2001, 2004; 2005; Shamai, 1995). Some therapists applied exclusion criteria in their work meaning that families in which violence was being committed at the time, whether the violence that had been committed was thought to be too significant or where substance misuse was an issue would not receive therapy (Brown et al 2010; Stith et al. 2004; Shamai 1995). Other therapists such as Mark Rivett, (& Rees 2004), who at that time was the director of the Journal of Family therapy, argued that a neutrality approach was unacceptable and sought to address this by reminding therapists of the primary aim of their intervention:

The men with whom we work are all aware that they are not our primary clients: We constantly state that we do this work for the protection of women and children. Working with men is a means whereby we can achieve this end" (2004, p.153).

The most substantial support to apply systemic ideas to DVA came from a surprising source. In 1980's and early 90's feminist therapists had argued that by taking a family therapy approach to DVA was placing the woman at risk (Milner 1993; Bograd 1992; Goldner 1985). By 2013, these same therapists were now stating that that a systemic approach was in the best interests of victims. In 2004 Milner took a critical look within the sphere of child safeguarding and focused on child protection interventions and

addressed those therapists who had used her 1993 paper on different experiences for men and women in the children protection process, to argue for gender-specific groups. Milner concluded that these groups which had been designed to empower women and re-socialise men were not working:

It can hardly have been the an intention of feminist research that a woman as a wife and mother, should be inadvertently storied as a passive Madonna simply because she lives with a violent man (p. 82).

Bograd another therapist who had argued specifically against couple work (1992) now believes that an 'Intersectionality' (Sokloff & Pratt 2005) approach is necessary if we are to understand the hierarchies of power that exist in race and class:

From this perspective, intersectionality suggests that no dimension, such as gender inequality, is privileged as an explanatory construct of domestic violence, and gender inequality itself is modified by its intersection with other systems of power and oppression. So, for example, while all men who batter exercise some form of patriarchal control, men's relationships to patriarchy differ in patterned ways depending on where they are socially located. While all women are vulnerable to battering, a battered woman may judge herself and be judged by others differently if she is white or black, poor or wealthy, a prostitute or a housewife, a citizen or an undocumented immigrant (Bograd 1999, p. 27).

Virgina Goldner (1998) recognised that conventional family therapy has the potential to blame victims but also argues that the typical feminist approach of 'victim and victimiser' distorts and oversimplifies the dynamics of intimate relationships. Goldner suggests that by taking this stance, the therapist is in danger of becoming an agent of social control. Goldner's view is that there exists an intense bond which makes it unlikely or dangerous for the couple to separate and argues that professionals need to look for the positives in that bond.

Failure to do this may result in the woman being labelled "dependent" or "lacking self-esteem" which can lead to re-victimisation (Goldner 2004). This can compounded by the stigmatisation of being involved in the relationship and being perceived by society

as either a victim or perpetrator. Other therapists such as Bonham and Vetere (2012) agreed with this view that without the application of system approaches the cause of the DVA will go unaddressed, and children and victims will suffer further harm. They believe that abused children will carry dormant anger revitalised when they form another intimate relationship.

From my position as experienced child safeguarding social worker, I perceived a sense of naivety from the therapists in the perpetrator's ability to deceive. There was evidence of the cult-like belief discussed in Chapter 1. Therapists had an almost tunnel vision basing their belief in the power of systemic on no empirical evidence and in some case one case study (Bonham & Vetere 2012) For example, Goldner (1998) trusted that violence would cease under the guise of consultation because 'many [perpetrators] are so in the thrall of therapeutic gauntlet that they carefully count the number of sessions'. Goldner gives no empirical evidence to support this suggestion. It was evident from this review of the theoretical literature that the vagueness I had experienced when questioning trainers in systemic, as described in Chapter 1, was also in existence within the systemic field. However, as a trainee in systemic practice, I was confounded as to why these debates by key figures in the field had not been discussed or highlighted during the training programme.

2.5 Chapter Summary

This chapter has shown that the current view from the field of social work is that DVA is a socio-legal category based on research findings on the primary causes of DVA and the inevitable developmental harm to children from experiencing violence in their family lives (Hester 2009). Understood from this contemporary social work perspective, informed by child and family law, DVA is a threat to child welfare, whether or not there is a direct assault against the child in question. As social workers, we, therefore, have a duty to safeguard. The chapter has also described the fundamental concepts of the systemic model used within RSW. These fundamental concepts and the review of the conceptual literature suggest some tension with the child safeguarding context. The literature also suggests that in the field of systemic family therapy there is a debate around their application to DVA and safety mechanisms are in place. It is unclear that if these concerns are identified in the field of systemic therapy, what empirical evidence had existed to support their introduction into a child safeguarding context with DVA at this time. In Chapter 3, which follows, I attempt to understand what empirical evidence existed to support the introduction of this model into child safeguarding with DVA by undertaking a literature review of the relevant research.

Chapter 3

Literature Review

3.1 Introduction

In this chapter, I set out the methodology and findings of a literature review which aimed to identify empirical evidence to support the implementations of the systemic ideas and approaches into the child safeguarding DVA practice context. The chapter begins by setting out the different types of literature review and explaining why a 'scoping review' (Arksey & O'Malley 2005) was most relevant. The chapter continues by formulating the research question, mapping out the research found and before setting out the findings. The chapter concludes with what I consider to be the shortfalls of this review.

3.2 Rationale for a scoping review & Arksey's 5 stage framework

When choosing an approach for reviewing the literature, thought was given to undertaking a systematic review (Gough et al. 2012; Aveyard 2010), rapid evidence review or rapid appraisal of the relevant research (Jesson et al. 2011). These types of review, involve a specific or focused question and are concerned with the quality of the research and are usually undertaken by a group of researchers due to their time-consuming nature (Gough et al. 2012; Sharland & Taylor 2006). In contrast, a scoping review of the literature aims to identify the extent, range and nature of the research activity around any given topic and can be undertaken as part of a systematic review of the literature or as a standalone study (Arksey & O'Malley

2005). Scoping reviews can be advantageous when the researcher wants to examine emerging evidence regarding methodological approaches and to highlight gaps in the specified field of research (Armstrong 2011; Arksey & O'Malley 2005).

Although empirical research had not formed part of the conceptual review of literature discussed in Chapter 2, I did become aware of how small the field of empirical research on this topic was. This finding supported the use of a scoping review which is particularly appropriate in a poorly developed field of research, when a systematic review should not be attempted, which is the case here (Armstrong et al. 2011).

Scoping reviews can differ from systematic reviews in not seeking to assess the quality of reported findings (Arksey & O'Malley 2005; Levac et al. 2010) or in discounting research due to methodological weaknesses. Although I was interested in the methodologies used in the research, I was most concerned about how much evidence existed. Therefore at this point questions about quality was not a primary aim in my review. Once the decision had been made to undertake a scoping review I decided to follow seminal work of Arksey and O'Malley (2005) and later advanced by Levac et al. (2010) in developing my review framework. In stage 1, Formulating of the research question occurs. In stage 2, Studies are identified by creating the parameters of the literature search, including both inclusion and exclusion criteria. Stage 3 involves data extraction using a framework developed to answer the research question. Stage 4 involves mapping the data and highlighting any potential gaps in the literature. The final stage, 5, seeks to use the identified data to enable a valid response to the research question.

3.3 Scoping Review Stages

3.3.1 Stage One. Formulating the Research Questions

In keeping with the overall research question, this review sought to understand from a critical realist perspective, what empirical research existed to support the introduction of systemic ideas, such as those used in RSW, into a child safeguarding context and practice with DVA. This aim led to the research question; 'What empirical research exists to support the view that a systemic approach to DVA is a legitimate way of working within a child safeguarding context?'

Using the realistic evaluation formula of CMO and recognising that an understanding of context is critical I undertook a search of three specific bodies of empirical research. To understand the context in which systemic ideas were being introduced I undertook a search for empirical research on child safeguarding practice with DVA within the United Kingdom. This search aimed to understand the effect of current practice and how the mechanisms of DVA may be beneficial. My second search involved empirical research of systemic ideas, such as those used in RSW, with DVA. This search intended to understand the outcomes generated by applying systemic ideas in this way, but also and just as importantly, which mechanism was triggered. The third and final search concerned empirical research of systemic approaches, such as those used in RSW, in a child safeguarding context. Replicating my search for systemic approaches with DVA, I was interested in not only identifying research on outcomes generated but any research which identified which mechanisms were triggered and the impact of the child safeguarding context.

3.3.2 Stage 2: Inclusion/exclusion criteria

In keeping with my methodological approach, it was important to situate the research in the context in which the study was taking place. As discussed in Chapter 1, and in greater detail in Chapter 4, there were some delays in the completion of this research. The interviews for this research took place in 2015: therefore, it was important to situate this review at that time and not consider any research that was undertaken after this date but before the submission of this thesis. This criterion met with my research question which sought to find what empirical research had existed to support the implementation of systemic ideas such as those used in RSW. Therefore I did not undertake an updated review during the period from completing my interviews to completing my thesis despite the long delay between these two events. I had initially decided to follow the advice of Whitlock et al. (2008) who suggested that reviews are out of date once they are over five years old. However, I was interested in understanding what research had been available to support the introduction of systemic ideas into the RSW model launched in 2009. When considering research location, I recognised once again the importance of context when making this decision; therefore the search was limited to empirical studies that had taken place within the United Kingdom. Consequently, any research identified would correspond to the DVA legislation, policy and practice guidance of the location of my evaluation.

My primary interest was the impact of child safeguarding interventions and systemic interventions such as those used in RSW. It was, therefore, essential to be specific when identifying research on these topics as anything outside of these interventions would not necessarily be linked to my evaluation. Interventions in child safeguarding

related to direct work between the social worker and the family, or specific interventions which involved a referral by the social worker. To identify and screen out these interventions it was necessary to use my experience as a child safeguarding social worker. I was also aware that systemic ideas are incorporated into interventions such as practice methodologies such as Multi-Systemic Therapy (MST: Henggeller, 1997). Consideration was given to include these types of methods in the review, and there was the potential that some useful data would be identified. However, the primary aim of this research was to understand the evidence base of systemic approaches similar to those applied in, which excluded MST. The inclusion and exclusion criteria were as follows:

Studies were included if:

- They were empirical research including meta-analyses, research reviews, controlled studies, before-and-after studies, independent case evaluations, qualitative and ethnographic studies;
and
- They were published in a peer-reviewed journal;
and
- The study was based in the United Kingdom and had been conducted between 2005 and 2016;
and
- They examined the application of systemic ideas with domestic violence and abuse;
or
- They examined the application of systemic approaches within child safeguarding social work;
or

- They examined the impact of direct work by a child safeguarding social worker with DVA.

or

- They examined a specialist intervention to which a family could be referred to if working with a child safeguarding social worker

Studies were excluded if:

- They were based on victim, perpetrator or family programmes which were external to child safeguarding work
- The application of systemic ideas were not congruent with the methods used in RSW

3.3.3 Stage 2 Search terms

As indicated above, key search terms, combined using Boolean operators (OR, NOT, AND), were used to identify relevant studies that were pertinent to the research question. The initial searches began with an attempt to join together the key terms in the hope this would identify research more quickly. Unfortunately, these initial searches identified small data samples. For example, the search term 'systemic social work' found only 9 matching items while the search term 'systemic practice AND social work AND domestic violence' returned only 10 items. It was evident that the 3 main topics within my scoping review, namely child safeguarding, DVA and systemic family therapy all had numerous different terms to describe the same thing. For example, DVA is also known as family violence. To ensure that no findings were missed searches were conducted using different search terms which were informed by previous literature reviews and meta-analyses of systemic approaches (Stratton, 2016) and DVA interventions (Stanley et al. 2015).

3.3.4 Stage 2: Study Selection

Following the search, a three-stage process was used to identify relevant studies. In stage one, studies were chosen based on whether their titles matched the search criteria, with duplicated research articles discounted. In the second stage, a review of the abstract was used to determine whether the article contained relevant information: That is, research on child safeguarding approaches to DVA, systemic approaches in child safeguarding and systemic approaches to DVA. The third stage involved a full reading of the study to see whether it met the standards of the exclusion and inclusion criteria. At this juncture, large-scale literature reviews and meta-analyses such as the work of Stratton et al. (2016) were searched for individual studies to see if they met the specified criteria.

The search of the literature search generated a substantial number of articles, research papers and books, with the search on the University of Sussex's online library alone identifying 5599 unique references. However, this was not to suggest that there was an even split across the three search topics with the majority of the identified in searches relating to child safeguarding and DVA (n = 5249) A further thirty-two references were identified by undertaking reference checks and specific searches of authors and journals. Ten references were identified through searches of key organisations. However, these were mostly duplicates of studies already identified, or in the case of systemic interventions, were either based outside the UK or were not empirical. Interestingly the four systemic trainers who I spoke as part of my search criteria were unable to identify any empirical research of either systemic approaches to DVA or systemic approaches being applied in the child safeguarding context. This lack of knowledge appeared to be another examples, similar to those

discussed in Chapter 1, of the perceived expert of systemic not considering the specific safeguarding issue of DVA or the impact of context.

3.3.5 Stage 2: Search Results

In stage 1 a considerable amount of the identified literature was discounted as it did not meet the chosen criteria. The primary reason for exclusion was that the text was either not an empirical piece of research or took place outside of the United Kingdom or both. Another large group discounted at this stage related to texts which focused on the impact of DVA rather than the impact of an intervention on DVA. In stage two, a review of the abstracts identified many articles known as "think pieces" (Sharland & Taylor 2006), which are merely reflections of the writer's thoughts: and discarded because they did not contain empirical evidence (e.g. Higgins & Green 2009).

Further articles were discounted because they focused on the impact of DVA (e.g. Meltzer et al. 2009) but not on interventions because they were descriptions of systemic practice (e.g. Vetere & Cooper 2001), or the study took place outside the UK. In the final stage, studies were discounted if, although containing recommendations for child safeguarding practice, the findings did not specifically relate to DVA (Morris et al. 2008). In the final stage, discounted studies included those which contained recommendations for child safeguarding practice, but the intervention operated outside the child safeguarding context (Katz 2008). Literature reviews and meta-analyses were also discarded following a more in-depth reading which identified either that the individual research had taken place outside the United Kingdom (Rizo et al. 2011) or findings were based on research outside of the search criteria timescale

(Humphreys et al. 2011). The study by Bonham and Vetere (2012), for example, was discarded due to internal incongruences: it had used systemic approaches to evaluate a non-systemic intervention. Studies which evaluated approaches based on systemic therapy, such as those using solution-focused methods (Milner & Singleton 2008), were also excluded as although based on systemic ideas they were not similar to the approach taken in RSW. A total of eighteen studies met the eligibility criteria and therefore included in the scoping review. These studies are listed in summary in Table 3.1 and discussed below.

1	Howarth & Robinson 2015
2	Jude & Rospierska 2015
3	Heffernan et al. 2014
4	Keeling & Wormer 2014
5	Peckover & Trotter 2014
6	Clarke and Wyndall 2013
7	Forrester et al. 2013
8	Westmorland & Kelly 2013
9	Ghaffar et al. 2012
10	Coulter 2011
11	Steel et al. 2011
12	Cross et al. 2010
13	Maddog-Jones & Roscoe 2010
14	Stanley 2010
15	Devaney and Rossi 1997
16	Milner & Singleton 2008
17	Price et al. 2008
18	Hingley-Jones & Mandin 2007

Table 3.1 identified studies

3.4 Stage 3: Data Extraction

The next stage of the scoping review, as set out by Levac et al (2010), was to extract the data. In this research, I chose to use a framework created by Arksey et al. (2002) and amended this in response to the research question. The list of data extracted comprised: Author(s), year of publication, study location, The focus of the study, study populations (carer group; care recipient group), aims of the study, methodology, outcome measures and Key findings. Extracted data was recorded on a MSWord document under these headings and then grouped together. These groups were then analysed to create a descriptive numerical summary (Arksey & O'Malley 2005).

3.5 Stage 4: The study characteristics of eligible research

The majority of the identified research studies focussed on the impact of child safeguarding with DVA (n = 13), followed by the application of systemic ideas in a child safeguarding context (n=4), with only one study identified on the use of systemic family therapy with DVA. The scoping review did not identify any empirical research on interventions using systemic approaches to DVA practice which had taken place within a child safeguarding context. The studies that did focus on the impact of interventions fell into four categories.

The first category (n = 7) focused on the impact of direct practice by the social worker in child safeguarding on key players, namely victims, perpetrators and social workers (Keeling & Wormer 2012; Peckover & Trotter 2014; Heffernan et al. 2014; Clarke & Wyndall 2013; Ghaffar et al. 2012; Stanley 2010; Delaney 2008). The second category (n = 6) involved evaluations of interventions used by child safeguarding

social workers but did not involve direct work. Included in this category were perpetrator programmes used explicitly by child safeguarding social workers, the impact of expert professionals known as IDVAs (Independent Domestic Violence Advocates) or the Multi-Agency Risk Assessment Conference (MARAC) (Westmorland & Kelly 2013; Steel et al. 2011; Maddog-Jones & Roscoe 2010; Milner & Singleton 2008; Price et al. 2008; Howarth & Robinson 2015). The third category (n-4) focused on the impact of applying systemic ideas within the child safeguarding context. Two studies were on whole systems, evaluations of local authorities which used systemic ideas in their practice (Forrester et al. 2013; Cross et al. 2010).

The study by Forrester et al. (2013) focused on collaboration between two disciplines – social work and family therapy – located in a children’s safeguarding team in a local authority. The evaluation by Jude and Rospierska (2015) focussed on the use of systemic practice and systemic family therapists within a child safeguarding setting.

Finally, the study by Hingley-Jones and Mandin (2007) was an evaluation of a training course which aimed to implement systemic ideas in social work practice. The remaining category contained a single study (Coulter 2011) which focused on systemic therapy with families who had experienced trauma due to numerous causes, including DVA.

3.5.1 Stage 4: Research method characteristics

Only one study in this review was found to have used a randomised controlled trial (RCT) approach (Coulter 2011). The high drop-out rate amongst Coulter’s study group, who found that undertaking an RCT felt alien to social work professionals, led

the author to the view that his research question had been unanswered. Other designs included cross sectional (n=5), case study (n=1), before and after (n=1), content analysis (n=1), action research (n=1) and qualitative (n=6). Realistic principles of evaluation were used in two studies (n=2).

All of the research except for Coulter's (2011) study used qualitative methods to gather data. Eleven of these studies used a mixed method approach (n=11), incorporating semi-structured interviews with either focus groups (n=3), questionnaires (n=5), analysis of statistical data (n=6), analysis of social work case recordings (n=4) and observations of practice (n= 4). The remaining five studies primarily used semi-structured interviews. The final study was a self-reflective case study. Details are set out in Table 3.3 at the start of the next page.

Table 3.3 Scoping Study Characteristics

Scoping Study Characteristics: 18 studies met the eligibility criteria		
	Focus	References
Category 1 n = 7	The impact of the statutory process on key players: Victims Perpetrators Social workers	1. Stanley 2010 2. Delaney, 2008 3. Clarke & Wyndall 2013, 4. Peckover & Trotter 2014 5. Keeling & Wormer 2014 6. Heffernan et al. 2014 7. Ghaffar et al. 2012
Category 2 n = 6	Evaluation of either: Perpetrator programmes specifically used by SWs Impact of expert professionals (IDVAs) Multi Agency Risk Assessment	1. Robinson & Tregidga 2007 2. Steel et al. 2011 3. Maddog-Jones & Roscoe 2010 4. Price et al. 2008 5. Westmorland & Kelly 2013 6. Milner & Singleton 2008
Category 3 n= 4	Systemic ideas within the statutory context	1. Cross et al. 2010, 2. Forrester et al. 2013 3. Hingley-Jones & Mandin 2007 4. Jude & Rospierska 2015
Category 4 n = 1	Systemic therapy with families who had experienced trauma due to numerous causes including domestic violence and abuse	Coulter 2011

3.5.2 Stage 4: Study Group characteristics

The views of social workers and other professionals, along with the views of victims, were the most frequently presented in the identified research (n=11), followed by the views of perpetrators (n=5), with the views of children being the least represented (n=3). The low number of studies using the views of children was a surprising finding considering that focus of this review was child safeguarding. In other studies, case file audits were used to understand the experiences of victims (Steel et al. 2011) and children (Delaney 2008). It was not possible to gain an absolute median number of participants across the identified research due to one study describing its cohorts in numbers of families rather than individuals (Coulter 2011). The studies had a wide range of cohort size, from Stanley's focus on two local authorities (Stanley 2010) to Maddog-Jones and Roscoe's study, which involved only thirteen women (Maddog-Jones & Roscoe 2010).

3.5.3 Stage 4: Outcomes measures characteristics

Numerous types of outcome measures were used within these eighteen studies, as summarised in Table 3.4 below. The primary outcome measures were safety (n=7). In all seven of these studies, the focus was on the safety of the adult victim, with only three studies (Clarke & Wyndall 2013; Stanley 2010; Price et al. 2008) measuring safety for children. Delaney's (2008) study, although primarily focused on the child, only measured the characteristics of children on child protection plans. Other outcome measures used by these studies included mental health and well-being of both the parents and the child/young person (n=6), cessation of violence (n=4) and gaps in provision (n=4) and improvement on SW practice (n=3). Four studies used current statutory outcomes to measure the effectiveness of processes such as

MARAC (Howarth & Robinson 2015).

Table 3.4 Outcome Measures characteristics

Outcome Measures characteristics	n
Safety	7
Mental Health & Well-being	6
Cessation of Violence	4
Gaps in Provision	4
Current Statutory Outcomes	4
Improvements on SW practice	3

3.5.4 Stage 4: Gaps in the research

The review highlighted some critical gaps which were relevant to my research aim.

The critical gap in the review was that it did not identify any specific research concerning the use of systemic ideas with DVA within a child safeguarding context.

This gap meant that there was no empirical evidence to support the RSW model, which supported the necessity, and claims for originality, for my evaluation. Although the scoping review focussed on children and young people, there were limited studies which incorporated the impact on them individually and their views. Where research was available, only three studies included the views of children (Clarke & Wyndall 2013; Stanley 2010; Price et al. 2008). Even when the focus of the study explicitly concerned the impact upon children, their views were either gained via case recordings or parents (Delaney 2008). Children's ethnicity, sex, class or race were not differentiated. Stanley (2010) suggests that this lack of research into children and

fathers, but with a focus on women, means that DVA is still constructed as a gender issue, which means that children are not the primary focus.

3.6 Stage 5

3.6.1 Stage 5: The context of child safeguarding with domestic violence and abuse

When addressing the nature, strengths and limitations of child safeguarding responses, the research highlights three critical issues which paint a stark picture of the approach. Firstly, the experience of victims, children and perpetrators within the child safeguarding approach was mostly negative. The introduction of threshold documents to help social workers' decision-making on whether a child safeguarding intervention was necessary had created situations in which families and children were not getting a service (Stanley 2010). When an intervention had taken place, the experience is mainly negative. Keeling and Wormer's (2012) narrative analysis of interviews with victims found that social workers were seen as supportive but only when the women were compliant with their instructions. Their research applied the concept of DVA as promoted in the Duluth model, which perceived DVA in terms of power and control (Pence & Paymar 1993) and found similar links between the abuse the victim suffered in their relationship with the perpetrators and their relationships with social workers. Women, as victims, stated that social workers had used similar tactics, such as blame, coercion and threats, to control them and persuade them to follow the social worker's orders. Other studies reinforced this view and agreed that women, as victims, had feelings of blame and being re-victimised, with the threat of their children being taken into the care of the local authority being seen as potential reasons for nondisclosure of continued violence (Ghaffar et al. 2012; Keeling & Wormer 2012; Keeling & Mason 2010; Stanley 2010; Morris et al. 2008). The

negative response was not limited to victims. Men, in the defined role as perpetrators, reported that the child safeguarding approach had caused them to feel ostracised or ashamed, which was seen as a barrier to change (Stanley 2010).

However, there was evidence of positive responses, albeit limited to one study, with children and young people reporting they had felt supported by practitioners who listened, were accessible and provided them with information (Stanley 2010).

Secondly, and related to the first critical issue, the review suggests that in order to improve relationships, specifically with the victim and perpetrator, social workers required training in order to recognise adults as more than just parents but as people with their own needs (Heffernan et al. 2014; Peckover & Trotter 2014; Westmorland & Kelly 2013; Stanley 2010; Morris et al. 2008). Additionally, training itself could be improved if victims were involved in its design and delivery (Keeling & Wormer 2012). Other training needs identified by the review included a lack of understanding about the cause and impact of DVA, the ability to talk to children and young people about DVA and the ability to enable inclusion of fathers and working with family relationships. Thirdly, the research identified in this review supports Professor Munro's view, described in Chapter 1, that child safeguarding practitioners are taking on a managerialist approach when working with DVA. Following a child safeguarding assessment, children who are deemed to be at risk of significant harm receive a child protection plan which is designed to reduce the risk and harm of living with DVA by incorporating the resources of the local authority and partner agencies such as school and health. As part of these plans, social workers identify provisions which Stanley (2010) found to be opportunistic, patchy and lacking a robust evidence base and sustainability. As part of these plans, the individual family member is signposted,

by which I mean that he or she is referred to by social workers, to either victim or perpetrator programmes (Stanley 2010). Evaluations of these programmes highlighted potential tensions between what they aimed to achieve and the primary purpose of statutory social work.

Victim programmes were found to increase self-esteem and confidence in women but not necessarily assist women in feeling safe (Maddog-Jones & Roscoe 2010). For example, Kelly and Westmorland's (2015) literature review of domestic violence perpetrator programmes (DVPP) identified methodological weaknesses in the evaluations, including high drop-out rates, and therefore questioned the positive outcomes that some proclaimed. Maddog-Jones and Roscoe (2010) also questioned the stated success of this type of intervention. Their study sought victims' responses to the effects of perpetrator programmes. In contrast to the positive messages from the perpetrators, the women respondents were pessimistic about the prospects of the programme having any effect on their abusers and worried that probation staff were susceptible to believing everything offenders would tell them. A potential reason for these high drop-out rates and disguised compliance was identified by Stanley (2010), who found evidence that these programmes were not entirely voluntary and that fathers perceived a requirement to attend them to gain access to their children or to avoid care proceedings. Services for children were identified as scarce (Peckover & Trotter 2014), while social work practice arrangements with multi-agencies and adult services needed to be better integrated, especially when practitioners were working with both the adult and the child (Clarke & Wyndall 2013).

3.6.2 Stage 5: Applying systemic ideas in a child safeguarding context.

Four studies were identified which focused on the application of systemic ideas within a child safeguarding setting (Jude & Rospierska 2015; Forrester et al. 2013; Cross et al. 2010; Hingley-Jones & Mandin 2007). These studies identified that a 'common language' was employed by these practitioners (Jude & Rospierska 2015; Forrester et al. 2013; Hingley-Jones & Mandin 2007) which enabled social workers to have constant and creative communication when discussing interventions for families. However, Jude and Rospierska (2015), identified some potential weaknesses in this common language approach specific to systemic language.

As family therapists, they had worked alongside child safeguarding social workers as part of an attempt to embed systemic ideas in social work practice within a local authority based in the UK. They found that although their team shared this language, there were difficulties when communicating with peers, including senior managers, and partner agencies such as schools and the police. Their study also found that this difference in language extended to definitions of success and therefore found it difficult to evidence the impact of using systemic ideas and approaches because of the child safeguarding approach to linear outcomes. Managers in the child safeguarding setting measured success concerning instant and demonstrable results: for example, keeping children within the family. This view of measuring success conflicted with that of Jude & Rospiersk who considered factors such as happiness and improved relationships. The difference in systemic language was also a factor in the evaluation by Hingley-Jones and Mandin (2007) of eighty social work students who received systemic training observed that they found the language of early systemic thinkers challenging to fathom. The potential communication problem

implicitly identified here is that although a common language may be used, it may not necessarily have a shared understanding.

Kelly and Westmorland's (2015) Forrester et al. (2013) and Cross et al. (2010) identified changes to social work practice such as reflective decision-making and improved relationships with families and an increase in 'curiosity' regarding what was happening within the family. However, as these evaluations focused on whole system changes, it is also important to note that both evaluations included the same local authority in their study: it is thus difficult to determine whether the impact on practice was related to the implementation of systemic ideas or brought about by structural changes such as improved supervision or reduced caseloads.

3.6.3 Stage 5: Responding the research question: What empirical research exists to support the view that a systemic approach to DVA is a legitimate way of working within a child safeguarding context?

In this chapter, I undertook a scoping review which sought to find out how researchers are going about the task of building a research base to support the implementation of systemic approaches with DVA in a child safeguarding setting and what kind of evidence is available. Child safeguarding perceives DVA as a gender-based issue in which the primary aim is for the child to be protected, with social work practice guidance advising that the woman should be empowered, and men held responsible for their actions. However, the dominant discourse of woman-blaming identified in previous research (Gordon 1989) is still evidenced despite changes in context and political climate (Stanley 2010). Feminist analysis of gendered power relations has informed social work practice, yet the research has suggested that

current social work interventions nonetheless continue to place women in a position of blame and risk (Ghaffar et al. 2012; Keeling & Wormer 2012; Keeling & Mason 2010; Stanley 2010; Morris et al. 2008). This finding suggests that even when a coherent theoretical position has been approved, namely feminist gendered perspectives, social work practice, in child safeguarding, reverts to a procedural approach. Fathers remain on the outside of any direct social work interventions whether they live in or outside the family home (Stanley 2010). Perpetrator programmes, which were heralded within the field when they first arrived, have been found to produce relatively poor outcomes, with high drop-out rates (Maddog-Jones and Roscoe 2010). Of most concern is the fathers' view that attendance on these programmes is primarily used as a bargaining chip to gain access to their children (Stanley 2010).

While Social workers report a lack of skills and knowledge related to domestic violence, coupled with a lack of specific training and contextual issues which impede the impact of any training on their practice (Heffernan et al. 2014; Peckover & Trotter 2014; Westmorland & Kelly 2013; Stanley 2010; Morris et al. 2008). When considering all these findings, it is understandable that child safeguarding practitioners and the people who run local authorities children services are looking for solutions in new forms of direct practice. Despite extensive searching, this scoping review identified only one study which evaluated systemic approaches to DVA undertaken by social workers in the child safeguarding role. Therapists also have recognised the paucity of empirical studies in this field and have for some time called for further research (Gondolf 2011; Carr 2009; Rivett & Rees 2004; Vetere and Cooper 2004; Strauss 1973). The review has identified two evaluations in particular

(Cross et al. 2010; Forrester et al., 2013) which have considered child safeguarding practice as part of a whole systems approach. In these evaluations, the local authority had undergone whole system changes, including training, team size, reduced caseloads and supervision. Therefore, it is not clear whether the changes to practice directly linked to the introduction of systemic ideas. Additionally, these evaluations did not focus on specific safeguarding matters such as neglect or DVA. The evaluation by Hingley-Jones and Mandin (2007), although most closely related to the evaluation here, also did not focus on the effect of systemic approaches to DVA. However, this example of empirical research does provide evidence that there are mechanisms embedded in systemic ideas which have the potential to address some of the current problems with child safeguarding with DVA. For example, the use of circularity and neutrality may lead to the better inclusion of father and indeed children. The concept of 'curiosity' could assist social workers to be less reactive or risk-averse in their decision-making, while reflective techniques can assist with social work stress.

Due to the limited nature of empirical research evidence to date, the potential of these mechanisms can only be assumed. This scoping review shows there is no body of research evidence generated to date to support claims about the efficacy of implementing systemic ideas into child safeguarding DVA practice. Furthermore, the indications are that the process of implementation of this new approach may remain challenging due to contextual issues such as high caseloads, bureaucracy, poorly trained staff and differences in target outcomes between the differing methodologies of systemic practice and child safeguarding. The critical finding is that although there are examples of empirical research, which varies concerning its focus and the

methodology used, we still know very little about whether and how systemic ideas work in practice with DVA in the United Kingdom with a child safeguarding mandate. The overall finding of this review and in answer to my primary question is that a sufficiently sound base of empirical evidence does not exist to support the push of systemic ideas, specifically with DVA, seen over the last ten years.

3.7 Chapter Summary

In this chapter, I have set out the methodology and findings of my literature review. The findings have highlighted that there exists sparse empirical to support the introduction of systemic ideas, with DVA where child safeguarding is the primary context. Although I have attempted to use the realistic formula of CMO in this review, I am aware of the potential shortfalls. Although I have some understanding of systemic, I am far from the expert. My lack of experience in this field may have contributed to the sparse research found. I attempted to address this gap by consulting both the specialist literature and individuals who are experienced and work within this field. An essential aspect of the critical realist approach recognises the importance of context. Attempts have been made to situate this review at the time of my evaluation. However, the field of child safeguarding, especially legislation, policy and practice guidance is ever changing.

This change meant that the research in my chosen timescale may have methodological weaknesses due to policy changes. The decision to focus on interventions used by child safeguarding social workers may leave me open to challenge. I had my experience as a child safeguarding social worker to choose which types of interventions to accept. In the following chapter, I set out the

methodology of my evaluation and describe the chosen methods to answer my overriding research question.

Chapter 4

Methodology

4.1 Introduction

The sparse research evidence available identified in the scoping review reported in Chapter 3 supports the primary reason for undertaking this evaluation. As stated in Chapter 1, this research aims to evaluate the impact of applying ideas (as articulated in Chapter 1) on child safeguarding social work practice with DVA. This research seeks to describe which mechanisms embodied within systemic ideas contribute to the promotion of desired outcomes in social work to understand whether, and how, the statutory context supports or inhibits these desired outcomes. It also seeks to identify whether the results are congruent with the child safeguarding legislation described in Chapter 2, which prioritises the safety and welfare of the child. In answering this question, I was aiming to inform current policy, and practice debate about the use of systemic family therapy approaches with child safeguarding social work practice with DVA. In the current chapter, I set out my chosen methodological framework of realistic evaluation and introduce the philosophy which underpins this approach, critical realism (Sayer 2011, 2000; Delaney 1997; Archer 1995; Bhaskar 1978). This methodological chapter describes the selected methods, data collection and the approach to data analysis, and ends by describing the process to create the findings reported in Chapter 5 and 6.

4.2 Considering a research paradigm

In qualitative research the debate as to which research paradigm to choose tends to be between positivism, and interpretivism, also known as constructivism (Moses and Knutsen 2012; Gilbert 2008). This decision is informed by two key decisions related to branches of philosophy. The first decision concerns ontology, which is the nature of what is being researched. From an ontological stance the researcher is interested in whether things exist or do not exist and they are concerned as to what, if any, relationship exist between objects and how they may cause events to occur. The second decision concerns epistemology, which is the kind of knowledge that can be gained through the process of data collection and analysis related to the chosen ontological position (Gough et al. 2012; Moses & Knutsen 2012; Brinkman 2007; Hart 1998).

Making this decision is an integral aspect of any research and the researcher must understand and make clear these positions before field work is undertaken as Trigg suggest

...the philosophy of the social sciences cannot be an optional activity, indulged in by those reluctant to get on with real empirical work. It is the indispensable starting point for all the social sciences. (2001 p255)

Ontologically a positivist position is a belief in reality and that there is a world to be investigated which is independent of human belief, perception, culture and language. A universal truth does exist and reality and truth are therefore to be uncovered and discovered. Epistemologically, the realist perceives a world in which patterns or regularities occur and that by using our senses, through observation and

direct experience, these can be uncovered. Research, therefore, generates empirically based knowledge and the methods used and the data uncovered can vary between qualitative and quantitative.

Ontologically, the constructivist approach agrees with the realist view that a world does exist a priori but that multiple realities and truths exist. However, the constructivist argues that what counts as the real world in effect is constructed by the language we use. Our experience of the world alters by being filtered by the human mind, which is historically and culturally specific. In this way, multiple realities can vary widely, each more or less separate from the others and all based on our assumptions and understanding of how the world is formed and given meaning (Gilbert 2008; Houston 2001; Berger & Luckman 1984). However, although phenomena such as DVA and child safeguarding are real in their effects for children, it is also the case that the meaning of these effects and the actions of the adults and children are contested constructs, with ever-changing legal, policy and practice definitions. These constructs of phenomena are formed in the real world by the political and social lenses of that point in time. Consequently, constructivists believe that many people look at the same thing and perceive it differently. Individual characteristics (such as age, gender or race) or social characteristics (such as era, culture and language) can facilitate or obscure a given perception of the world. (Moses and Knutsen 2012, p. 11). In this world, therefore, interventions are thus created to address these phenomena as they have been constructed, which then reinforce the construct (Gordon 1989). For example, in 2015, perceptions of the potential cause of DVA focused on family dynamics and behaviours rather than on the victim/perpetrator relationship (Farmer & Callan 2012). The reintroduction of

couple and family interventions, such as systemic family therapy, then reinforced this opinion that the cause of some, if not all, DVA was not purely gender-based.

Methodologically positivism, and its deductive approach to theory research, means that a more structured research framework is required. The researcher starts with a preconceived hypothesis as to why the social phenomenon occurs and use the research to test whether these theories are false or true. Inductive research, such as constructivism, is more open-ended and allows the researcher to start from the point of the social phenomenon. The process of research and analysis is applied to identify new theories about the social phenomenon, and this allows the researcher to be guided by their findings. The aim is to understand human behaviour rather than to try and predict cause and effect (Moses and Knutsen 2012, Gilbert 2008).

When considering an appropriate research paradigm for this research, both positivist and constructivist philosophical positions were considered but were not found to be helpful in answering the primary research question. The ontological position in this evaluation is to take a real-world view. By this, I mean that things or objects in this world, such as DVA and child safeguarding, do exist in that they have a causal effect. The phenomenon of DVA does happen within families, and this does have an impact. In this real world, child safeguarding social workers are mandated through government legislation and practice policy to prioritise the safety of the child and promote their welfare. However, within this real world, exists the social workers (and the policies with which they work).

The social workers react to these policies, influenced by their experiences, and take views, make interpretations, and make judgments, which consequently impact on the real world. A primary aim of this research was to inform the policy and practice debate on systemic practice. Therefore it was essential to understand not only what

proponents of the systemic ideas perceived would be the outcomes of introducing systemic ideas to child safeguarding with DVA but why these outcomes were either achieved or not. In other words, why did the social workers react in specific ways to specific mechanisms? The aim of the research was not to predict or reflect on outcomes but to explain how they were defined and how they had occurred. I wanted to explain causality not merely report on it; therefore it was critical to understand the effect of contextual factors specific to the child safeguarding setting, such as high case-loads and bureaucracy on the social worker's agency and how this affected their application of systemic in practice.

4.3 Critical Realism

Critical realism (Sayer 2011, 2000; Houston 2001; Devaney and Rossi 1997; Archer 1995; Bhaskar 1978) is a comparatively new philosophical approach which is seen to bridge the gap that separates positivism and constructivism (Moses & Knutsen 2012). The critical realist approach agrees with the positivist view that a real world exists in which events occur whether we experience them or not. At the same time, it aligns with constructivist thinking in acknowledging that observations and enquiry are contingent upon ways of thinking by human minds.

For critical realists, illuminating these ways of thinking is also essential. The difference is, however, that critical realists assume that the lived experience of people matters. Sayer (2011) argues that lived experience creates values in people and it is these values which can influence human agency. Considering my focus on DVA, it was critical to understanding how values may have influenced social workers choices when applying systemic approaches.

Human experience, therefore, is the starting point for understanding how interventions or programmes may or may not work, and as all human experiences are different, it is not possible to obtain a universally valid account, as there is no assumption that all accounts are the same (Sayer 2011, 2000; Houston 2001; Bhaskar 1978). Therefore, in the critical realist view of reality, because an event does not occur in all cases, or rather is not experienced to occur in the same way, this does not necessarily mean that the event or mechanism does not or cannot exist:

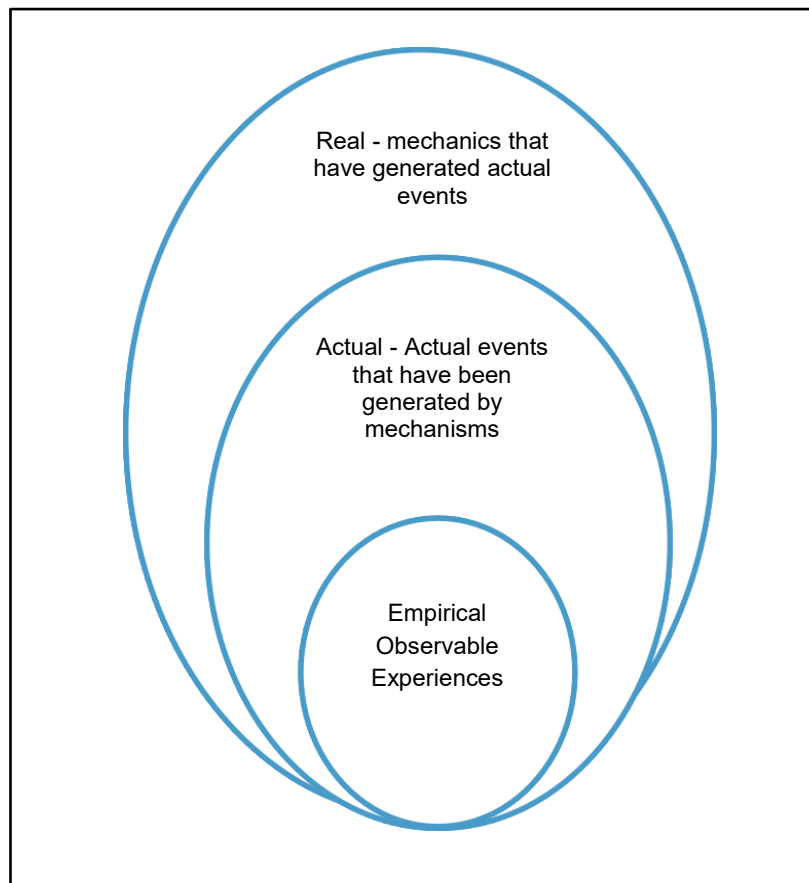
A crucial implication of this ontology is the recognition of the possibility that powers may exist unexercised and hence what has happened or been known to have happened does not exhaust what could have or has happened. (Sayer, 2000, p. 12).

For example, in the child safeguarding context, the social worker may pick and choose whether to apply neutrality depending on their own experience of DVA, application of neutrality and their values as to what a positive outcome is. The critical realists explain these concepts by describing that the world is made up of three domains (see Figure 4.1). The first domain for the critical realist is that of the real, in which structures and objects and their causal powers or mechanism exist. By accepting this world, the critical realist is accepting that structural systems are real, and they will have real effects, both intended and unintended, positive and negative (Westthorp 2014). The second domain is the actual and is what occurs when these powers or mechanisms are activated. It is important to note that in this case, mechanisms exist and therefore can be generated whether they are activated or not. Therefore, just because a mechanism is not activated in one context, this does not mean that it will not generate outcomes in an alternative context. It is in this domain that human agency, and the values that influence it, are critical in generating outcomes. The final domain, the domain of the empirical, is that which is seen to

occur or what is experienced to happen.

It is through our perceptions and the use of scientific research that we come to understand what has occurred in this domain. It is this philosophical position in which realistic evaluation is based.

Figure 4.1: The hierarchical stratification of domains of critical realism: the real, the actual and empirically observable events (Adapted from Bhaskar 1978).



4.4 Realistic evaluation

Realistic evaluation is a theory-driven evaluation framework based on the seminal work of Ray Pawson and Nick Tilley (1997) and underpinned by the philosophy of critical realism. Pawson and Tilley (1997, 2004) introduced realistic evaluation in response to two vital methodological failings in experimental approaches, such as randomised control trials (RCTs) in an evaluation. Firstly, despite many years of undertaking these evaluations, these trials continue to deliver inconsistent findings, as they fail to assess the complexity of the social world (Porter & O'Halloran 2011).

The second failure is that these types of evaluation only describe the outcomes and the factors associated with the programme, but do not explain how the programme, and specifically its mechanism, achieves or fails to achieve these outcomes. These failings mean that using the findings of an RCT to support the implementation of interventions into a new context is not without limitations. Pawson & Tilley go further in their concerns;

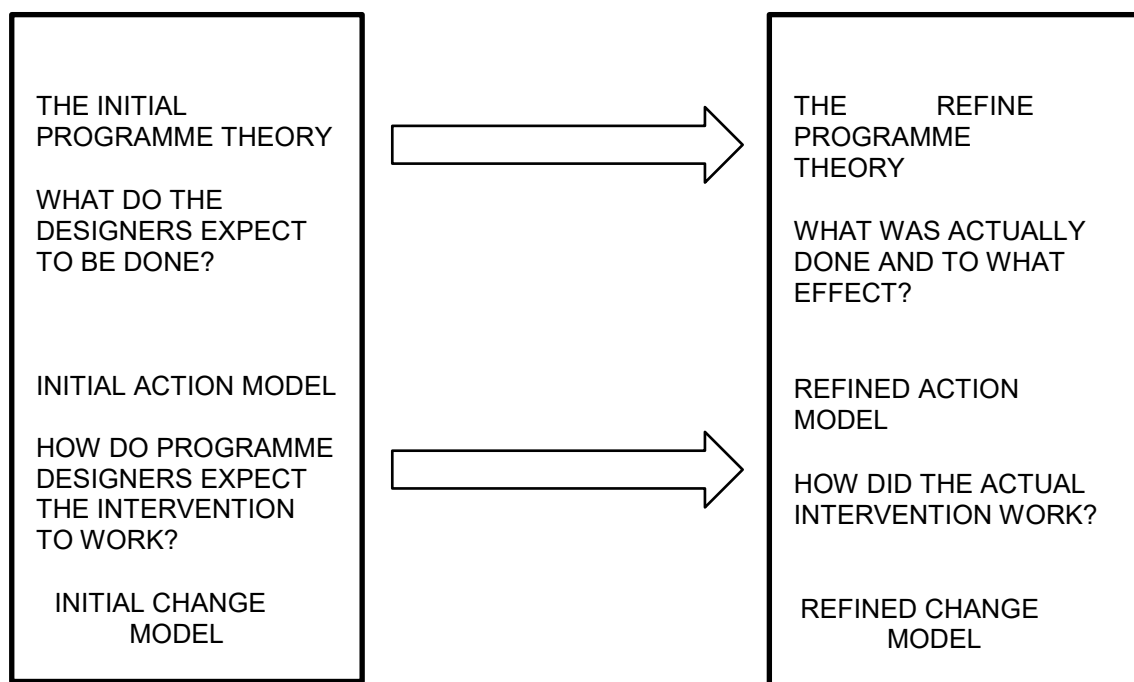
...such an approach is a fine strategy for evaluating the relative performance of washing powders or crop fertilisers but is a lousy means of expressing the nature of causality and change going on in social programs (1997, p. 292).

It is this failing – known as the black box problem (Scriven 1994), in which we cannot see the inner workings of the programme or intervention – which realistic evaluation seeks to address (Kazi 2003; Pawson & Tilley 1997). However, it is worth noting that Dixon et al. (2014) argue that RCTs and realistic evaluation can be combined successfully. The basis for realistic evaluation is the premise that programmes – and by this I mean interventions – contain ‘theories of change’ (Astbury & Leeuw 2010; Chen 2005; Weiss 1995):

Programmes are theories incarnate. They begin in the heads of policy architects, pass into the hands of practitioners and, sometimes, into the hearts and minds of programme subjects (Pawson & Tilley 1997, p. 3).

These theories can be based on implicit assumptions, and it is the role of the researcher to make theories explicit so we can understand what exactly is being implemented and why (Van Belle et al. 2010). The critical components for programme theory evaluation are set out in Figure 4.2, on pg 64.

Figure 4.2 The key components for programme theory evaluation Van Belle et al. 2010 p 2

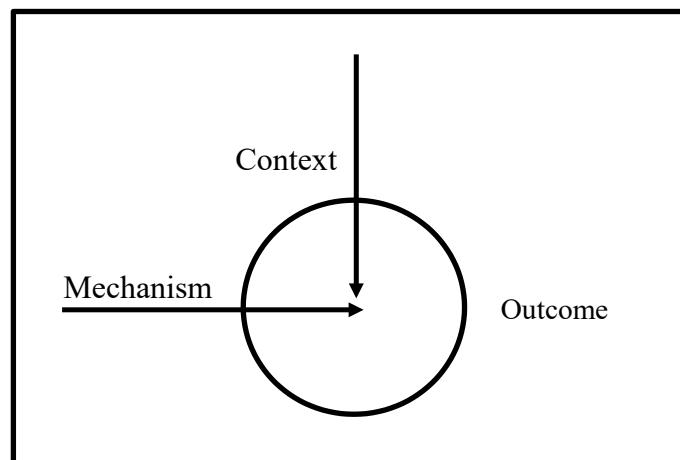


Realistic evaluation characterises these theories utilising the critical realist position, namely that events occur over the three ontological domains of the real, the actual and the empirical (see Figure 4.1, above). For this research, the domain of the real is taken to be the implementation of systemic ideas into the child safeguarding context

and practice with DVA. The domain of the actual is then what happens to the social worker's perception of their practice with DVA and also the actual events of implementing the ideas, both observed and unobserved. Finally, the domain of the empirical comprises the evidence that can be perceived of change in their perception of practice. The critical point for this research is that findings relate to perception rather than actual. Social workers give an account of changes to practice, but the actual changes are not being observed. Just because a social worker has stated in the confines of an interview that they will or won't use specific approaches does not mean that in the real world this will occur.

Further discussion of this critical point takes place in Chapter 7. By applying the realistic evaluation framework, I am attempting to describe the relationship or non-relationship between the three entities of context, mechanism and outcomes by making these mechanisms explicit. Crucially these mechanisms can be explicit in the programme theory or latent and triggered because of specific contextual factors. Therefore, it is the mechanisms and their relationship with context and their capacity to generate outcomes which are being tested when a programme is implemented, rather than testing the programme itself. A critical aspect is the role of human agency, the decisions that are made by the recipient of the intervention will have a significant influence on achieved outcomes and how they occurred. The fundamental principle here is that interventions do not create change: people do. As Hogarth and Smith (2004) suggest: It is not the programmes themselves that work; it is the choices and capacities they present and how the client reacts to them (p. 218). Pawson and Tilley explain this concept succinctly through the use of a Context + Mechanism = Outcomes configuration: CMOC (see Figure 4.4 below).

Figure 4.4 - Context + Mechanisms = Outcome (Pawson & Tilley, 1997)



In a realistic evaluation, initial programme theories are created by interviewing what Pawson and Tilley term as 'key stakeholders' (1997). These individuals, or groups, are sufficiently knowledgeable to articulate how they intend the intervention to generate outcomes and how contextual factors may inhibit or support the occurrence of these outcomes for the theories to be created. These initial theories are then tested and then refined against the experiences of the programme/interventions recipient. Although a fundamental aspect of the framework, both Marchal et al. (2012) and Pawson's (2013) review of realistic evaluations, have highlighted the confusion that has occurred in distinguishing correctly between what is context, what is a mechanism and what is an outcome. To reduce the opportunity for confusion in this research, a summary and definition of these terms are detailed below and applied consistently throughout the data collection, its analysis and discussion.

4.4.1 Limitations of a Tilley and Pawson's RE framework

The initial aim of this research was to undertake a purist approach of RE as prescribed in the work of Tilley and Pawson. However upon reading the literature it was evident that although RE is grounded in the work of Bhaskar's critical realism (1979), there are also significant differences. Pawson (2013) critique of CR denounced it as "a strategy with no use whatsoever in applied social enquiry" (pg 71) and highlighted numerous differences with RE such as Bhaskar's attachment to causal laws while failing to recognise the distinction between fact and values. Porter (2015) has since reviewed Pawson's critique and argued that the two positions were not as significantly different as Pawson proclaims.

Stan Houston (2010) promotion of a critical realist approach to research in social work argues the CMO configuration proclaimed by Tilley and Pawson excludes both the impact of time and human agency. My perception of Tilley and Pawson's work was that their description of the human actor and the activation of mechanism could be seen as based one of cognitive reasoning and underplays the emotional effect on human agency with little thought of how feelings can affect the individual choice as to whether a mechanism will be "fired". Houston argues that from a critical realist stance the world is not value free and as Sayer suggests things do matter to people (2011). Humans will make decisions based on values and ethics which have been informed by the experiences borne from operating in certain contexts and these values and ethics will inhibit or activate certain mechanisms. The view of this researcher is that the human actor is not based solely on cognitive reasoning, specifically in relation to the subject matters of child protection and DVA which are the focus of this research.

Tilley and Pawson's exclusion of power as a causal factor from their work also conflict with the aims of this research which sought to understand the impact of inherent power which existed within Statutory social work service in which clear lines of management existed and where power is used on a daily basis in order to ensure compliance in the workforce. A CR stance argues that power exists across all domains and is inherent in social structures. Social class, gender, sexuality exhibit causal powers which can impact on the human actor. Context in this research must also consider the external pressures that may affect social workers reasoning such as the fear that has been created by the moral panic which existed in child protection social work at time this research was undertaken. The lack of methodological guidance, the mechanical nature of the CMO configuration and the exclusion of power and values meant that RE, as proclaimed by Tilley and Pawson, was not a sufficient framework in itself to achieve the aims of this research and could exclude useful knowledge. As Westthorp suggests that;

“Realist evaluation is not a method in the sense of a set of steps that can be followed, but a methodological orientation, or a logic of inquiry grounded in a realist philosophy of science” (et al 2016 pg 362).

Therefore this research does not proclaim to be a Realistic Evaluation in the sense of Tilley and Pawson but one that is based on its principles but also informed by critical realism.

4.4.2 Definition of Context

When undertaking a realistic evaluation, the critical point for the evaluator is to understand those aspects of the context which help or hinder specific mechanisms to be activated (Pawson & Tilley 1997). Therefore, the evaluator is seeking to illuminate what implications the existing context has on the success or failure of the

intervention.

Context describes those features of the conditions in which programmes are introduced that are relevant to the operation the programme mechanisms. (Pawson & Tilley 1997, p. 7).

In this evaluation I have followed the definition of Pawson et al. (2004), Pawson (2006) which identifies four primary areas of contextual factors that may influence the implementation of an intervention; namely (i) the capabilities of principal actors; (ii) the interpersonal relationships that develop in the locality within which the intervention is implemented (e.g. lines of communication in the organisation); (iii) the institutional settings (culture, rules, routines); and (iv) the broader contexts (national policies, guidelines, social rules).

Social structures and rules themselves can institutionalize moral norms about entitlements, responsibilities and appropriate behaviour; as such they can still be the object of ethical evaluation, whether in everyday life or academic commentaries; are they fair, empowering, democratic, oppressive, conducive to respectful treatment of others, friendliness or selfishness? (Sayer 2000, p. 7)

This ideas of context accept that human agency can evolve and change the context in which it is situated. For example, the social workers interviewed in Phase 2 of this research might have previously worked in the field of child safeguarding when the systemic practice was the norm, or conversely at the time when it was challenged by feminist views (Goldner 1985; Taggart 1985; Bograd 1984;) as discussed in Chapter 2. Consequently, these social workers could, therefore, be of the opinion that systemic ideas are a return to the good old days, a step back in time, which may be viewed as either welcome or unwelcome. Other social workers may not have known the history of systemic approaches to DVA, and so conversely might view this as a brave new world or indeed quite a scary one. These contextual factors, specific to child safeguarding at this time of my evaluation, will, therefore, influence how they are

received. Therefore, the history of any programme or intervention can impact on outcomes. As its proponents neatly specify, 'a programme is its personnel, its place, its past, and its prospects' (Pawson and Tilley 1997, p. 65). This position rationalises my attempt to situate this evaluation at the time of the interviews.

4.4.3 Definition of Mechanism

The confusion around what comprises a context can come from uncertainty as to what a mechanism is not (Pawson 2013). For example, high case-loads in child safeguarding are a contextual factor rather than a mechanism. Additionally, the measure of the intervention's impact should not be confused with mechanisms. For example, fathers feeling more included in assessments is a measure of an outcome generated by the intervention, but what made them feel included (such as discussion with the social worker or not feeling blamed) is the actual mechanism. Neither is a mechanism another component of the intervention. For example, if one of the social workers was also attending training in motivational interviewing (Miller & Rollnick 1991, 2002), then its application will necessarily have its own corresponding underlying process. Additionally, mechanisms are not the steps that take place before an intervention reaches its goals, but rather:

...mechanism refers to the ways in which any one of the components or any set of them, or any step or series of steps bring about change. Mechanisms thus explicate the logic of an intervention; they trace the destiny of a programme theory, they pinpoint the ways in which the resources on offer may permeate into the reasoning of the subjects. (Pawson & Tilley 1997, p. 7).

Therefore, the mechanism is an explanation of how the interplay of relationships has created the regularity of the outcome. The causal powers of the mechanisms reacting to the variables in the context are the interest in realistic evaluation, with the cautionary note (as mentioned earlier) that these mechanisms may be triggered or

‘fired’ (Pawson & Tilley 1997) in some contexts but inhibited within others. Pawson and Tilley use the simple analogy of lighting gunpowder to evidence this view: If the conditions are wet or windy or the chemical compound of the gunpowder is not correct, then the likelihood of the gunpowder lighting is highly impeded. Therefore, mechanisms exist whether observed, explicit, or implicit. In turn, interventions generate mechanisms and mechanisms generate interventions (Blom & Moren 2015). In child safeguarding social work, these mechanisms generate through a combination of choice, motivation, interpretation of actors and favourable contextual conditions. For example, a social worker has the capacity to act out their statutory powers and apply for a court order to remove a child under Section 31, Children Act 1989 whether they choose to or not. Therefore, by identifying both the implicit and explicit mechanisms, the evaluator can explain why the intervention did or did not achieve its aims (Pawson & Tilley 1997). A realistic evaluation also agrees with the critical realist position that reality is stratified with the intervention – in this case, systemic ideas being embedded into the context, which already has pre-set assumptions about what is the norm. Current mechanisms of child safeguarding exist, such as the power to remove a child from harm, and are reliant on being part of a whole system. Social workers have the power to protect children because they operate in a role that is supported by policy and the procedure, all of which has occurred due to the right of the child to safety: ‘One action leads to another because of their accepted place in the whole’ (Pawson and Tilley 1997, p. 64). In summary, the definition of mechanisms applied in this evaluation is that they are stratified by nature, embedded within the intervention both implicitly and explicitly while being formed by modifying the capacities, resources, constraints, and choices facing both participants and practitioners (Wilson & McCormack 2006; Pawson and Tilley 1997).

4.4.4 Definition of Outcomes

This evaluation aims to explain the perceived outcomes from the perspective of the key stakeholders and the experienced outcomes from the perspective of the social workers, and the unintended outcomes of the intervention. Explanation of these outcomes is through the relationship between mechanism and context. For example, the outcome of implementing systemic ideas is determined by the behaviour and personal biases of key stakeholders and the social worker. Therefore, outcomes cannot be predicted by a prescribed list of actions; instead, they are to be seen as tendencies of those actors involved in the programme. A crucial benefit of understanding the context and its impact is that the researcher can purposefully consider future replication of the intervention which is a primary aim of realistic evaluation (Pawson & Tilley 1997) and as argued at the beginning of this chapter a weakness of experimental approaches such as RCT's.

Future replications of the intervention can build on previous learning and create an increasingly nuanced and critical approach to implementation (Pawson & Tilley 1997; Blamey & McKenzie 2007) which can improve the likelihood of predicting outcomes correctly. The first part of this chapter has set out the mechanism of realistic evaluation as a framework for research. The following part of this chapter describes the location study design and participants of the evaluation (Context), the chosen methods (Mechanisms) and how the evaluation occurred in the real world (Outcomes). Before progressing I will briefly described why changes were necessary to the original research design mentioned in Chapter 1 of this thesis.

4.5 An explanation for the changes to the original research design

The initial idea of this research was to evaluate a training programme which focused on the development of social work practice and assessment by introducing ideas from systemic family therapy to child safeguarding social workers. The training programme was an eighteen-session course spread over a period of ten months. The training used a problem-based learning approach, which has become an accepted approach to teaching and learning adults across some disciplines and professions, including social care (Allen et al 2011; Gewurtz et al. 2016). Problem-based learning was initially developed within a medical programme at McMaster University in the mid-1960s and has since been adopted by many education and training programmes around the world. The approach involves small groups of students being presented with a scenario. The trainer provides information and then acts as a facilitator, and the students engage in a problem-solving process with an emphasis on self-directed learning. For this specific course, the training was delivered by both a qualified systemic family therapist and an experienced child protection social worker who had previously been a participant in this course. The therapists were employees of a national organisation delivering systemic training, and the social worker was employed by a social enterprise which specialised in systemic training. In the original study design, I had planned to interview a cohort of trainers, including both systemic family therapists and social workers, to understand their assumptions of what changes in practice the course would generate and why.

In Phase 2 of the framework, I had planned to interview social workers who had received the training to refine my initial theories. My initial understanding was

that although the course was co-provided, any approval to undertake an evaluation could be authorised by the Director of the social enterprise.

Therefore, once I had gained the Director's approval, I began to undertake interviews with a number of the systemic trainers from the social enterprise. These original interviews included questions specific to the systemic training course they were delivering. However, when seeking to arrange interviews with employees from the family therapy organisation, the Director of the social enterprise was informed that this was not within his/her gift. Therefore, permission was required not only by the Director of the social enterprise but also the board of trustees in the family therapy organisation. A written request to their board of trustees was made, and due to the uncertainty I suspended the research while ethical approval was considered. Unfortunately, the board of trustees denied my request to access to their employees and more importantly to undertake an evaluation of their training programme. The primary reason given by the organisation was that they had not intended for ideas and approaches taught in their training to be applied to DVA. This was a surprising setback, specifically for the reasons given by the organisation, but also a learning opportunity. I became aware that research can sometimes be perceived as a threat, especially by owners of products that contain sparse empirical evidence base, as was the case here and discussed in Chapter 3. The organisations view that the ideas being taught to child safeguarding social workers should not be applied to DVA evidenced, at the very least naivety and a lack of understanding on their part. This appearance that DVA was not an initial consideration for proponents of systemic ideas into child safeguarding was a consistent theme

throughout this research and will be discussed in Chapter 7. Due to time constraints and the lack of alternative programmes and not wanting to completely lose the data I had already gathered, I decided to move away from evaluating a specific programme to a retrospective evaluation of child safeguarding social workers who had received systemic training.

4.6 The new study design

Following the rejection by the family therapy organisation, I decided to focus the evaluation on a retrospective evaluation of training systemic ideas, such as those used in RSW, to child safeguarding social workers. The new evaluation took a three-phase approach to data collection and analysis following the framework described by Pawson and Tilley (1997). In Phase 1, the data collected enabled initial or folk programme theories to be generated (Pawson & Tilley 1997) on the implementation of systemic ideas into child safeguarding practice including DVA. These initial theories were formulated in the Context + Mechanism = Outcome configuration (CMOC) described by Pawson and Tilley (1997) and discussed earlier in this chapter.

In the second phase, I interviewed social workers who operated in a child safeguarding context. These social workers had received or were currently receiving, training in systemic approaches. The objective of these interviews was to understand what effect, if any, the implementation of systemic ideas had on the social workers' perception of changes to the practice with DVA and how causal processes and the intervening contextual variables might have contributed to the change. The critical distinction is between uncovering the intended theory of change and arriving at the theory that explains what actual (and empirically experienced) change happened.

Therefore, in the third phase of the evaluation, I tested and refined the initial theories based on the findings from the second phase interviews. The significant change in this new research design meant that any data relating to the training programme could not be considered in my evaluation. However, this meant I could retain most of the data I had gathered and continue to interview the employees of the social enterprise. The change in the evaluation's focus did mean that the ethical application had to be reconsidered when the new research design was proposed. Upon review, it was agreed that a new application was not necessary, as no new ethical considerations were apparent.

4.7. Choosing my methods

Realistic evaluation is considered as method-neutral in that it does not prescribe to any particular set of methods. The choice of how data are collected and analysed derives from what fits best to answer the research question:

From the outset, evaluators have thus to a reasoned position on the questions of “how to do the asking?” and “who to ask?” (Pawson & Tilley 1997. P. 153).

Sayer (2000) states that a researcher should choose the method which best fits the objective of the study and what they hope will be learnt. Here, I considered various methods of data collection previously applied in a realistic evaluation, including literature reviews, focus groups (Priest & Waters 2007) and co-created dialogue (Pawson & Tilley 1997). As the objectives in this research centred upon understanding the views of both key stakeholders – by which I mean the trainers and practitioners of systemic ideas, and child safeguarding social workers – a qualitative approach was necessary. Realist interviews (Pawson 2006) were selected based on achieving the evaluation of research aims, ethical integrity and the findings from the scoping review. They also comprise the most common method of data collection

when undertaking a realistic evaluation (Marchal et al. 2012).

4.8 Participant selection

4.8.1 Phase 1: Identifying key stakeholders

The aim of the Phase 1 interviews was to assist me in formulating the initial programme theories, based on the CMO configuration, which could then be tested and refined in Phases 2 and 3. It was, therefore, necessary to identify individuals or groups who are sufficiently knowledgeable to articulate how they intend the intervention to generate outcomes and how contextual factors may inhibit or support the occurrence of these outcomes. Following Pawson and Tilley (1997), the key stakeholders, whose involvement in Phase 1 is necessary to create these initial theories, were identified from three groups, these being policymakers, practitioners and participants. This approach enabled these theories to be gleaned initially from those who know the programme well from a practitioner perspective rather than those who use the programme. The practitioner/trainer distinction is an important one, as advised in the literature:

...because they [practitioners] frequently see themselves as 'picking up the pieces' following top-down programme implementations and are excellent sources of information about programme barriers and unintended consequences. (Manzano 2016, p. 10)

I achieved the aims of Phase 1 by interviewing, individuals who presented training of systemic ideas to understand their expectations of outcomes and how they would occur:

On the realist approach, stakeholders are regarded as key sources for eliciting programme theory and providing data on how the programme works. However, it is not assumed that they are all-knowing, nor that they will necessarily agree on how for whom and in what circumstances a programme will work (Pawson et al. 2004, p. 12).

The key stakeholders interviewed in this research were employees of a social enterprise based in the United Kingdom. Social enterprises are private businesses which are set up to tackle social problems, improve people's life chances, help communities or support the environment (Selloni & Corubolo 2017). This specific social enterprise focused on the delivery of systemic family therapy courses to child safeguarding social workers. The social enterprise ran an eighteen-day course which took place over a period of ten months and formed the foundation year of a four-year MSc course in systemic family therapy. At the time when these interviews took place, the social enterprise had been in operation for six years and was providing training to eight local authorities across the United Kingdom. The course trainers were either experienced social work practitioners who had received 2 years or qualified systemic therapists who had completed the full 4 years of the MSc.

4.8.2 Phase 2: Identifying child safeguarding social workers

In Phase 2, the interviewees were employed as registered social workers within a statutory children's service based in a UK Local Authority. The social workers were parts of a team of approximately 6 social workers and a team manager. It was the role of the manager to supervise both direct work and assessments of the social workers in their teams. These teams aimed to undertake a statutory assessment of families, under section 17 or 47 of the Children Act 1989, to determine whether there was a need for ongoing statutory intervention. At the time of the interviews, the local authority was planning to undertake a service-wide restructure based on the RSW (Goodman & Trowler 2011). This model creates small 'units' led by an experienced social worker who manages two other social workers with allocated business support and a family therapist. The restructuring had been delayed by approximately six

months and is mentioned in this chapter as a precursor to the findings discussed in Chapter 6 and 7.

The systemic training had been delivered via an eighteen-day course similar to the one described earlier in this chapter. These eighteen days were delivered over ten months with a cohort of approximately thirty social workers at any one time. At the time of these interviews, the training had been delivered for almost two years and was on the second cohort of social workers. This difference meant that some social workers had received training almost twelve months previously while others were on session fourteen of the eighteen-session course.

4.9 Recruitment of participants

The following section describes how I recruited participants for both Phase 1 and 2 interviews.

4.9.1 Phase 1

As discussed in Chapter 1, I had previously worked for the social enterprise and had a working relationship with the Director who had agreed to allow me access to his employees. Once I received permission to undertake the evaluation, the first step in recruitment was to email an information letter and expression of interest form directly to the employees of the social enterprise. This letter set out the aims of the research and described the methodological framework of the study. The letter advised that any interested parties had to sign the expression of interest form and return it to my University of Sussex email address. A copy of this letter is located in the Appendices of this thesis (Appendix A). The expression of interest form aimed to ensure that employees did not feel that they had to be part of the research because of my relationship with the Director although I recognised this could have still been a

potential pull or push for some employees. Once I had received consent from an individual, I arranged to interview the interested party at a venue of their choosing.

4.9.2 Phase 2

Recruitment for Phase 2 interviews involved contacting numerous statutory children's services in which social workers had received training in systemic ideas. Initial introductions were made via an emailed letter to the director of the children services and set out the aims of the evaluation, methods and next steps (Appendix B). Three local authorities declined the invitation with the standard response that they were not able to support any external research at that particular time. One local authority did agree to be part of the evaluation but later declined, as they were now being evaluated by a national study, which included a specific focus on systemic practice (Bostock et al. 2017).

Finally, one of the interviewees from Phase 1 contacted me and advised that a local authority with which she was working had expressed interest in being part of my research. I contacted the senior manager by phone and following a discussion about the aims and methodological framework they agreed to take part in the evaluation. In this conversation, it was agreed that I would email an information letter setting out the aims, methodological framework, next steps and opt-out information and an expression of interest form to the senior manager, who would discuss it with the social workers in her service. Two weeks later, the senior manager emailed me a list of social workers who were interested in being interviewed. I then sent these interested parties a consent form (Appendix D) which they completed and returned to my University of Sussex email address. Once received I arranged to interview the

individuals. Due to the interviewees being based in a location far away from my home, I advised the prospective social workers that I would visit the local authority over a two-day period and gave options of sixty-minute time slots from 9 am until 5 pm on both days. Each social worker requested a specific time slot, and this formed the interview timetable.

4.10 Interview samples

4.10.1 Phase 1

A total of fifteen employees of the social enterprise were sent a written email request asking if they were willing to participate in the research. I had excluded employees who worked in administration or finance and those who were not trainers of systemic ideas. Of the fifteen requests, seven stakeholders accepted, three declined in writing, and five failed to reply. All three stakeholders who declined stated that this was due to time pressures at work. I had initially intended to interview between eight and ten systemic trainers due to time constraints on this research and use purposive sampling to create a group which was representative of the broader group. However, due to the small number of those willing be interviewed, I decided to interview all interested individuals.

Of the seven stakeholders who accepted, five were registered social workers and had undertaken two years of the four-year MSc in systemic family therapy. The two remaining interviewees were registered systemic family therapists.

Five of the interviewees were women, and two were men. This cohort was a fair representation of the broader group regarding gender, profession and length of systemic training. I was aware that the stakeholders worked across the United

Kingdom and I did not want location, or travel issue to be a factor in any interested party rejecting my request. Therefore, attending the interviews involved travelling to various locations in the United Kingdom where the interviewees were delivering training or coaching. The interview took place in a room in the building of the local authority in which they were delivering training. To keep the identity of these interviewees confidential they were allocated pseudonyms which I used throughout the rest of the evaluation (see Table 4.1 at the start of the following page).

Table 4.1 Characteristics of Phase 1 sample

Stakeholder name	Gender	Number of years as qualified SW	Number of years of systemic training	Time length of interview (mins)
Susan	F	8	2	42
Rachel	F	5	2	43
Polly	F	4	2	36
Marie	F	10	2	45
Howard	M	N/A	4	56
Richard	M	N/A	4	47
Louise	F	5	2	39

4.10.2 Phase 2

The senior manager advised that the request to be part of the research had been sent to approximately sixty social workers. I had hoped to gain a sample of between fifteen and twenty social workers and via purposive sampling create a typical group. However, only eleven social workers contacted me directly to express interest in

being part of the research. Unfortunately, three of the interviewees dropped out at a later date due to time pressures in their role. Due to the small response rate, I decided to interview all interested parties which totaled eight individuals of the eight remaining I discounted 1 when it became apparent during the interview process that they were not working directly with children and their families, which was the focus of my evaluation. All eight interviewees were women: considering that 75% of social workers were reported to be female at this time, this meant that my sample was not a fair representation of the gender balance in social work at that time.

The interviewees were at different stages of their systemic training and were receiving different types of ongoing support. Three practitioners had completed the 18-day training course in the previous year, while the remaining four were currently undertaking the programme, and at the point of the interviews, they had received fourteen days' training. Ideally, I would have only interviewed social workers who had completed the full eighteen days, but due to the small sample size, I decided that I would include both cohorts. I did consider waiting until all participants had completed the full eighteen days, but this would have created a further delay of four months in the study. Of the eight participants, only one was supervised by a manager who had also received systemic training. Two of the participants had attended systemic consultation meetings which were designed to help embed the ideas into their practice. As with the social workers interviewed in Phase 1, I allocated the social workers a pseudonym which was applied throughout the length of the research and in writing the thesis. The interviews lasted between 36 and 46 minutes (See Table 4.2 below).

Table 4.2 Characteristics of Phase 2 sample

Social Worker	Gender	Stage of Training	Time length of interview (mins)
Sue	F	Ongoing - day 14 Of 18	42
Tara	F	Ongoing - day 14 Of 18	43
Victoria	F	Completed 12 months previously	36
Karen	F	Completed 12 months previously	45
Maud	F	Completed 12 months previously	56
Michelle	F	Completed 12 months previously	47
Demi	F	Completed 12 months previously	39

4.11 The interview process

In traditional ethnographic interviews, the purpose is for the researcher to learn to see the world through the eyes of the person being interviewed. The researcher is asking those being studied to become teachers and to instruct him or her in the ways of life they find meaningful (Spradley & McCurdy 1972). In the realist evaluation, the idea is to create and test theories. Therefore interviews need to be theory-driven and designed in a way which allows the researcher to create the CMO configurations (Manzano 2016). As Pawson and Tilley (1997) state:

...the researcher's theory is the subject matter of the interview, and the interviewee is there to confirm or falsify, and above all, refine that theory. (p. 156).

All Phase 1 and 2 interviews began with a description of the research aims and an explanation of the research design and the opt-out clause. Copies of these

documents which also contain the interview questions can be found in the appendices (Phase 1: D, Phase 2: E). To help define the threshold of child safeguarding DVA within the interview, I used the Barnardos Risk Assessment (London Safeguarding Children Board: LSCB 2008). This matrix had been created to help social workers make informed decisions as to whether a statutory child safeguarding intervention was necessary.

The first question in the interview sought to understand the participant's experience in child safeguarding and systemic family therapy. The dual aim behind these questions was to relax the interviewee into the conversation in the hope of getting better quality information while identifying their knowledge of both child protection social work and systemic family therapy. The semi-structured interviews contained six fundamental questions with supplementary questions depending on the interviewees' answers. In Phase 1, these interviews aimed to create initial theories based on the Context + Mechanisms = Outcome formula. Therefore, the six interview questions were designed to gather data on each of these areas. The aim here was to hypothesise with those that know what mechanisms are likely to be activated, in what context they will activate and what they perceive will be the generated outcomes. The purpose of creating individual questions links to the idea of future replication in different contextual settings:

If the evaluation only collects data about outcomes, it will not be possible to identify what caused these outcomes. If this happens, policy and programme staff will not know how to replicate the outcomes in another setting, because they will not know how they were caused in the first case. If the evaluation only collects data about expected mechanisms, it will not be possible to say whether the anticipated outcomes were achieved. (Westhorp 2014, p. 6)

The first 4 questions did not specifically mention DVA, and this allowed the

interviewee to discuss practice in a general sense. However, as will be discussed in findings and conclusion chapters of this thesis, once the topic of DVA was raised the impact caused some interviewees to reflect on their earlier answers. The interviews were recorded on to an electronic application which I downloaded onto my mobile phone which acted as a voice recorder. This application allowed me to play the interviews back on numerous occasion and was helpful during the data analysis process. In addition to the verbal recording, I bought a pen and paper to record any non-verbal communication. I was interested to see how body language, facial expressions were displayed as this may give further insight into the interviewee's thoughts and feelings and why they made individual decisions. For example, a number of the interviewees in Phase 1 presented as either defensive or hostile to particular questions, while others looked confused by some of my questions and even their answers. One specific interviewee, which was conducted by Skype due to the interviewee's availability, appeared to be consulting with some prepared notes. In Phase 2 a number of the interviewees displayed the same enthusiasm and wide-eyed presentation which I experienced in my time in the RSW model and described in Chapter 1. From a critical realist position, and in answering my research aims, this was critical data which could have been lost by only focusing on verbal responses. Due to the late change in the research design, at the point of some of the initial Phase 1 interviews, I was expecting to undertake an evaluation of the training programme. Therefore, some questions focused on training methods and implementation. I did not analyse this data within this evaluation. Copies of both sets of interview questions can be located in the appendices (Phase 1 Appendix D, Phase 2 Appendix E).

4.12 CMO Theories

4.12.1 Creating programme theories

The aim of Phase 1 interviews was to understand, from the stakeholders' perspective, what mechanisms are triggered by social work practitioners within the statutory child protection context and what outcomes this would create, in order to develop initial programme theories based on the $C + M = O$ configuration set out by Pawson and Tilley (1997):

CMOc is a hypothesis that the programme works (O) because of the action of some underlying mechanism (M) which only comes into operation in particular contexts (C) (Pawson 2013, p. 22).

In keeping with the realistic evaluation approach, the initial CMO configurations were created using a combination of thematic data analysis (Braun & Clarke 2006; Miles & Huberman 1994; Ritchie & Spencer 1994) with inductive and abductive / retroductive inference (Eastwood et al. 2014, Haig 2005). This process supports the identification of implicit and explicit mechanisms and intended and unintended outcomes.

4.12.2 Creating explicit CMO theories

The first step in my data analysis process, namely familiarisation, involved transcribing a verbatim account of the interview directly into an MS Word document. This process gave me the opportunity to familiarise myself with the data and reduce the possibility that analytical information, such as tone of voice, might have been missed (Gilbert 2008). Initial notes were made documenting both verbal and non-verbal communication and the clarity of the interviewee regarding the usage and meaning behind certain words and phrases. In keeping with the teacher-learner approach of realistic interviews (Manzano 2016), these initial transcripts I returned to the interviewee for clarification and the inclusion of any additional information they felt

pertinent. Once I had received the amended transcribed interview.

I generated the initial codes of Context, Mechanism and Outcome and placed into an MS Word table grouped in the pre-set thematic associated with Context, Mechanism and Outcome as defined in this chapter. Following an initial analysis, the transcripts were re-reviewed to highlight new data which may have been missed in the first analysis. To assist in this coding process, the format of the interviews had contained two questions focused on context, mechanism and outcome. However, during the interview and transcribing process, I identified two factors which influenced the proposed data analysis process. Firstly, it was apparent that the interviewees' answers did not always fit succinctly into these pre-set categories of C, M and O. Questions which had been designed to gather data on context would result in answers which contained useful data regarding outcomes or mechanisms and vice versa. Jackson and Kolla (2012), who evaluated the role of community parenting in Toronto, reported similar findings. During data analysis, they focused on the practitioner narrative as a whole rather than in segments and found that practitioners' description of their experiences generated complete CMO configurations in every sentence. Following the decision to use the approach proposed by Jackson and Kolla (2012), I identified a second critical factor. I had anticipated that due to their knowledge of systemic ideas, the interviewees would be adept at relating potential MO dyads, but as programme implementations, they would not be able to identify issues of context. However, it became apparent that due to their experience within child safeguarding practice, these trainers spoke in fully formed CMO configurations. For example in her response to a question designed to gather data on mechanisms Susan gave the following answer;

Researcher - How do you want to create safety with your children?

I think right now the dominant idea, the dominant discourse about domestic violence has got in the way of social workers reaching out to the perpetrators and...(Context). I think what systemic thinking does is challenges that position (Mechanism). Particularly around domestic violence. By working with both victim and perpetrator, the victim does not feel solely to blame for managing the violence and keeping the children safe. Both parents feel engaged with the practitioner and want to create safety together (Outcome). (Susan)

It was apparent that the views of the stakeholders had been influenced by their experience both within child safeguarding and as recipients of systemic training. Stakeholders spoke of their approach to DVA and how their systemic training had influenced it. Jagosh et al. (2015) identify what they term the 'ripple effect' within realistic evaluation in which earlier recipients of interventions can become either contexts or mechanisms at a later stage (see Figure 5.1). The influence of this ripple effect on my findings will be discussed fully in the following chapter

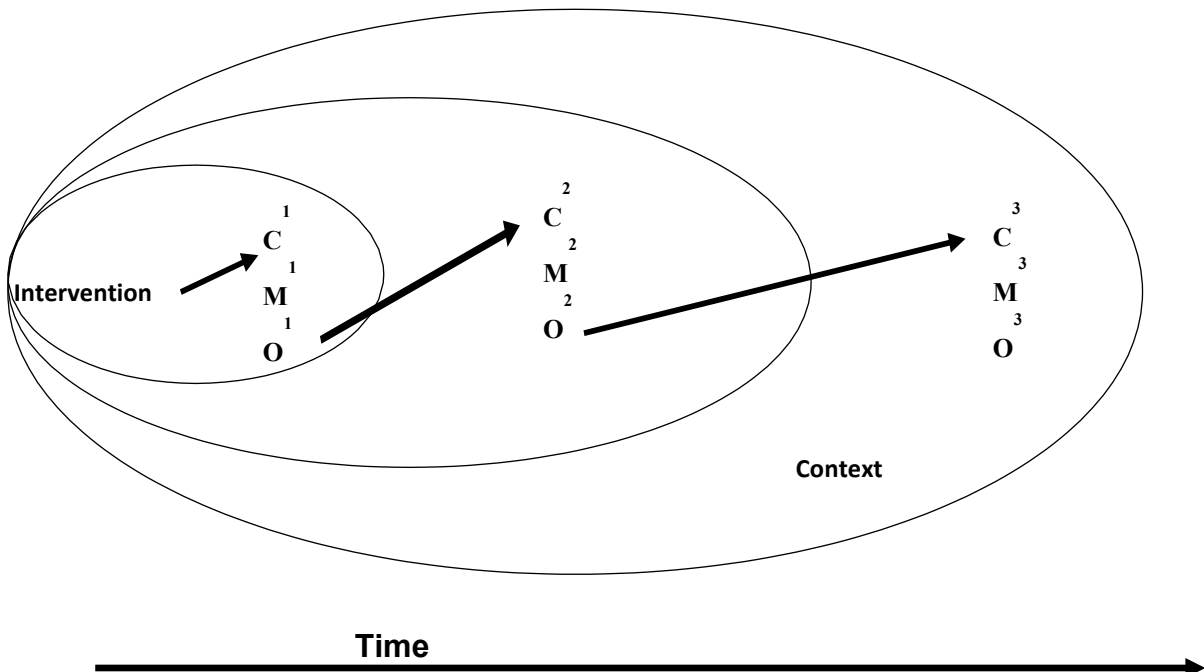


Figure 5.1 Linked context-mechanism-outcome configurations depicting the ripple effect (Jagosh et al. 2015 p. 12)

In the second stage – identification of a theme – once I had categorised the data, the information or fully formed CMO configurations was analysed for recurring words, phrases and concepts which formed the themes (Miles & Huberman 1994; Ely et al. 1991; Strauss & Corbin 1990). A theme can be defined as:

...a statement of meaning that (1) runs through all or most of the pertinent data, or (2) one in the minority that carries heavy emotional or factual impact. (Ely et al. 1991 p 150)

In this research, a statement of meaning could include responses that highlighted the crucial change to social work practice around risk management or engagement, or emotional patterns from the interviewees in response to a particular question. For example, in her interview, Rachel was asked what she thought were the key messages of systemic approaches to DVA:

I think social work's ideas recently has been, you get them out the house and you tell them 'you can never see him again', and I work with that quite a lot at the moment where we banish men from households. It's not a decision that the women make: it's a decision we make, and I think we have to approaching violence differently. (Rachel)

Rachel's statement highlights a perceived crucial difference between systemic and non-systemic child safeguarding practice. Namely that the primary outcome in non-systemic practice was to force the man from the family home while the systemic trained the outcome was for social workers would try and engage with the father. Once I had identified themes, they were named and given a brief description to describe the 'story' (Braun & Clarke 2006) and how they may fit into the overall research question. I tried NVIVO digital data extraction programme, which allows the researcher to use specific word searches and data queries to refine and identify themes which may otherwise go unnoticed but I found that it did not uncover any new themes but did support the validity of the themes that I had already identified. Sub-

themes – themes within themes – were also identified and categorised. Identified themes were then reviewed and grouped into meta-themes to create a set of CMO configurations.

4.12.3 Creating the implicit CMO theories

Some initial theories were created using emergent theory-building process (Eastwood et al. 2014), which relied primarily on inductive reasoning, with the fully formed CMO configurations discussed previously. To identify these implicit mechanisms I applied causal inference, which is the process of applying forms of reasoning and logic to generate conclusions regarding causation (Eastwood et al. 2014; Haig 2005), to help identify links between the Context, Mechanism and Outcome.

These configurations had been identified by the stakeholders directly and could be classed as both explicit mechanisms and intended outcomes. However, in this research, it was both the implicit and explicit mechanisms and the intended and unintended outcomes which are of interest. Therefore, a purely inductive approach had the potential to leave essential findings relating to the causal factors of systemic ideas unanalysed, as they fell outside the theoretical framework. By this, it is meant that any patterns of regularity observed by the interviewer, such as the interviewee's emotional state or exclusion of topics, may not be identified or explained by the use of either deductive or inductive reasoning alone (Haig 2005).

To address the potential for lost data Houston (2010) suggests that use of retroduction and abduction, which are analytical tools used in critical realism and realistic evaluation. The application of retroduction and abduction moves away from a purely descriptive approach to one that helps the evaluator understand the conditions

that exist to allow the phenomenon to be produced linking with the critical realist idea that to explain how events occur we must understand how humans react within the current context to produce these events. This approach to logical reasoning recognises that although stakeholders are 'experts', their accounts are based on their experience and that the stakeholders' accounts are based on the domain of the empirical rather than the actual and the real (Bhaskar 1978). Sometimes used the terms abduction and retroduction and used interchangeably and can be poorly misunderstood due to a vague description (Chiasson (2005).

In brief, abduction is a means of inferences which allows the researcher to see connections and relations between objects which are not obvious. Abduction also allows the researcher to question the meaning behind words and phrases and question their own theory-bias. For example, in chapter 1, Introduction, I have described what I believe was a "cult like" behaviours by proponents of systemic practice. Trainers and trainees appeared unwavering in their view that systemic ideas could alleviate all manner of problems which occurred within the family unit.

Deductive reasoning would allow me to observe whether these behaviours were occurring in my interviews, but by applying abductive inference, I could question why "cult-like" behaviours were being displayed and challenge my construct of these behaviours. When used in collaboration with retroduction reasoning I am then able to understand what circumstances must exist for these "cult-like" behaviours to exist.

Retroductive inference suggests that it is not enough to understand that one event follows another event; instead, the importance is in understanding how events cause other events to occur (Houston 2010). Retroductive reasoning relies on the researcher's priori knowledge is essential to help understand what conditions in the contexts must be in place for the event to occur. For example, my own experience of

child protection social work has given me an awareness of the effect of bureaucracy, poor management and high caseloads. This knowledge allows me to question the conditions that are in place which either support or inhibit the mechanism of systemic practice to produce their desired outcomes. Blaikie (2003) describes this process as going back from, below or behind observed patterns of regularities to discover what produced them. Meyer and Lunney succinctly describe the terms;

“In brief abduction involves analysing data that fall outside of an initial theoretical frame or premise. Retroduction is a method of conceptualising which requires the researcher to identify the circumstances without which something (the concept) cannot exist. Used in conjunction, these forms of inference can lead to the formation of a new conceptual framework or theory (2013, p 12)”.

In this research I applied the 4-stage framework for retroduction based on the work of Houston (2010):

Stage 1: A phenomenon: which is defined as a pattern of regularities, was observed during the interview process.

Stage 2: A question was formulated to help understand how this phenomenon came to occur.

Stage 3: The data was analysed to understand the impact of context on potential mechanisms which had created this phenomenon.

Stage 4: These findings were then used to create a CMO configuration

The critique of this approach, as opposed to a deductive analytical framework, is that findings cannot be certain as they are derived from the researcher's beliefs, experiences and perspectives (Jagosh et al. 2015; Houston 2010). However, the

benefit of this approach is that it identified findings that would have otherwise been lost. A good example was the enthused presentation of both Phase 1 and Phase 2 interviewees. It was this presentation of an almost cult-like belief in the ideas of systemic that I found interesting and had been a trigger for this evaluation (see Chapter 1). To understand this presentation, I had applied the 4 stage framework of Houston and identified a possible causal link between the stressful context of child safeguarding, the therapeutic mechanisms of systemic ideas and the enthused presentation of the individual social worker. I will discuss this finding in further detail in Chapter 5. Once the fully formed CMO configurations had been created, they were tested and then refined in response to the interviews with the social workers in Phase 2.

4.13 Testing and refining the initial programme theories

The aim of phase two interviews was not to merely understand if the desired outcomes set out in the initial programme theories had been achieved but how and why. The first step in testing and refining these theories I began with familiarisation of the data which followed the same steps used in Phase 1.

The interviews were transcribed verbatim and returned to the interviewee for their comments and amendments. However, data analysis occurred by using the themes set out in the 3 CMO configurations of the initial programme theories. Data were identified in the data to support, test and finally refine these initial programme theories. On reflection, this was a drawn out process which leaves these findings open to challenge. A more straightforward, and potentially more robust process, would have been to follow the framework set out in Pawson & Tilley (1997). This

framework involved the creation of the initial programme theories which formed the basis of Phase 2 interviews with programme recipients. The recipients would then advise whether the theories as proclaimed by key stakeholders were correct, where they differed and where they were false. Although this was a more straightforward and potentially more robust process, it would mean the CMO configurations outside the theoretical framework of the research question, but still relevant, may be missed.

4.14 Ethical Considerations and clearance

The critical realists argue that by not understanding the nature or interplay between the real, the actual and the empirical, there is the potential for any researcher to misunderstand human action and the potential for bias and anti-oppressive views (Houston 2010; Craig & Bigby 2015). In addition, all qualitative research contains ethical considerations, such as consent issues in observational research (Dingwall 1980) or the moral conflicts of control groups in Randomised Controlled Trials (Fives et al. 2015), in which specific groups receive an intervention whilst the control does not, which can sometimes occur without participants' knowledge. In this evaluation, these ethical considerations revolved around the relationship with the interviewees, which included the power imbalance created by our previous working relationship (Allard 1996; Jones 1993), and manipulation by building rapport (Bloom and Crabtree 2006). This power imbalance could also include the withholding of information about the research (Dunne 2005) I did not feed the findings back to either the social workers or trainers. I addressed these ethical concerns, by interested participants an information sheet and consent form which set out the research aims and the methods of the research, as mentioned earlier (see Appendix B & C). This information, which I reiterated on the day of the interview, advised participants that they could opt out of

the research up to three months following our discussion. The interviewees were anonymised throughout the written report to protect their identity and prevent any possibility of repercussions from line management. It is essential to keep in mind that the interviews, particularly in Phase 2, involved discussion about families who are currently receiving a child safeguarding service. Thus, interview participants were instructed to anonymise any specific families they might discuss. Further, to ensure that there was no potential to propagate mistakes of compromised confidentiality, any family mentioned in the interviews was further anonymised during the preparation and record-keeping associated with this evaluation.

Considering the research topic of DVA and child safeguarding social work, there was the potential to encounter instances in which shared information might suggest that children, young people or their parents might be at risk of harm. In the event of such an instance, it was agreed that a report of concerns would be made to senior managers within the service. Thankfully no information fitting this description was shared, and feedback was not necessary. It is essential to recognise the potential impact that the Phase 2 interviews could have upon participating social workers. This impact has been identified by Raynor (1984), who raised concerns that the interaction between social workers and researchers can be one-sided. Social workers may be working hard at a problem and using approaches which, in the current state of knowledge, are not unreasonable, only to have it scrutinised by some academic who is using their criteria and condemn it as ineffective. The subsequent publication of work will improve the reputation of the researcher and not the social worker. It is little wonder then that social workers are reluctant to be a part of what they see as an exploitative piece of research, (p. 3). To address this potentially

significant ethical concern, feedback has been offered to both senior management and the individual interviewees participating in both Phase 1 and Phase 2. Although there has been a delay in this research I am still in contact with both organisations and the visit will still occur if necessary

This evaluation received ethical approval from the ethics board at the University of Sussex on 7th October 2014. No additional clearance was required from either the social enterprise or the local authority in which the evaluation occurred.

4.15 Summary

Chapter 4 has set out both the methodological framework and the methods used in this research. In summary, the research applies an evaluation methodology, using an initial and refined programme theory approach (Chen 2005; Van Belle et al. 2010; Holden & Zimmerman 2009) informed by realistic evaluation principles (Pawson & Tilley 1997), the central aim of which is to uncover the theories of change, known as mechanisms, which reside within systemic ideas to generate impact. The data discussed in the following chapters have been gathered using qualitative methods, namely semi-structured realistic interviews with trainers and recipients of training in systemic family therapy. I have analysed in line with the realistic evaluation approach using thematic analysis informed by inductive, reproductive and adductive inference to firstly create and then test and refine programme theories. In Chapter 7 I will discuss the limitations, strengths and my reflections on the methodology in greater detail.

In the following chapters, the findings of the research are set out using a 3-phase

framework informed by realistic evaluation (Pawson & Tilley 1997; Manzano 2016). Chapter 5 presents the findings from the interviews with my identified key stakeholders and generates initial programme theories. Chapter 6 tests the initial theories with child protection social workers who had been trained, in systemic ideas and were at that time attempting to use this approach with families affected by DVA. The initial theories are then refined in response to the findings. In Chapter 7, the key findings from this evaluation are highlighted before ending with reflections and suggestions for future research.

Chapter 5

Phase 1 interviews

Creating the initial programme theories

5.1 Introduction

This chapter presents the findings from Phase 1 interviews with the key stakeholders, namely trainers of systemic thinking. The aim of these ‘theory gleaning interviews’ (Manzano 2016, p. 14) was to create initial programme theories configured in the realistic evaluation formula of Context + Mechanisms = Outcomes discussed in Chapter 4. The chapter begins by summarising the methodology used in creating the configurations, described in Chapter 4, before setting out the initial programme theories as CMO configurations. The chapter continues by highlighting the themes that emerged from the interviews in detail before the chapter concludes with a reflection on the interviews and a summary of learning.

5.2 The three key initial CMO Theories

Following the data analysis framework set out in Chapter 4 I identified a total of twenty contexts, forty-three mechanisms and twenty-five outcomes, which were grouped to create three main CMO configurations consisting of three contexts, four mechanisms and eight outcomes (see Table 5.1 below). The interviews contained 6 questions which sought to understand the systemic trainee's views on both the child safeguarding context and how systemic ideas would impact. The final 2 questions explicitly focused on DVA, regarding which mechanisms to apply and what the

desired generated outcomes would be. The construction of these interview questions means that aspects of the CMO configurations were not specific to DVA practice.

	Contexts	Mechanism	Outcomes
Ability to intervene	C1 Social workers are case managers and refer families out for necessary interventions. which leaves Social workers feeling deskilled and disempowered in their role as a safeguarding professional.	M1 Systemic ideas teach different theories and techniques, such as circular questions and the concept of neutrality, which can be linked to direct practice. M2 Systemic ideas teach a shared language, which can be used to describe practice	O1 The social worker feels empowered to undertake direct work with the family O2 Social workers are able to describe their thinking and actions in a way that is understood O3 A hierarchy is created within the statutory context between systemic and non-systemically trained professionals including other social workers

Management of risk	<p>C2 Non systemic child safeguarding is focused on the idea that social workers must be certain of their views on families and create which is influenced by the primary need child safety/welfare.</p>	<p>M3 Social workers are taught or allowed to think that certainty is not possible and that being uncertain about risk of harm to a child is acceptable (safe uncertainty)</p>	<p>O4 Social workers feel less stress</p> <p>O5 Social workers feel they have better relationships with Individuals in families who feel less blamed</p> <p>O6 The social worker becomes more optimistic about the ability of the family to create change and moves away from fixed positions and negative ideas.</p> <p>O7 The social worker takes greater risks with safety of the Child who may be placed at continued risk of harm.</p>
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Table 5.1 Initial Programme Theories

CMO3	Contexts	Mechanism	Outcomes.
Engaging with fathers	C3 Fathers as perpetrators of violence are not included in interventions and social workers' primary aim is to remove these men from the home even though this may be against the wishes of the family	M4 Social workers are taught that to create safety and change, they must work with fathers.	O8 Social workers undertake more direct interventions with fathers. These centre around trying to understand why the violence occurred.

5.2.1 CMO1: Ability to intervene

A consistent theme throughout the interviews was the trainers' negative description of non-systemic child safeguarding practice. Decision-making was described as reactive and based on preconceived ideas with little or no evidence base. The interviewees described contacts between social workers and the child or family as limited and those that did occur as meaningless and unhelpful. Polly and Louise had been child safeguarding social workers before undertaking systemic training:

If you go in and tell someone to do something, and you have a written agreement, and you say, like a non-violence agreement, not that it's not worth anything, or you know helpful; if you only do that, then you're the only sort of explaining to someone that this behaviour can't be like that; and it needs to be like that to do it that [the] first couple of times but really it's just like you're a puppeteer: it doesn't really mean anything to them; it doesn't really connect with them. (Polly)

I think that social workers come in from, sometimes can come in from, a very fixed, rigid 'we need to get this man out' position, which can create a very

unhelpful interaction between you and the family, which doesn't help you to help them at all. (Louise)

This perception of child safeguarding practice as a rigid, oppressive and unhelpful process was held by all the trainers who had previously been employed as social workers. Although a small group, the two systemic family therapists who were involved in this research also held a negative perception of child safeguarding but focused on the proceduralism of the profession:

It seems like over the decades, perhaps because there has been a pessimism about what change social work can actually make, people have resorted to doing a lot of paperwork and focusing on procedural elements to the detriment of face-to-face interactions. (Richard)

I mean, I'm not saying I could be a social worker. If you said to me [that] I need to run the unit tomorrow as a CSW (I'm not boasting if you like) but there's nothing more about their procedures per se that I don't understand or don't know what you want me to do: I know how to do a section 47; I know how to do a system; I know what it means in terms of core groups and reviews and those kinds of procedures in terms of what it is logistically or what the requirements in terms of you bring a social worker, the forms you need to fill out. (Howard)

Although Howard and Richard had not operated within child safeguarding as qualified social workers, they had previously been employed in the context for over ten years as clinical therapists. Their observations suggested that child safeguarding was, at the time of this study, little more than a bureaucratic function. There had been a shift in the social workers' priority from the needs of the family to the needs of the bureaucracy. This deviation in practice had negatively influenced the relationships between the social worker and the child/family while also de-skilling the professional. Although proceduralism was recognised as a much broader, cultural and organisational contextual phenomenon, some trainers identified other forms of training as a causal factor of this detrimental practice:

I think systemic ideas give you more tools to a bag that is pretty empty at the end of your social work training. I think you've got the basics: you know about

the law; you know what the 'children's act' says; you know about what 'child in need' is; [but] put half these social workers in front of families with intergenerational child sexual abuse, and give you a new referral, I think you're lost. (Rachel)

This negative perception of both the child safeguarding practice and non-systemic social work training appeared to be the driving force for the interviewees' desire to become trainers. The belief system of the interviewees was based on the hypothesis that through the appropriation of systemic ideas as mechanism for change, the outcomes was that they were creating social workers who not only assessed and identified problems – a product of the non-systemic social work training – but practitioners who could also carry out meaningful interventions without the need to refer out to external agencies or other professionals. The emerging finding was that these trainers had a desire to create child safeguarding social workers who were more proactive interventionists rather than merely assessors. If successful this would not only negate the concern of managerialism highlighted in Professor Munro's review of child protection (Munro et al. 2011 a, b), but also create, what they perceived, necessary change within the families they were working with:

Don't walk up to someone's house with no idea about what you're doing because that's what you do on a lot of CPVs {child protection visits}:

"What are you doing?"

"Oh, I'm just going to see how they're doing."

"OK, how's that meeting the plan? What intervention are you offering? What are you trying to change? What does that look like and how will we know when we get there?" They get that. That's helpful, you know? They're systemic ideas. (Rachel)

...the skilled ones (social workers) actually talk to the family about that, then they usually get enough shift. (Susan)

The drive to improve practice with families as an outcome was interwoven with the potential or the desire to change the professional identity of child safeguarding. There had been recent attempts to raise the profile of social work following the publication

of Professor Munro's review (2011a, b), most notably through the creation of the ill-fated College of Social Work. However, the evidence from the interviews was that the goal of these trainers was not to improve the professional identity of child safeguarding social work but to create something new.

Susan and Rachel had previously worked as statutory social workers before becoming trainers:

I mean, in a broad sense, I try to get them to be, to begin to see themselves as agents of change rather than just case managers. (Susan)

That's really my first experience of being a clinical practitioner, as previously I'd just been a social worker. (Rachel)

Rachel's use of the word "just" in her description of the social work role seems to be an intentional attempt by the interviewee to elevate this new position. This construct suggests that the systemically trained social worker, from the perspective of the trainers at least, is more important than the non-systemically trained social worker. The self-identifying label of 'clinical practitioner' used by Rachel and other trainers who were social workers appeared to be a transparent attempt to create distance from their past in 'traditional' social work, and further to this, to elevate themselves and those who had received the training above those who had not. Numerous interviewees identified the learning and application of a common language as a critical mechanism to develop social work practice. However, it also appeared to be a crucial mechanism in the creation and supporting of this new identity. It was the experience of the researcher during both the interview process and when transcribing the data that the interviewees conversed in highly eloquent turns of phrase to describe simple concepts or ideas. As an experienced child safeguarding social worker and professional who had undertaken the foundation year in systemic family therapy, I found myself thinking that the intention of applying language in this way

was to create a perception of holding greater knowledge, thus creating 'knowledge capital' and consciously or unconsciously establishing an inner circle of 'experts'.

The creation and sustainability of this new identity appeared to rely on the existence, whether real or not, of complexity in understanding people and their problems. The negative impact of creating a potential hierarchy in the social work profession, both locally and nationally, was not explicitly mentioned in the interviews. However, implicitly, the potential unintended outcomes of the approach were identified in a number of the trainers' responses:

I work with a huge range of social workers ... some are systemically trained, some aren't, some know some of the languages, some have worked with me for a number of years, and so they know some of the ideas, though they have never learnt them themselves and the difference. I can have a different sort of conversation with the people who have done the training: I can pitch it slightly differently, whereas people who haven't had the training, I have to work slightly harder with in regard to their thinking about their use of language. (Rachel)

I think there's a lot of confusion and misunderstanding about systemic approaches outside of the social work realm: you know, sometimes people just not understanding. (Richard)

Although there are recognised benefits in creating a common language as a mechanism for change, such as those identified in the scoping review (Hingley-Jones & Mandin 2007; Forrester et al. 2013), these statements indicate that the use of language in this way has created a level of confusion with those outside of the training programme both locally and nationally. This potential to create division in the workforce was a concern raised by the scoping review in Chapter 3 (Jude & Rospierska 2015). These statements also identify the lack of reflection on the trainers part in creating this confusion or recognising the potential difficulties that it may cause in a child safeguarding context.

5.2.2 CMO 2 - Management of Risk

Although the stakeholders were positive about the impact of systemic ideas, they did identify some contextual factors, specific to child safeguarding, which may inhibit specific mechanisms from being triggered. These factors were summarised by Rachel, who had practiced social work for five years:

Time scales, time frame, risk, and society's idea of what we are here to do..... people's own personal way of managing stress and difficulty. I think it depends on your manager; it depends on the culture within [... the] organisation you're working has about how they do social work. And so the sort of senior management backing you've got has a massive impact on the sort of social work you can do; your own feelings about risk, managing risk; your own ideas about childhood and family. I think all of those things, all your own social graces, affect how you manage. (Rachel)

However, the contextual factor mentioned most often by the trainers was linked to their perception of a critical difference between a systemic and a non-systemic approach, namely the therapeutic relationship. The interviewees' description of therapeutic relationships was one in which individuals or families choose to access systemic family therapy via an independent practitioner: the intervention is therefore consent-based and usually delivered via individual sessions. In child safeguarding social work, the families and children receiving the service are referred by an agency such as a school, a GP or the police following an incident of potential significant harm or a welfare concern (DFE 2015). Various trainers highlighted this impact of these differences:

I mean, I think there's the key thing there really, is having to grapple with 'whose problem is this?' because if you're in, in a therapeutic context, people are coming to you saying, 'This is the thing I want to be different'. The difference to us, is we go to people and say, 'This is the thing that needs to be different', and that, that means doing a lot of work, negotiation and collaborating on how we think about what the problem is because people aren't necessarily at the point where they're instigating change themselves. We are intruding and needing to create the interest in change. And I think that's the fundamental difference. (Susan)

If we're in a clinic, right, neutrality would mean that you're not fussed about whether the change happens or not. You're kind of neutral to the idea of change. I don't think it's like that in social work. You can't be neutral to the idea of change because of half of the time, the reason you are in their service is something that needs to change. (Rachel)

The perception of the trainers was that in the therapeutic relationship, the client or family held a level of self-awareness about the problem they wanted to be resolved and what they wanted to achieve from the therapeutic intervention. In contrast, the trainers viewed clients or families who are working with child safeguarding social workers as lacking self-awareness and being reluctant to create necessary change. The onus to create change becomes the responsibility of the social worker, who not only defines the problem but also has to persuade the family to accept the intervention. This insinuation was that in the child safeguarding relationship, the power was held by the professional rather than the child or family. The trainers' view was that this use of power was a mechanism which would nullify the therapeutic elements – specifically neutrality – of the systemic approach. This difference between the child safeguarding and systemic view of power was discussed in Chapter 2. Social work literature discusses power as real and as a mechanism of control (Thompson 2003; Dalrymple & Burke 1995). Alternatively, some systemic literature argues that power is a myth (Bateson 1972), although this has been contested within the field (Rivett 2001; Cecchin 1987). Statements such as those from Susan and Rachel and other trainers suggested that a contextual pressure exists within the child safeguarding which affects both the family and the social worker. The interviewees identified the cause of this pressure as the fundamental purpose of child safeguarding:

I think one of the other big things actually is in terms of difference, is that in terms of assessing change in a therapeutic context; if someone comes to me and says, 'I want this to be different, I'm drinking too much,' or 'My partner and I

are arguing,' then I would just ask them why they weren't progressing quick enough. But in children's services, we have to measure change based on a child's timescale, so we might be working with parents, but they're doing things differently: we have to assess progress based on the difference it makes to a child, and that's another key difference. (Susan)

Because the highest context is child safety and it's that highest principle, isn't it? So if that's your highest context, that's what everything has got to kind of fit to. (Chloe)

Although Susan's statement may not be an accurate description of the therapeutic working relationship, it does highlight the critical factor of child safety in child safeguarding. The trainers discussed child safety as the barometer by which to measure change and the success of interventions. However, Chloe also suggested that this focus of child safety as a contextual factor meant that mechanisms, such as those used in systemic ideas – for example, neutrality – would be amended or configured for a child safeguarding context. There was evidence from the interviewees that this created a somewhat negative perception of this focus on child safety:

The priority is the situation has to be safe. So that doesn't change. So you know, you can't work with a family unless you know a level of safety has been secured. But that doesn't mean to say that things have to be safe. I think there is a sense in which you tolerate some risk and some anxiety to create a bit space for work, so that's a fine judgement and a difficult balancing act. You particularly need to ensure children are safe, but you can be very risk-averse. (Marie)

'We don't look like we can tolerate talking about it, we don't look like we can tolerate a woman saying, 'But I want to stay with him'. We just look like, 'We'll just take your kids then'. Whereas if we had a different approach if we could risk it and the children were safe enough so we could work with it for a while to see if something could be different, it'd be nice. Maybe it wouldn't perpetuate in the same way as it wouldn't be so underground and people wouldn't be at risk for longer'. (Rachel)

The finding from these interviews was that child safety was, in some cases, seen as a barrier to what the trainers wanted to achieve. In response to this perceived barrier, the interviewees seemed keen to shift the parameters of safety to something they described as 'safe enough' so that interventions, and specifically the mechanisms of the intervention, could achieve the desired outcomes for practice change and the child and family.

As discussed in Chapter 4 and earlier in this chapter, the interviews were semi-structured and involved 6 questions. It was the last 2 questions in the interview which specifically focused on DVA. An observed pattern throughout the interviews was that although the general response from trainers was that they were confident in their belief in the power of systemic ideas, they were less sure when applying this belief to specific questions on DVA. This lack of clarity could suggest that there had been little or no pre-consideration of the specific problem of DVA when implementing systemic ideas and that practice was perceived in a general sense. The emerging conclusion from this theme was that on general issues, much thought had been given to the use of systemic ideas. However, once the risk caused by DVA was brought into the equation, the trainers were less confident about the mechanisms and the outcomes which could be generated. This duality created some confusion about how fundamental concepts, most notably neutrality, are used. A solution put forward by some trainers appeared to suggest taking a two-tiered approach to interventions:

So you might need to say and do a bit of that first order thing (which is telling people this is what you need to do, and this is what you don't need to do), that there's a clarity on how it is that violence has an adverse effect on children and that if there is a really, really, high level of domestic violence say between parents, that we can't continue to work with them in that level of risk; so there's something that needs to change to secure a child's safety in order then to be doing some work with the parents. (Chloe)

The interviewees' view of better risk management, or non-risk aversion, was focused on their ability to handle the anxiety that something might go wrong such as a child being harmed. I also identified this theme of linking the management of risk to the emotional state of the social worker when attempting to understand why the trainers held a negative perception of child safeguarding practice. In our interviews, the trainers described child safeguarding practice negatively, while in comparison, they discussed systemic practice in passionate tones with what I perceived as admiration for the power of systemic ideas. The trainers' enthusiasm when speaking about systemic approaches was palpable. When responding to questions about the effect of systemic ideas, their eyes were wide and their voices raised.

To the researcher, there were times within the interviews when their statements felt like proclamations or sermons. This presentation was an interesting observation and made me reflect on my experience discussed in Chapter 1 and which was a key mechanism in the origin of this evaluation. Before transcribing the interviews and undertaking the analysis of the data, I had presumed that improving practice, creating better outcomes for families and possibly financial reward had been the primary drives informing these sentiments. However, data analysis implied that the trainer's negative experience of working within a child safeguarding setting might be a contributing factor to the favourable regard with which they held systemic ideas. Rachel, who had been a social worker for five years, discussed her experience of working within the child safeguarding context:

I was ready to leave the profession because I was finding it very difficult to work as a social worker with my moral and ethical framework intact because I was finding the decision-making and the processes barbaric and traumatic for families, so I was really struggling to find a way to do social work in a way that I thought was more helpful and would help people change differently. (Rachel)

The consistent use of the word "I" makes this a personal account of the effect of child safeguarding contexts on the individual's social work practice and identity. Rachel's experience, specifically related to decision-making and bureaucratic processes, appears to have challenged her fundamental beliefs about what is right and wrong. The tension this created between Rachel's endeavour to help and create change and working with families in a non-systemic approach caused her to consider leaving the profession. This statement by Rachel supports the view of Sayer (2011), discussed in Chapter 4, who argues that experiences create values and it is these values which influence decisions. Rachel's experience receiving systemic training when working within a problematic context appears to have been a moment of enlightenment which has influenced her greatly. The experience appears to be one that Rachel's wants to share with other social workers whom she believes may be in the same situation. Statements by other trainers supported both the perception of the negative experience of child safeguarding and the therapeutic effect of systemic training;

So for me, it's kind of, I think there was a pressure before I did systemic practice, there was a pressure to kind of have like, to come to a conclusion, you know, and to have a position, you know, what was going on with a family, and to focus on that; almost to try and make everything else fit into that. So you would perhaps tend to look for evidence that supported your idea of what was happening in a family. I think this systemic approach really goes in the opposite direction and says, 'you know there isn't a single story, there are multiple stories'. So it is a kind of antidote to what you might call linear or single story thinking. (Marie)

So it's a bit like working with families in the sense that you're, that the people that I may be sent to work with are not necessarily people looking to have me there. (Susan)

Marie's description of her social work practice prior to systemic training is one of being forced into a position of knowing before she was ready to know. This need to create certainty before being certain caused Marie to form preconceived truths about families and then seek proof to support this position. Similar to Rachel's statement,

the impact on families is unclear, but the conflict with Marie's value base is evident. The experience affected Marie on an emotional level, with her expression throughout the interview displaying feelings of shame and guilt for her previous actions. The implication here is that the context of child safeguarding, and precisely the outcomes it aims to achieve with DVA, creates tension with some social workers fundamental beliefs and values.

The data suggest that working in this context did affect emotional well-being and caused Rachel, Marie and other stakeholders to consider leaving the profession. The effect of using power and control in social work is well documented in the social work field, usually linked to the impact of the oppressive practice on families (Howe 1992; Dominelli 2002). However, the findings from this evaluation suggest that this pressure on the need to create change has adverse effects not just on the family but also on social workers. Both statements support the view that the stress and trauma of child protection social work can lead to emotional exhaustion, also known as social work burnout (Maslach & Jackson 1986; Horowitz 1998; Pryce et al 2007). The insinuation by both Rachel and Marie is that the mechanism of systemic such as the positions of 'safe uncertainty' and curiosity allow the social worker to be less certain about what behaviours are taking place in families and what the social worker does not know.

Other stakeholders described their understanding and application of these concepts:

Just in the position of curiosity? So not being sure about anything so thinking about all of the different possibilities there might be, thinking about all the different, lots and lots of different ideas that you might have about a family and thinking about how they may or may not fit and how some are more or less useful. (Louise)

It is this position of uncertainty which appears to have a therapeutic effect on the child safeguarding social worker, as they no longer feel the same level of

responsibility. This presentation could suggest that being trained in systemic ideas is an 'antidote' or medicine to the psychological effect of working within the statutory child protection context. The stakeholders saw this approach as less oppressive for families while also alleviating stress caused by the need to create truth. Later in her interview, Rachel discussed the impact of being trained in systemic ideas:

I also know there is no such thing as truth, so I'm much more able to hold onto that uncertainty and play with it than before, where I would be like. 'Oh my fucking god, we need to do something right now.' Whereas now I can hold a position – a not knowing position is how I would probably describe it – in a way that feels safer. (Rachel)

The finding from this data suggests that learning systemic ideas permits social workers to be uncertain or indeed unresolved about families' behaviour, which in turn has a positive effect on psychological health. It could, therefore, be argued that learning systemic ideas is in itself therapeutic to social workers who are operating in the child safeguarding context. The potential outcome, therefore, would be reduced anxiety and stress for social workers. However, Rachel's statement also suggests that this approach to child safeguarding practice correlates the safety of the child with the social worker's anxieties and stress rather than with the lived experience of the child. In Rachel's statement there was no suggestion that the actual risk to the child had changed. From a critical realist position, it could be argued that systemic ideas change the transitive knowledge regarding child safety in child safeguarding practice, and the emotional health of the social worker is improved. However, the intransitive experience of a child living with DVA remains the same.

5.2.3 CMO 3 - Engagement with fathers

It was evident from the interviews that multiple mechanisms, both implicit and explicit, influenced how social workers would engage with DVA. Ideas such as curiosity and neutrality aimed to move child safeguarding social workers away from thinking about DVA through the lens of linear causality. However, the theme raised by all trainers was the focus on who would receive these interventions. Based on the systemic literature discussed in Chapter 1 (Palazolli et al. 1980; Cecchin 1987), it was to be expected that trainers would identify interventions with a family focus. Concerns from critics of the systemic approach suggested that this move away from the individual to the family might place women, as victims, at risk (Rivett 2001). However, the finding from this research was that although trainers did promote a shift away from the individual child, in reality, the focus of intervention was not the family but the fathers. Once again it was the trainers' negative view of non-systemic child safeguarding practice that influenced which mechanisms were triggered. In their view, child safeguarding practice removed the perpetrator of the violence while referring out to other agencies to address the harm and or relationship issues.

I think social work's ideas recently has been, you get them out the house and you tell them 'you can never see him again'. And I work with that quite a lot at the moment, where we banish men from households. (Rachel)

I think that social workers come in from, sometimes can come in from, a very fixed, rigid, 'we need to get this man out' position, which can create a very unhelpful interaction between you and the family, which doesn't help you to help them at all. (Polly)

The view from the stakeholders, which is supported by the findings of the scoping review in Chapter 3, was that the current approach ostracised fathers. The stakeholders thought that this blaming approach was avoided in systemic practice:

I think the first thing, the first thing that I would say is the difference between working systemically and perhaps the way that people have worked traditionally

with domestic violence is this idea of the perpetrator and the victim model. I think the systemic approach doesn't buy into that and my first thought would be to make sure that I speak to the perpetrator. There might be more than one perpetrator involved in the family dynamics, you know, so not to allow that there are a victim and a perpetrator to dominate the intervention. (Marie).

However, these statements also suggest that the stakeholders' approach to fathers, and the language used to describe their actions, was intended to alleviate blame:

So it would be an inclusive approach where you talk to the perpetrators as well as to victims and you wouldn't label them necessarily as perpetrators. (Marie)

I'm not saying that it's one person's fault over another. (Polly)

It appeared from these interviews that the primary concern of these trainers was collaboration with fathers. The terminology being applied to situations in which violence had occurred appeared to suggest that trainers were concerned about losing engagement with fathers and that the mechanism of blame was key in creating this outcome. Therefore the trainers aimed to replace the mechanism of blame with a mechanism concerning understanding. This idea was also identified in the scoping review (Stanley 2010). The scoping review had also identified that women as victims of DVA can feel blamed or victimised by the child safeguarding intervention (Ghaffar et al. 2012; Keeling & Wormer 2012; Keeling and Mason 2010; Stanley 2010; Morris et al. 2008). However, there appeared little consideration for how women or children might perceive the applied terminology. The construct of families and incidents having multiple stories when describing g events could suggest to the woman that the social worker did not necessarily believe their version. This use of language could suggest that the engagement of fathers may be prioritised over the safety and welfare of the child.

5.3 Reflections on Interviews

The interviewees in Phase 1 could be identified either as social workers, clinical practitioners, trainers or in some cases systemic family therapists. However, as employees of the social enterprise, they could also be described as policymakers of systemic ideas. Their connection to the success of implementing systemic ideas was based not only on a moral need to improve practice but also on potential financial benefit. Although seen as an excellent source of information, there were also concerns about using these specific stakeholders as a data source. In realist approaches, policymakers are seen as an excellent source of information, but it is also accepted that they will be subjective in deciding what works for whom and why (Pawson & Tilley 1997). Alternatively, policymakers may be too close to the programme, or the theories may be so apparent that the interviewees do not make them explicit and therefore require encouragement (Pawson & Tilley 1997; Pawson & Sridharan 2010). This methodological concern was evident in the interviews, which indicated that stakeholders might have deliberate and subjective amnesia regarding the aims of the intervention or programme. The trainers did at times, and specifically with DVA, appear uncertain as to what they were trying to achieve and more importantly how the mechanism of systemic approaches would help. The level of vagueness could allow unwarranted proclamations of success further down the line. However, another potential reason for their uncertainty could be that although they had considered applying systemic ideas in a general sense with families, there appeared to have been little if any attention to the specific requirements for DVA.

5.4 The interviewees' belief in systemic ideas

The stakeholders appeared to hold an unwavering belief in the ability of systemic ideas to create change. The impact of this position was that CMO configurations were set out as medical formulations. The description of context was of an ill or sick system with the mechanisms of systemic approaches perceived as a medicine, or as stated by one of the stakeholders, 'an antidote' (Marie). The outcome generated was a context in which social workers were less stressed, could create change and were less managerialist. An additional reflection from these interviews was the trainers' lack of systemic application when discussing systemic informed social work practice. Throughout the meetings, the stakeholders spoke regarding blaming and linear causality, which positioned non-systemic proactive methods as bad and systemic practice as good. Also, trainers appeared to lack curiosity or hold multiple stories about systemic practice. Blame for problems rested either with non-systemic practice, non-systemically trained social workers or the broader system. A key example was the potential negative impact of using systemic terminology in which those who did not understand the 'common language' were to blame. The notable exception was the responses from the systemic family therapists who appeared to be more curious about using specific techniques and their impact. The potential reason for this could be that more in-depth training and experience in systemic practice/methods allow the practitioner to be more confident in their understanding and critique.

5.5 The impact of my relationships with the key stakeholders

A number of the trainers had previously been employees working directly under my line management or within the same service area. Also, I had previously been employed by the social enterprise to implement a systemic model of social work

practice within a local authority. However, I had not delivered systemic training, and at the time of these interviews, was not employed by the social enterprise. The impact of these relationships was evident during the interview process. The impact on the research findings, from a critical realist perspective, links to resource and response. As a child social worker and a person who knew the individuals, my insider researcher position created a level of familiarity which was advantageous in that I knew the staff roles and remit and the history of the organisation (McBride and Shostak 1994). As I am close to the discussed topic, there were times when what workers said struck a chord with me because, as Ely et al. (1991) state, "I had been there". This familiarity did, at times, make concentration complicated and the use of an audio recorder an imperative. Some responses appeared to be questioning and seeking clarification.

Due to my relationship and the trainers knowledge that I had more than just a basic understanding of systemic therapy, they gave what Pawson and Tilley (1997) term 'technical answers' to specific questions and I would have to ask for further clarification, which could mean that potential mechanisms went unsaid. On a couple of occasions, I found myself making it clear to the interviewees that I was coming from a place of unknowing and that further detail was required. There also appeared to be an expectation that I followed the 'common language' which meant trainers did not go into detail on concepts such as circularity and neutrality, as they might have expected me to understand what they were:

RH: "That was interesting, this position of curiosity, what that is."

Louise: "Yeah, so I think I've answered that there."

Additionally, there were occasions when the interviewees gave views that conflicted

with my understanding of specific concepts. As a child safeguarding social worker and someone with a particular understanding of systemic approaches, it was difficult not to challenge their statements. Other interviewees had overly prepared - concerned that the interviewer could challenge their identity of having hidden or knowledge capital, or that interviewees might have reframed their thoughts because they were aware of my position. Interviewees would arrive with written notes or appeared to have a set of statements about specific questions.

5.6 Chapter summary

This chapter has identified and illuminated the three CMO configurations from Phase 1 interviews, from which key findings emerged. The desire to implement systemic ideas appeared to be derived from a keenness to cure the current child safeguarding system. Mechanisms such as self-reflection and the idea of creating new thoughts, specifically regarding risk and blame, appeared to have a therapeutic effect on the practitioners. However, there is no direct link between this and congruency with child safeguarding practice, namely keeping the child/ren safe from harm. As noted earlier in Chapter 4, Pawson and Tilley (1997) advise that outcomes can be both intended and unintended consequences of implementing programmes. It was evident from these interviews that there was potential for unexpected outcomes to occur, not all of which were positive. The new identity based on change seemed to be based on the view that families and the social work profession are more complicated than previously thought. The issue here is that complexity will be required to create and enable this identity to continue. The unintended consequence of this approach could be that families themselves and their problems are labelled complex, which may not be real or required. Additionally, social workers may look for complexity in a context

that, due to high caseloads and time constraints, is not suitable. Another unintended consequence could be the creation of a practice hierarchy within a child safeguarding context. The identity being created with potential new skills, knowledge and even language may create a sense of exclusivity. Further, the common language being proposed appears intentionally convoluted and complicated. The trainers' experience in child safeguarding and their positioning as helpers caused them to set out CMO configurations as a medical formulation. Contextual factors were described as an illness, while the mechanism of the systemic approach was the medicine and outcomes described as a healthy and vibrant context.

Other findings linked to the absence of the father in social work interventions which I had been identified in the scoping review of this research (Stanley 2010). It was evident that for these stakeholders, the inclusion of fathers was a primary aim, although the focus did remain on child safety. The overriding impression for the researcher was that applying systemic ideas to DVA had not been adequately considered by these trainers. They perceived systemic ideas as a silver bullet for all family, and possibly social work, problems.

However, once DVA was raised in the interviews, their previous views on the application of systemic ideas changed. Trainers started to discuss more direct practice which was more congruent with child safeguarding principles and would suggest that even in their position as trainers and/or clinical practitioners, the interviewees still returned to their pre-systemic approach to practice. The following chapter presents the findings from Phase 2 interviews, in which the three CMO configurations created in this chapter are tested and refined using the views of social

workers trained in systemic family therapy.

Chapter 6

Phase 2 interviews:

Testing & Refining the initial programme theories

6.1 Introduction

This chapter reports on Phase 2 and 3 of the evaluation and follows the realistic evaluation framework. The chapter uses the findings from Phase 2 interviews to refine the initial programme theories created in Phase 1 and reported on in Chapter 5. To test and refine these theories I conducted interviews with practitioners who had received systemic training and were applying these ideas in a child safeguarding context with DVA. Pawson and Tilley explain why this is essential:

Practitioners translate programme theories into practice and so are to be considered the great “utility players” in the information game. They may well have adopted the initiative to get the best out of subjects and so will have specific ideas on what it is within a programme that works (M). They are also likely to have experienced success and failures (O) and thus have some awareness of the people and places (C) for whom a programme works. What we cannot expect from them, however, is any systematic charting of the “what works for whom in what circumstances” pathways (CMO configurations) associated with their project. (1997, p. 161)

The theories identify the contextual factors which must be at play to enable the implicit and explicit mechanisms within systemic ideas to generate outcomes. These refined programme theories are a description of how systemic ideas may work, for whom and how. These discussions took place in the context of an interview in which the social worker was reflecting on how they thought systemic ideas had changed

their practice. Therefore the CMO configurations and the findings that support them are based on perceived changes, rather than actual changes. The chapter begins by setting out the findings from the Phase 2 interviews before these are refined using the CMO configurations identified in Phase 1 (Chapter 5).

6.2 CMO 1 - Ability to intervene

The theory behind CMO configuration 1 was that by introducing systemic ideas into the child safeguarding context, social workers would be equipped with new skills, which they would then use in their direct interventions with families. Trainers in Phase 1 anticipated that this shift from the assessor to interventionist would improve the professional identity of child safeguarding social workers. It was evident from these interviews that social workers agreed that systemic ideas had equipped them with different skills and knowledge, which they had used in direct work with families:

It influenced my practice in terms of creating a dialogue that wasn't just about me sitting asking repeated questions: I was able to use the genogram as a way to pull everybody together and to explore family systems. And I think it's influenced me to remain curious. (Michelle)

The ideas from this kind of systemic training about traditional social work practice is maybe more focused on a first-order change, whereas the systemic ideas are the second order of change where we are actually helping them to think about why this behaviour has worked for them previously and why that's been the kind of go-to solution and help them to reflect and think about what's another way of doing it. (Demi)

However, what emerged from these interviews was that there existed some contextual factors (as defined in Chapter 4) some of which had not been considered by the trainers in Phase 1, the first of which related to timescales of the training programme. As discussed in Chapter 4, the systemic training had been delivered on an annual basis for the previous two years. This training schedule meant that some of the interviewees had completed training over a year previously while others were

nearing the end of the course. However, despite the differences in timescale delivery, both sets of social workers raised concerns. The following two responses are from Michelle, who had completed her training a year previously, and Sue, who had completed fourteen of the eighteen sessions:

I think it's difficult because I feel like I've forgotten a lot of my training because although we're going to the systemic surgeries and we're speaking about cases, and we're hypothesising, I feel as though a lot of the literature that we read and a lot of the theories and things like that, I feel as though I've forgotten a lot of that. I can't even remember some of them, so that's how bad it is. (Michelle)

So it is difficult to kind of take, to keep some of the other theories fresh; so it takes a lot of work from individual workers to just flip through the training materials and remind yourself of some of the things that you've learned previously' (Sue)

Despite the difference in when they received the training, both Sue and Michelle had identified the lack of meaningful support as an influential factor in their ability to either remember or understand specific concepts. It appeared that, in this local authority at least, social workers had been left to self-learn or undertake self-directed learning (Houle 1961) It was evident that this approach to implementation had, in many cases, created obstacles to embedding the new skills, knowledge and concepts into their practice. Michelle's statement suggests that although there had been some attempt within her particular team to create a learning and supportive mechanism, this had not been entirely successful. It appeared that in the absence of planned support, the social workers sought out other ways within the current workforce:

The fact that a lot of members of my team were actually on the same training as me, or are being trained currently, and that is good. We have discussions about systemic practice just in the social work office that – we're kind of sitting next to each other, so we're, 'well I'm going to do this and I'm going to do that' – and thinking this out, thinking that – we've all had that training, which has been quite good. (Demi)

The emerging finding from the interviews was that different types or a higher level or organisational support may help social workers to understand, remember and therefore apply the mechanism of systemic as set out by the trainers in Phase 1. In the absence of support as a contextual factor, the mechanism introduced during the systemic training, such as circular questioning, had been forgotten or amended on an individual basis. The reason why this level of support was required is unclear; however, from the researcher's position it could relate to the intentional complexity that had been created around systemic ideas: this will be discussed further in Chapter 7 (discussion and conclusion). The creation of a common language, discussed in Chapter 5 (Phase 1 findings), could have inhibited social workers' understanding. However, an analysis of the interviews suggests that even where social workers had understood concepts, there were still contextual difficulties in applying these ideas to direct work with families.

You know, being on the training, you kind of have those two days out a month and then you are like, oh yeah, I can use those ideas. But actually, because of the team and the nature of the social work, the system at the moment, it is still quite hard to sort of bring those ideas forward due to kind of time restraints with families. So I think that has been quite, I suppose, maybe a negative part of it at the moment. (Karen)

It's just I don't feel like we have as much time and a protected case load as a family therapist would have. Whereas when you make referrals to family therapy generally, if they don't have space, you are sitting on a waiting list; whereas that can't happen in our profession and it's just things get thrown and thrown – there is no way you can just say, sit and wait, we'll deal with your emergency in a few weeks, and I don't think they've kind of calculated that. (Maud)

The social workers identified case-loads, timescales and bureaucracy as crucial contextual factors which inhibited the application of systemic ideas into direct work with children and their families in the way that had been intended by the trainers in Phase 1. The emerging finding was that for social workers to perceive a change in their practice, such as undertaking more direct work with families, which had been the

intention of the trainers in Phase 1, it was necessary to change the contextual structure. Social workers could not use these ideas, as had been prescribed, within the current context of assessment timescales and perceived high case-loads. What emerged from these interviews was that the introduction of systemic ideas had created new expectations for these social workers in terms of their role and the support they should receive to carry out the new style of intervention. It appeared from the statements of some social workers that attempting to use systemic ideas without the contextual changes had created an adverse reaction on practice:

When I am working systemically, my visits are probably three times as long because that, the families are talking more, they are wanting to talk more. So actually fitting that into your day takes up so much more time and you've still got the same workload that you've got before. (Laura)

That's been a really big challenge and I think, I do find myself sometimes thinking, 'Oh, I really don't have time for this. How can I shut that conversation down so that I can get out and get to the next one?' (Demi)

But – personally if I'm tired and it's been a really long day, it's really hard to do that, and if you are doing a couple of sessions back-to-back, that is exhausting because you are coming out with some really in-depth information for people and actually it is quite a lot. And I do think when you come back sometimes you need a minute to talk about it or reflect on it because you can get so much from somebody during one of these sessions that it is quite exhausting and quite emotional as well. (Victoria)

It appeared that although the introduction of systemic ideas had increased the duration and potential quality of their engagement with families, there had been a negative impact on the social workers. In the new approach, family visits were taking more time to complete, while the information gathered was of more profound significance. The stakeholders had failed to consider either the practical or the emotional impact of the changes on the social workers. What was emerging from the interviews with these social workers was a sense of frustration that had not previously existed. The introduction of systemic ideas appeared to have created a proverbial

carrot, which was the promise of the ability and prospect of doing meaningful direct work with children and their families. However, the reality was that although the social workers had learned new skills, they were still under the same contextual pressures, and for some social workers, these pressures had increased. However, even if social workers had managed to understand, remember and apply these new ideas, there was still a structure issue which could negate the desired outcomes. The current workforce structure, in this local authority at least, involved grouping 6 social workers into a team. The members of these teams were then supervised by managers who would oversee the assessments and direct work of the social worker. It was the role of the manager to ratify any analytical conclusions and/or decisions that were proposed. Both Tara and Sue discussed the impact of having a manager who had not received systemic training:

So that that is limiting the possibilities for the work; but that's what I can normally see. They don't want to talk about the other options. They don't want to be curious about what is going wrong with the family. They just want to know what has happened and this is what we're going to do about it. And that is something that I would definitely recognise is not a systemic perspective at all. (Sue)

...and that might just be me being cynical but I think even within that there is still that hierarchy of, you know, the traditional. Is the manager's voice more important and their ideas and take the lead than perhaps family aid or other people who have done the systemic course? (Tara)

The impact of only training social workers and not managers meant that while systemic ideas were informing the assessment and direct work, the critical decisions regarding safeguarding actions were not. The effect of this approach on families is unknown, but it is assumed that it may cause confusion as it had with the social workers. The statements also highlight the existence of the unintended outcome of practice hierarchy. The stakeholders perceived themselves and their work as being of higher importance and complexity than that of non-systemically trained social

workers.

The interviewees conveyed a sense that managers were less interested in understanding behaviours than in taking action. These social workers expressed evident frustration towards that approach. The impact that it had on the managers/social workers appears to have been one of friction and challenge, which did not previously exist.

6.3 CMO 2 - Management of risk

The second CMO configuration identified from the research was tested against the theory that systemic ideas enabled social workers to manage a higher level of risk. The key mechanism was the concept of 'safe uncertainty' (Bateson 1972). The theory presumed that if social workers accepted that there was no such thing as being certain about whether risk of harm was real, then they would feel less pressure, be more optimistic about change and be less oppressive in their work with families. The response from interviews supported this theory:

No, I think it's maybe changed. I think before I did the training I would probably have been completely focused on the safety of the child and like, this child needs to be safe and that is the outcome I want to achieve. But there's no, perhaps I now come from the view of yes, we want the child to be safe, but we also want the family to be happy and living a good life, so perhaps I now acknowledge that there are other things that can happen and within that, whilst keeping the children safe at the same time. (Sue)

I think before, we very much, or I certainly, you felt that pressure to go out and investigate everything about a person and a family and leave no stone unturned; so trying to gather huge amounts of information in order to feel that we knew about the risks and understood about the risks and could have a risk assessment where we felt satisfied. Whereas now it's about, actually when I go out and do work, what information am I looking for? Being more specific, so I can feel confident that actually we can fit risks into different boxes. But I am confident it's like safe in certainty rather than unsafe uncertain, you know, that

kind of spectrum of work. (Tara)

It was evident that some social workers appeared more confident when discussing risk management. Safety, although still considered, was not in all cases the priority of the social workers' intervention.

That is not to say that risk management was excluded: rather, it was one aspect of their goal with families. Tara's statement suggests that without the pressure of having to be certain, a more tailored and family-specific approach was possible. It could also be suggested that the responses identified the potential unintended outcome which placed, or allowed, children, to be at risk of harm, which raised questions about congruency with child safeguarding. However, it appeared that social workers thought that the position of safe uncertainty allowed them to focus on the specific risk that might have been obscured due to a general approach to assessment. However, despite this positive narrative, about the capacity in systemic ideas the social workers changed positions when I introduced DVA into the interview:

I suppose I wouldn't be using an enactment as a way because I think within that they are talking about pushing people past their comfortable stopping point. You know, whether that's argument or conversations, you know, that patterns, and I think that would be quite dangerous to use. (Tara)

I think it's difficult sometimes when you have quite high end child protection cases where there is serious abuse or neglect and if it's something really, really serious I think it is sometimes difficult to look at things from a systemic point of view, and especially in a sort of crisis situation. You sometimes just feel like you are fire-fighting some of the time and that you are not getting time to spend with families, exploring things with them, because you have to deal with the crisis that's at hand. So it's not always possible to go in and look at things more holistically. (Michelle)

Although all participants had been positive about the application of safe uncertainty, it was evident that, on the topic of DVA in these interviews, they were unsure about the application of all systemic concepts. Social workers had, earlier in their interviews, been negative towards the application of first-order change, this being linked to non-systemic practice in which the social worker ordered the family to change, with families perceiving it as punitive and draconian practice.

However, when discussing DVA, the social workers began to discuss the role of first-order change in their direct work:

So the first order before would have been more like 'this has got to stop and I'm telling you what's got to happen'. Whereas the second order changes would be more about me trying to encourage them to be thinking themselves and to reflect more on the situation and actually make those decisions to change themselves rather than me telling them. Which is an awkward situation with domestic violence because obviously something has got to change for the children but you kind of hope that they will reflect quickly, if that makes sense. (Victoria)

Going in with kind of the knowing that in a high risk kind of case that sometimes we need to kind of go in with, take control of the situation and again you get that first order change, 'okay, this is what needs to happen'. And then kind of work with, work with the family and try and get them to kind of come on board and kind of take ownership of their life and of their kind of decisions that are being made. (Karen)

It appeared that despite these social workers' training and enthusiasm for systemic ideas and their view that first-order change was negative, the priority of risk was a strong inhibitor. This constant pressure, which was reinforced by the non-systemically trained managers, colleagues, partnerships agencies and families, caused social workers to return to previous practice ideas. The experience for families is that they were receiving a two-tiered intervention and there was uncertainty in this group of social workers as to how this should be managed. They appeared unclear as to how

systemic ideas actually applied to DVA in practice and they held numerous questions which had not been answered:

We can't have victims thinking it's because they did something and that justified the violence that then followed. So I think – we had a lot of discussion in the systemic training about that and I'm not entirely convinced that we completely came out of that with an idea of – well, at what point do you change tack and make sure that victims are not feeling that it's their fault? (Sue)

It was evident from these interviews that the approach to take with DVA was remained unclear and not just by those in the role of the learner but also in the teacher. The vagueness of the response that Sue had received replicated my own experience both as a learner of systemic and as a researcher in Phase 1. It appeared that despite the high level of enthusiasm and belief in the capacity of systemic to create change, there was still a lack of clarity as to how systemic ideas should be applied in a child safeguarding context with DVA.

6.4 CMO 3 - Engaging with fathers

The third CMO configuration identified in Phase 1 was based on the theory that the current context of child safeguarding ostracised fathers and the by engaging with fathers as a mechanism of change this would lead to better outcomes for the child and their family. The non-inclusion of fathers in child safeguarding with DVA was identified as an area of weakness of child safeguarding practice in my scoping review (Maddog-Jones and Roscoe 2010; Stanley 2010). The interviewees in Phase 1 saw engagement with fathers as a crucial mechanism for creating change and proposed that focusing systemic ideas on the inclusivity of fathers would lead to better engagement. It was evident from these interviews that, as a perception at least, this had been a successful outcome. Social workers discussed numerous interventions that had taken place with fathers in their direct work, but also discussed their

changing perceptions of these individuals;

...because I think previously we might have got caught up in the story of 'this is a violent man' and there are actually other things there. (Sue)

Whereas perhaps before I would have perhaps been more focused on the language, you know, the language that I'm using has changed as well; so I'm not referring to men as perpetrators or domestic violence I can expand on that definition a bit more, to be more kind of careful of that. So say men who use violence against women rather than just domestic incidents. So I think, my own language is changing in that respect. (Tara)

The participants evidenced that a shift had occurred in which change in the language used to describe violence and aggression was crucial.

The interesting finding for this research was that social workers used terms such as 'story' to describe peoples understanding, or recollections of events, including events in which violence had occurred. This construct of DVA incident suggested a potential shift away from one in which there were a victim and perpetrator. The mechanism of curiosity appeared to have created a space in which they now viewed the cause of violence in a different light and not necessarily as the fault of the father. Their keenness to undertake interventions and more specifically to apply their new skills had created new styles of engagement which appeared, to this researcher, to be individual therapy for fathers:

'But I think the last couple of times I've done that we've been looking at sort of talking a bit more about the Dad himself and being more curious, I think, about his past and what he thinks about the situation; looking at the future and what he wants for the children. Listen a bit more. (Victoria)

Maybe being quite punitive or maybe as part of a team you might be discussing the case and just being 'what's that Mum doing?' kind of thing. But I think that the training has probably enabled us to remain more curious about, well, why perhaps does that male have these traits? Why has this been going on so long? What's going on in his mind? What's happened in his upbringing? (Michelle)

It appeared from these interviews that social workers were more interested in why violence had occurred and understanding of behaviour was seen as a mechanism for creating change. It appeared, for the fathers at least, that the introduction of systemic ideas was less oppressive and more inclusive. However, this focus on fathers as the mechanism of change may have created a practice in which the voice of the child was missing. On occasions, I mentioned the child explicitly, asking in interviews what interventions they had undertaken with children. The response on these occasions evidenced that the focus, with regard to interventions, was not on the child:

I suppose I haven't used it as much with children. It's been predominantly with the parents. I'm not really sure why that is. I think within the team it can be very difficult to set aside stable and consistent time for children to do that meaningful work, which is maybe why we rely more on our family resource workers and family aids to do that. Where we would concentrate on parents they would then do and take over the work with the children. (Victoria)

I've obviously been in touch with this girl and her kids seem to be doing quite well and I'm trying to meet the children in a couple of weeks but I've not worked with them quite so much because, yeah, I'm mainly working with the parents to keep the children safe when they've got them in their care. (Tara)

The social workers, when asked specifically about children, appeared apologetic and sought to explain why they had not mentioned them in their interviews. Structural reasons were identified with the perception that social workers focused on parents while others in the workforce carried out interventions with the children. It could be argued that this was not a systemic approach to working with families. However, when challenged, the social workers did insinuate that their work with parents, and specifically fathers, was to create a safe environment in which the child could reside

6.5 Refined CMOs

A realistic evaluation approach aims to create programme theories which can be used to replicate or improve programmes and interventions in the future (Pawson & Tilley 1997). Using the evidence from Phase 2, the CMO configurations in Phase 1 (see Table 5.1) are refined. The social workers supported the perception of the safeguarding context detailed in Phase 1. They also described a context in which, before systemic training, they felt de-skilled and disempowered. They agreed that a primary mechanism to keep children safe in families, where DVA was a concern, had been the removal of the father from the family home.

The social workers also discussed the pressure created by the need to be certain and how this had affected their decision regarding assessment and interventions. However, the social workers were less sure that systemic ideas could be a solution to all these contextual problems. The social workers perceived that structural changes were necessary for the desired changes to occur. If they continued to have the same level of families to work with and bureaucracy then the mechanisms would be triggered but not in the way intended. For example, social workers would be more willing to undertake direct work, but without the contextual changes, they would become frustrated. Also, it was evident that a just training approach does not have the desired outcome. There are suggestions that the language used to teach and describe systemic ideas is reinforcing the complexity and therefore the confusion. However, it was not only the contextual factors of resource and bureaucracy that inhibited mechanisms. The human agency of the child safeguarding social worker derived from their experience influenced which mechanisms to trigger. Sayer (2011) describes that values influence decision making and how choices are made. DVA

and safeguarding are moral and ethical issues and this appears to have created the need for two-tiered approaches when DVA is the problem to be addressed. I discuss these factors in the following chapters in which I present my key findings and address my research questions by setting out three key messages for policy makes and practice leads. The completed refined theories are detailed in Table 6.1 below.

6.1 The refined programme theories

	Contexts	Mechanism	Outcomes.
Ability to intervene	C1 Social workers are case managers and refer families out for necessary interventions. Social workers feel disempowered in their role	<p>M1 Systemic ideas teach different theories and techniques, such as circular questions and the concept of neutrality, which can be linked to direct practice.</p> <p>M2 Systemic ideas teach a shared language, which can be used to describe practice</p>	<p>O1 The social worker feels empowered to undertake direct work with the family</p> <p>O2 Social workers are able to describe interventions</p> <p>O3 A hierarchy is created within the statutory context between systemic and non-systemically trained social workers</p> <p>O4 The pressures of caseloads and bureaucracy mean that social workers do not undertake interventions</p> <p>O5 Social workers become frustrated without the ability to undertake interventions. This creates stress and oppressive practice with families.</p> <p>O6 Social workers have failed to understand concepts, which results in concepts not being used or being applied incorrectly.</p>

	Contexts	Mechanism	Outcomes.
Management of risk	<p>C2 Non-systemic child safeguarding is focused on the idea that social workers must be certain of their actions and designs, specifically in relation to child safety.</p>	<p>M3 Social workers are taught or allowed to think that being uncertain about risk is acceptable (safe uncertainty)</p>	<p>O4 Social workers feel less stress</p> <p>O5 Individuals in families feel less blame and better relationships are created with individuals/ families</p> <p>O6 The social worker becomes more optimistic about the ability of the family to create change and moves away from fixed positions and negative ideas.</p> <p>O7 Children are placed at continued risk of harm.</p> <p>O8 Social workers are unable to sustain the pressure to be risk focused. They create a two-pronged approach to families depending on the level of risk</p>
Engaging with fathers	<p>C3 Fathers as perpetrators are not included in interventions and social workers' primary aim is to remove them from the family even though this may be against the wishes of the family</p>	<p>M4 Social workers are taught that to create safety and change, they must work with fathers.</p>	<p>O8 Social workers are unable to sustain the pressure to be risk focused. They create a two-pronged approach to families depending on the level of risk</p>

6.6 Chapter summary

This chapter has tested the initial programme theories with recipients of systemic ideas who were currently using them in child safeguarding practice with DVA. The tangible outcomes are the refined CMOs, as given in the table above. The reflective responses of the practitioners, elicited in the interviews, have revealed a number of conflicts and incongruences between what one might term idealised systemic theory and practice in the cut and thrust of actual child safeguarding. The interviewees in Phase 2 also displayed the same wide-eyed belief in systemic, that was evident in Chapter 2 and there was evidence to support the hypothesis that being uncertain created a less pressured context. However, it was clear that the desired outcomes of those interviewed in Phase 1 had not always been achieved. Further reflections and analysis of these interviews and their place in the broader evaluation will be discussed in the following chapter. This chapter will also present the key findings in order to answer the overarching research question, designed to explore these very issues.

Chapter 7

Discussion and Conclusions

7.1 Introduction

In this chapter, I return to my research aims and questions, set out in Chapter 1, to discuss and draw conclusions on the key findings of this thesis and their implications for future policy and practice. The primary aim was to understand how the implementation of systemic ideas had influenced child safeguarding practice with DVA. Also, I was interested in understanding whether any effect was congruent with the policy and procedures of child safeguarding practice with DVA at the time of these interviews. In this concluding chapter, I suggest that the study findings convey four unique and essential messages for proponents of systemic practice who seek to deploy this way of thinking in child safeguarding with DVA, where the safety and welfare of the child must be paramount. These messages are for policy makers and practice, rather than for theorists or methodologists. The chapter continues with my reflections and learning on the overall study, including the use of the principles of realistic evaluation as a methodology, the potential impact on social work practice/policy and suggestions for further studies. The chapter and thesis end with my final concluding comments. The chapter begins with my perceived strengths and limitations of the research.

7.2 Limitations and strengths of the evaluation

The key statements made in this chapter and in answer to my primary research question should be considered in light of the strengths and limitations of the evaluation. By understanding the validity of the evaluation's evidence base, the reader can make an informed decision as to the gravitas of the statements that follow. These limitations and strengths have been generated by the application of the chosen methodology, in a real-world setting and critically by the position and ability of me as the researcher. When considering that what follows are statements about practice and changes in context it is essential to recognise that this study reports of child safeguarding social workers' changes to their practice. By taking a purely qualitative approach to methods, I was seeking to understand the social workers' views of experiences (Miles and Huberman 1994) that had been generated by the introduction of systemic ideas into to their working lives. Therefore it was necessary to find out what underlies specific events and processes (Straus and Corbin 1990) and begin to see how the participant views of the world (Miles & Huberman 1994). In this evaluation I did not observe the actual practice of the social worker and neither did I conduct interviews with children, young people and their families. Therefore, this is a study of the empirical perception of change as opposed to actual or indeed real change in practice. Social workers may have described events or behaviours within the confines of the interview structure, but this does necessarily mean these changes occurred in the real world. Interviewees may have misleading or deceiving answers because they are worried of being perceived as being negative or even of repercussions (Hardwick & Worsley 2011, Sayer 2011; Maykut & Morehouse 1994). Although these limitations are evident in any qualitative research, with social workers, this is especially true due to concerns that mentioning the wrong type of intervention

may lead to criminal prosecution (Hardwick & Worsley 2011). Even if these factors had not influenced the interviewee's response, the experiences of the trainers and social workers should not be assumed to be the view of every trainer or social worker, and therefore the findings cannot be generalised (Maykut and Morehouse 1994; Gilbert 2008; Sayer 2011; Smith 2015). My position in this research, and specifically in the context in which it occurred, triggered both strengths and limitations which influenced the overall findings. As described in Chapter 1, and throughout this thesis, I am an experienced child safeguarding social worker, I have trained in systemic ideas, and I have worked with a number of the participants interviewed in Phase 1. This position meant that throughout the research I was perceived as someone with knowledge in the field of both child safeguarding and systemic practice impeded some responses. Both sets of interviewees thought that I understood systemic concepts such as circularity and therefore did not explain their understanding. The limitation is that I was interested in their specific understanding and how this had occurred. My position was not just as a professional with knowledge but also as someone, especially to the trainers in Phase 1, with a point of view and values. My value on this topic was generated, as argued by Sayer (2011) by my experience in the RSW model. The trainers were aware of my curiosity on the impact of systemic approaches specifically with DVA, and as reported in Chapter 5, their presentation within the interviews could, at times appear defensive. Despite the potential limitations generated by my role as the researcher, it is also, a significant strength of this evaluation. Primarily as a social worker, I am writing about the field of social work. My experience in child safeguarding and my knowledge of systemic ideas allowed me to have an understanding of the context and mechanisms at play. Once combined with the use of a purely qualitative research framework, my

experience did lend itself to potential bias regarding how information was gathered, analysed and reported (Forrester et al. 2013). I was aware that my views on systemic ideas, and at times the proponents of systemic ideas, was initially negative and it was vital that I was aware of this prejudice and reflected on it during the data-gathering and analytical stages.

As a novice researcher using many of the methods and even the methodological framework for the first time, mistakes were made which on reflection I would not repeat. For example, it might have been more purposeful to create the CMO configurations from the Phase 1 interviews before proceeding to Phase 2. In this process, I would need to present the CMO configurations to the social workers in Phase 2 and gain their views on whether the theories were valid or not. This process would have simplified the analysis stage in Phase 2 and the potential to create more purposeful outcomes. A perceived limitation to this evaluation may be the sample size used in Phase 1 and 2. In total 13 interviews were conducted in this evaluation which some may consider relatively small. On reflection, I believe that the sample used was adequate, due to the experience of the individuals and the richness of the data they gave to the research. The issue of scope has been argued by other advocates of realistic evaluation who feel that size should not matter: "In summary, the importance is not on 'how many' people we talk to but on 'who', 'why' and 'how'" (Pawson & Manzano-Santaella 2012, p. 349). Despite the highlighted limitations of the chosen methodology, methods and my application, I think that the principles of realistic evaluation, as they have been applied, is a critical strength of the findings. The findings are helpful in understanding a range of contextual factors and their impact while also achieving the primary aim of any realistic evaluation which is to understand what works for who in what context. In my opinion, this research design,

accepting the limitations and errors and limitations, is more helpful than the experimental approach and its binary view of intervention evaluation. I will reflect in greater details on my experience with realistic evaluation later in this chapter. The timescale of the evaluation also creates the opportunity for the potential challenge of validity. The study design began in 2013, and the interviews were conducted in 2015. Recognising that context is essential especially in the critical realist approach which forms the ontological and epistemological basis for this evaluation the delay may mean that the research was out of date before completion. It is a fact that the context of safeguarding, specifically concerning legislation, policy and practice procedures is ever changing and did change through the course of my research. For example at the start of 2013, a definition of how to work with families who experienced DVA had been set out practice guidance (DFE 2010). However, later versions excluded this approach and therefore changed a defined measure to compare changes in DVA practice and more specifically whether it was congruent with child safeguarding practice. The validity and trustworthiness of this research must be judged through the lens of the epistemological and ontological position I have taken. As opposed to a positivist approach, with its desire to uncontaminated and controlling of variables, what makes this research valid is that it has accepted that the positivist approach, and its desire to be uncontaminated, is not possible in the social world. I accept therefore that this delay may have created some limitations but the current push for systemic practice into child safeguarding, and the continued lack of research on this topic, means this study, and precisely, its findings have remained relevant to the field and still presents as an original piece of research. With my perceptions of the limitations and strengths, now explicit to the reader, I will present my four key messages for policymakers and proponents of system practice.

7.3 Three key messages for policymakers and proponents of systemic practice

7.3.1 Message 1 - Resources are necessary to create the desired outcomes

My research has shown that a just training approach is not enough to achieve the desired outcomes, in a child safeguarding context, as proclaimed by experts in the field of systemic training. High caseloads, bureaucracy and lack of managerial support are contextual factors specific to child safeguarding practice which will negatively impact on what can be achieved. The context of child safeguard has been a critical barrier to change for various attempts to improve practice with the most recent examples being found in the evaluations of the government's innovation programme (Seba 2017). The Chief Social Worker Isabelle Trowler supports this view and has recently set out what system changes are necessary to support the application of systemic ideas and training in them (DFE 2018). By not creating this context, the mechanisms of systemic practice are not only negated but can be generated unintended and unwanted outcomes within the child safeguarding context. Social workers who have been skilled in new ways of working, primarily focused on an increase in direct work with families, may find that their hopes have been dashed. These social workers became frustrated with the policies and procedures which governed child safeguarding practice, which replicates the frustration of Professor Munro's with non-systemic trained organisations (2011b). However, due to the new way of working some new frustrations emerged due to the attempts to embed systemic ways of working. Social workers reported feeling angry at how long visits are taking and how they struggled with the higher levels of information that families were sharing. Besides the lack of ongoing training and coaching meant that specific mechanisms were not applied or understood in the way the trainers had intended.

7.3.2 Message 2 - Simplify the language of systemic

The aim and benefits of creating a common language in child safeguarding are long standings and widely recognised (Richan 1972; Cole 2004). Recent innovations specifically designed for child safeguarding have attempted to create a standard way of describing aspects of practice such as types of risk management and assessment (Turnell & Edwards 1997; Bentovim et al. 2009). There is the potential that implementing systemic ideas could help a local authority create a common language for practice. However, this did not appear to be the case in my evaluation. The elaborate use of language, which I identified in my interviews in Phase 1, which was also identified by social workers in Phase 2 meant that commonality had not occurred. Social workers I interviewed had failed to understand some of the critical ideas because the language to explain these mechanisms had simply not made sense. As opposed to creating a shared understanding of the language appeared to be a barrier within the workforce, with other parts of the workforce, including the social worker's manager, failing to understand what was being said. Other research supports the finding of my evaluation that systemic language has the potential to create confusion in a child safeguarding context and a perceived hierarchy. (Jude & Rospierska 2015; Hingley-Jones & Mandin 2007). To reduce the confusion and potential division caused by this intentional complexity, the local authority, and their trainers must seek to demystify the language of systemic practice and ensure that all members of the workforce understand the terminology that is applied.

Failure to address this concern creates the potential of confusion and a 'them and us' scenario. Proponents of a systemic practice need to agree on the approach to DVA. Previous evaluations of the use of systemic ideas in the child safeguarding context

had identified numerous positive outcomes, some of which were also identified in this study (Cross et al. 2010; Forrester et al. 2013; Bostock et al. 2017). Interviewees in both Phase 1 and 2 described systemic approaches as meaningful, anti-oppressive and collaborative. Both sets of interviewees displayed what I have defined as an almost cult-like following in their belief in the power of systemic practice. The difference between my research and previous evaluations was the focus on DVA. The consistent message which ran throughout this study was that DVA had not been considered before implementation had occurred, or indeed after it had occurred. By considered I mean thought given to how to work with families in which DVA was an assessed safeguarding factor.

As discussed in Chapter 1 my decision to undertake this evaluation had been triggered by the responses from my trainers when I enquired about the use of neutrality. Their uncertainty was a critical mechanism for my decision to undertake this research. The lack of understanding of the child safeguarding role and its links with DVA also led to the redesign of my original research proposal. The architects of the programme advised that the learning from the programme was not designed to be applied in the context of family violence. In Chapter 2 it was evident from the literature that there were uncertainty and changes of direction, by key figures in the field (Rivett & Rees 2004; Goldner 1985, 1998; Milner 1993, 2004) In Chapter 3, as part of my scoping review to identify empirical research, I sought the direction of two fully qualified systemic family therapists and two trainers of systemic practice. Unfortunately, none of this group was able to identify empirical research to support the introduction of systemic ideas into child safeguarding or with DVA.

In both my sets of interviews it was evident by the response of the trainers and the social workers that the potential effect and repercussions of working with DVA had not been considered in regards both empirical research and real-world events. The premise of the implementation appeared to be conceptual and led by the value that, child safeguarding practice is oppressive to both the family and the worker, while systemic is not. Discussions on social work practice generally, centred around a second-order change approach. The social worker would work with the family at their pace and ability to change by understanding their reasons for their actions. However, interviewees in both Phase 1 and Phase 2 reverted to what they termed first-order change when DVA in response to questions on DVA. First-order change involved a more directive approach and was concerned with immediate change. The social worker is not seeking to understand the reasons why but instead in what timescale they can be achieved. Both cohorts linked first-order change to their pre-systemic training practice earlier in their interviews which they described as punitive, oppressive and unable to create necessary change in the family. Despite these thoughts, they reverted to the first-order approach when discussing work with families in which DVA presented. Their responses suggested that safeguarding concerns had, and more importantly should influence the application of systemic approaches. Alternatively, this may have been a response to my position as someone who was curious about systemic approaches to DVA.

This debate on how, or even whether they should, be applied is reflected the literature reviewed in Chapter 2, in which experts in the field of systemic ideas were in disagreement as to which, if any, systemic approaches should be applied (Rivett & Rees 2004; Vetere & Cooper 2001, 2005). The message policy makers and

proponents of systemic practice is that the cultural mindset of child safeguarding is a robust contextual factor which can inhibit the use of systemic mechanisms, specifically with DVA. If the systemic approach to DVA remains vague with social workers before implementation, this will cause the failure in the mechanism of systemic being triggered and the desired outcomes will not be generated.

7.3.3 Message 3: Not all changes in practice are congruent with child safeguarding

A primary aim of this research was to understand whether the implementation of systemic ideas was congruent with safeguarding practice with DVA as defined in this research. At the time of this study, child safeguarding practice with DVA was defined by government legislation, with the overarching principle that the welfare of the child was paramount (HM Gov. 2004),

The fathers' role in child safeguarding practice with DVA is widely recognised as a failure in the profession (Munro 2011a, b; Stanley 2010;). Social workers in Phase 2 did discuss undertaking whole family work, but the primary focus was on understanding the behaviour of the fathers. The theory of this intervention, initially at least, was that changing the behaviour of the father, as a perpetrator, would create safety for the child. This approach is a fundamental shift in practice, and at this point, it is unclear whether this will be effective in keeping children safe from harm. There was evidence that the change had been too extreme, with interventions seemingly becoming individual therapy sessions for the father. The voice of the victim was in danger of being lost, and the voice of the child was missing. Children were only

mentioned on two occasions during the interviews in a meaningful way, and the interviewee instigated this by asking a specific question.

It appears that a key mechanism in generating the desired outcomes of proponents of systemic ideas is the requirement to change current social workers' attitude to DVA. In Chapter 1, I identified that child safeguarding practice, at the time of these interviews, was based fundamentally on the gender paradigm. This approach involves the social worker recognising DVA from a pro-feminist stance in which power and control are the primary causal factors. Using binary terms, men are perpetrators and women are victims. Systemic ideas challenge this view and suggest that this is not always the case. They reject terminology such as 'victim' and 'perpetrator', believing that it suggests that DVA is linear. In their place, proponents of systemic and some social workers are now using terminology such as 'stories' to describe how the incident of DVA had occurred. The terminology being used by social workers to describe situations of violence or individual roles could suggest that neither empowerment of the woman nor holding men to account was occurring. Social workers were reluctant to label individuals as either victim or perpetrator. Blame for violence and aggression was seen as non-linear and social workers spoke of 'stories' when describing individuals' recollection of events. This use of terminology could alleviate the sense of accountability for fathers. It did appear in some interviews that engagement with fathers was the priority and that the language used was constructed to try to avoid making them feel blame. This approach could, therefore, conflict with the accountability approach defined in child safeguarding child protection practice guidance (Department for Education 2013).

7.4. Reflection on the use of principles of realistic evaluation in this study

During the journey of this evaluation, realistic evaluation as a framework for programmes evaluation, has gained in popularity within the field of social work. Researchers of the government's innovation programme have been influenced by realistic principles when designing their methodological framework (Laird et al. 2017; Bostock et al. 2017). As a novice researcher, I found the framework, initially at least, interesting, as it proposed that it could be worthwhile and more purposeful to my aim, which was to influence and improve practice. I agreed with Porter and O'Halloran's (2012) argument that the realistic approach, primarily because it draws from the tenets of critical realism, is stronger than RCTs in creating findings which could support the replication of programmes.

However, difficulties in framework became apparent once the research was underway. The language used by Pawson and Tilley (1997) was clunky and vague. Searchers for understanding in other literature of realistic evaluation created further confusion with no two examples being the same (Priest 2006; Jackson & Kolla 2012). Salter and Kothari (2014) found that a lack of previous/existing information created difficulties in informing CMO configurations which reflected my experience. One of the obstacles to undertaking a realistic evaluation, precisely the approach detailed by Tilley and Pawson (1997), was the relative vagueness of aspects of the framework. Clearer guidance on issues such as data analysis and the causal inference would have been helpful. The process of realistic evaluation is open to interpretation, which has led to numerous different approaches, all under the umbrella of realistic evaluation (Marchal et al. 2012). Although realistic evaluation is perceived as a useful philosophical framework for understanding social science, it is recognised that there

is limited guidance on methods of data collection, including coding and analysis (Fletcher 2016), and with this, I would agree. This vagueness meant that a great deal of time was spent determining examples of context, mechanisms and outcomes in the data. The convoluted language of seminal figures in critical realism made accessibility of literature problematic. The critical texts by Bhaskar (1978, 1986, 1989) are difficult to read and understand. Also, previous literature on the use of critical realism approaches has focused on social policy implementation and excluded details on methods of data collection and analysis (Fletcher 2016).

On reflection, and despite these difficulties, I am pleased that I attempted to undertake the evaluation in this way. Although plenty of mistakes have been made, and the process took a great deal longer than expected, I strongly think that by using the realistic evaluation framework I have created a valuable piece of research.

7.5 Further research

It is apparent to this researcher that the push to embed systemic practice comes from a place of improving both social work practice and family life. However, there is a note of caution that more in-depth research is required. Embedding systemic ideas, from the findings of this research, requires a high level of organisational support. In times of austerity, this may be difficult for some local authorities that are looking for change at a cost. Although not the focus of the present evaluation, this raises some issues that are worthy of further research. The impact on children, young people and their families were missing, and further research would be advantageous to understand what impact the use of systemic ideas has on welfare and safeguarding. This gap is a consistent theme throughout the government's recent evaluations of

innovation programmes (Bostock et al. 2017; Laird et al. 2017; Seba 2017). Further research on the emotional and psychological reaction for those receiving systemic training would also be of interest. It appeared that social workers received the programme as a form of therapy to alleviate the trauma of working within the child safeguarding context. This presented as a cult-like following in the power of systemic and further research would contribute to this exciting area. If the continual push from the field of systemic into the field of child safeguarding continues then my original concern remains, and it is that that this is a fundamental requirement and demanded by the social work profession.

7.6 Personal Reflections

This research began back in 2012, and the journey to completion has been a considerable learning curve concerning systemic practice, research and academic writing. I experienced numerous difficulties, most notably the cancellation of involvement by the systemic family therapy training organisation and the three local authorities. The most important lesson learned during this study was my response to the rejection by the systemic family therapy institute. It appeared that not everyone is happy with their ideas, or in this case, product, being evaluated. It was also a stark lesson that research is never easy and the researcher must be adaptable to change. Hardwick & Worsley (2011) argue that there are transferable skills in being a social worker and being a researcher most notably regarding interviewing. My experience would support the view of the interview process feeling like the most natural part of this study. The research has also given me a new found respect for the profession of child safeguarding. I did not realise until I undertook this research how young child safeguarding was concerning its professionalism. Adversely, my increase in

knowledge capital has made me realise I know less than I did before undertaking the research. I started this research journey with strong views on DVA and the use of systemic and I had defined this position as concerned curiosity when setting out my original researcher stance. My view of the trainers changed throughout this study. My initial perception of this cohort had been negative. I viewed them as elitist and as attempting to create expertise within the safeguarding field. Although this research did identify evidence of this, my view at this point is that although this desire to create division was intentional, it was from a position of wanting to help rather than wanting to be an expert. At this end of the research journey, I remain quizzical regarding the choices being made in the profession by those in leadership positions, but my new position means that I view them attempting to improve the child safeguarding context. Considering this shift in perspective my new position could best be defined as compassionate curiosity.

7.7 Impact of the study so far

This thesis aimed to improve policy and practice for child safeguarding with DVA. It is hoped that the findings of this evaluation, brought together in this chapter, will be considered by those who seek to implement systemic ideas into child safeguarding practice. However, during this thesis, I have had the opportunity to use the knowledge gained to amend some of the policy and practice that was occurring during the research process. Ideas learned during the research have informed two DFE innovations: one currently underway (SafeCORE) and one which has previously been evaluated (Bostock et al. 2017). Both approaches apply systemic ideas but SafeCORE is primarily focused on DVA. My experience of applying realistic evaluation within the safeguarding context is informing current DFE innovation

evaluations which have embedded the principles of realistic evaluation in the research design of SafeCORE.

7.8 Concluding reflections

The push to implement systemic ideas into child safeguarding social work has continued since the completion of my interviews. In 2016, the government set out its strategy to transform children social care, 'Putting children first' (HM Gov. 2016). The plan discussed reform of what was described as the 'three pillars on which children's social care stands' (p. 5), namely people/leadership, practice/systems and governance and accountability, with a fundamental aim to create a context in which social workers could be innovative and undertake more direct work with families. The strategy set out its support for the government-led fast track into social work initiative known as 'Frontline' (<http://thefrontline.org.uk>) which aims to attract high achieving graduates to create social workers and leaders who, in their words, will improve the social work profession. Co-created by Donald Forrester, the teaching aspect of Frontline was designed to train systemic ideas to these students.

The strategy also highlights additional funds for the Children's Social Innovation Programme, which offers financial and legislative support for innovative approaches to family problems (HM Gov. 2014). The first wave, which occurred in 2015, attracted models which aimed to teach systemic practice to child safeguarding social workers (Forrester et al. 2017; Sebba et al. 2017). Numerous LAs, such as Kensington & Chelsea, Westminster and Havering, are training child safeguarding social workers in systemic ideas and approaches similar to those discussed in this study. In October 2017, the Centre for Systemic Social Work (CFSSW) was launched with the aim of

promoting systemic practice in social work settings across children's services (<https://www.cfssw.org/welcome>). The centre claims that systemic social work practice "offers a theory of change that can engage with the complexity and challenges faced by vulnerable families where child protection and other high-risk situations are a feature" (CFSSW, 2017, n.p.). Most recently, the Chief Social Worker, Isabelle Trowler, has set out the seven features of social work practice, which includes the systemic approach. Advocates of systemic practice, including those involved in this study, have made dramatic proclamations about what their introduction could achieve regarding outcomes and change in practice. Proponents of systemic practice envisage a profession in which social workers will be equipped with new skills and knowledge to enable them to undertake direct interventions with families and therefore move away from the "managerialist" approach identified by Munro (2010). The assumption was that risk would be managed at a higher level, and social workers would spend more time with family members and undertake meaningful interventions. The result would be that more children would remain at home and therefore fewer children would enter the care system. Throughout my interviews, in both Phase 1 and 2, the systemic approach was described as collaborative, helpful and meaningful, while non-systemic practice was said to be oppressive and pointless.

One trainer who had previously worked with child safeguarding went so far as to describe the systemic approach as "the antidote" (Marie) to the current non-systemic practice. However, the overarching finding of this research is that despite these proclamations, the reality is more complicated.

This research has attempted to evaluate what impact the implementation of systemic ideas has on child safeguarding practice with DVA. The findings of this research support the view that it is understandable why local authorities had considered the implementation of systemic ideas. In 2015, the safeguarding concern of DVA was the primary reason for statutory involvement in families' lives. There existed a strong evidence base in recognising that DVA causes both immediate and long-term harm to children (DFE 2016; CAADA 2014; Radford et al. 2011; Meltzer et al. 2009; Holt et al. 2008; Kitzmann et al. 2003; Delsol & Margolin 2004). The findings of the scoping review reported in Chapter 3 found practice at that time to be revictimising, oppressive and creating poor outcomes for children (Morris et al. 2008; Keeling & Mason 2010; Humphreys & Asler 2011; Stanley 2011a, b, 2012; Keeling & Wormer 2012; Ghaffar et al. 2012), while social workers lacked training and experienced stress. The improvement in the emotional state of social workers and more positive relationships with families can only be perceived as a positive. However, there is not sufficient evidence to suggest that this will help to protect the welfare of children and safeguard them from the likelihood of significant harm. The systemic literature has highlighted tensions within the field regarding whether specific approaches and concepts should safely be used with families in which DVA is a primary concern. These tensions include the perception of whether power and control exist, and if so, how they can be managed, whether interventions should include both the victim and perpetrator and if systemic ideas should be applied to more severe or higher levels of DVA (Shamai 1995; Rivett & Rees 2004; Vetere and Cooper 2001, 2005). It is my view that if experts in the field are unsure, then this voice should be considered. It is this lack of listening, explanation and understanding within the systemic field, specifically with DVA, that has been consistent through the course of this study. The

family therapy organisation based the decision on rejecting my research proposal on the premise that they never meant for the ideas from their training programme to be applied to DVA. To an experienced social worker, this appeared to be a considerable oversight. The scoping review in Chapter 3 highlights the lack of empirical research, while my study suggests that the trainers of systemic practice had not considered DVA before delivering the training.

Child safeguarding practice with DVA remains a problem for local authorities and their social workers. In 2016/17, OFSTED – the regulatory body for children’s social care – undertook joint targeted inspections of six local authorities and focused on social work practice with DVA. The report concluded that practice evidences a lack of accountability for fathers as perpetrators and a focus on the victim, missing the experience of the child, the cause of the DV and the impact on other family members. The report concluded that “Education and intervention would improve if we understood better what works” (p. 28). Recent research suggests that social workers will struggle to gain trust within a system that sees DVA as a hurdle that mothers must overcome, rather than a trauma through which they should tray and work with the family (Robbins & Cook 2017). Findings from the study suggest that systemic ideas have much to offer, specifically around engagement with fathers, anti-oppressive practice and supporting social workers to do direct work. In conclusion, if systemic ideas are to be continually pushed by their well-meaning proponents into the child safeguarding field, then the conversation and further research on the effects on child safeguarding practice with DVA needs to take place.

Chapter 8

Additional Reflections on the Research Process

8.0 Introduction

As someone who identifies as a social worker, I recognise reflection as an essential part of my practice. It is by reflection that a social worker considers different perspectives of the same problem and learns from their own experiences. This chapter was written 12 months after the completion of the written thesis. It has been included to tell the story of the research process and set out my reflection of the research journey. The chapter describes what learning I have taken from the process and how I, as a male and professional, affected the course of the research journey.

I conclude this chapter with my final reflections on the proponents of systemic practice and my changing position from one of concerned curiosity to one of compassionate curiosity.

8.1 Lessons on the research journey

While reflecting on the experience of writing a thesis, I came to the realisation that I had to overcome many different obstacles to get to the point of a completed piece of research. One key obstacle concerned the relationship between my academic abilities and the style of communication chosen by critical figures in my chosen field. Throughout the construction of this thesis, I struggled to understand a number of the fundamental concepts. Articles and books were presented in styles that I found difficult to engage with and this caused me, at times, to become disheartened with

the process and create delay. An example would be the work of Bhaskar which even now I continue to find abstract and at times convoluted yet at the same time recognise its worth for my research. Alternatively, the work of Pawson & Tilley, which I initially found captivating and inspirational, became frustrating and unhelpful due a lack of clear methodological framework.

I have recognised that I am a person who likes to learn and tackle new problems and that I am curious about the unknown, which was an important mechanism in undertaking this research. However, a great deal of time was spent reading about subjects that have not been included in the finished thesis I came to realise that it is essential to set clear boundaries on how much knowledge is necessary when undertaking a piece of research. However, I have reached the end of the experience with the same willingness to learn intact. It was apparent that there were no shortcuts to learning and I came to understand that it is necessary to learn the language of an academic or researcher before attempting to understand their articles and books.

The experience has also taught me that research in itself can also be seen as a potential threat and not every organisation seeks, or indeed wants, to have their intervention studied and my experience as a senior manager during an OFSTED inspection supports this view. As described in Chapter 1, and in further detail in Chapter 4, I had planned to evaluate a specific programme of systemic training. The denial to access the training programs was a huge interruption in the planned research and required a reorganisation of the research framework, which in turn caused a considerable delay in completion.

Systemic practice continues to be important in the social work arena and there are individuals and agencies who have invested heavily in its success. Systemic practice continues to be promoted by influential figures, such as Isabelle Trowler, within

children's social work. Further, some Local Authorities, such as Croydon and Kensington and Chelsea, have based their recruitment campaigns on the use of systemic practice. Since undertaking this research, there has been a commissioned centre of systemic practice providing an annual leadership course based on ideas from systemic practice and both *Frontline* and *Firstline* continued to gain government funding to train new people into social work and existing social work managers respectively.

On reflection, I can understand that an agency whose sole enterprise is systemic practice may be reluctant to open its doors for evaluation. On reflection they may have been concerned by my lack of research experience or potentially less confident about the quality of their programme. The decision not to allow me to evaluate the programme was a huge disruption to this research. However, from a personal view this decision pushed me on when I was struggling at later stages of this research. My experience has taught me that preparation is critical in any research but resilience is a critical commodity.

As a senior manager, I still identify as a practicing social worker and my identity is closely related to my ability to undertake good practice with families. I can now reflect and recognise that this academic research experience has improved my social work practice. In this age of innovation, where something new is always seen as something better, I am happy that I now have a better understanding of not just how interventions and programmes work but also how research can be applied to highlight strengths and avoid weaknesses.

8.2 Reflections on the impact of the researchers identity

A Critical Realism stance states that interventions have mechanisms which are activated or inhibited based upon their relationship with the context in which they are introduced. On reflection, this stance applies to my role as a researcher entering the context of both child protection social work and systemic practice.

In Chapter 5, phase 1 interviews, I highlighted a number of factors which were attributed to my insider researcher position as employee of the agency. On reflection, this position was both a positive and negative attribute throughout this process.

Although my relationship with members of the agency gained me entry to the interviewees in phase 1 there is also evidence that it influenced answers that were given. Additionally, the association with the agency was a contributing factor when being denied access to the systemic programme. My position as an employee of the agency did not conflict with the findings of this thesis and no pressure either implicit or explicit was made by any member of the agency to influence the findings.

A critical contextual factor within this research was gender which was both implicit and explicit. On reflection, my interviews could have been more curious as to how gender had affected the positioning of fathers. In this research, the SW's were keen to help the fathers overcome their problems and had taken a potentially maternalistic role. The findings from my research suggest that some social workers had become maternalistic with the fathers involved and wanted to help even though this excluded the victims and their children. On reflection this was a subject that I should have challenged more during the interview process.

One potential reason for my lack of curiosity could be my own implicit concern around gender power. This thesis has argued that DVA is still recognised as a gender abuse in child protection social work. Current interventions discussed in

Chapter 1 (Introduction), focus on empowering women to leave their violent male partner, while the majority of perpetrator programmes are aimed at men accepting responsibility for their actions. Therefore, my position was a male interviewing a female group of SW's about a gender constructed phenomenon. I have reflected that there was opportunity for challenge in these interviews but was also aware of my position as a senior figure, but more importantly as a male. On reflection, it would have been helpful to name this problem before undertaking the interviews and giving interviewees the opportunity to challenge me if they felt oppressed. This demonstrates to me that the role of women as SW in the context of DVA is a topic that requires further research.

8.3 Reflections on my relationship with proponents of systemic practice

My final reflection concerns my relationship with what I have identified as the proponents of systemic practice. I began this research from a position of what I described in Chapter 1 as one of concerned curiosity. I was concerned both as to what impact these interventions would have on children and families who were experiencing DVA and what impact these devotees of systemic would have on social work practice generally. I was also curious as to what research supported the implementation of systemic and its promotion by such critical figures in the social work arena.

Before and throughout my research, I observed trainers and trainees holding an excessive admiration for systemic practice with the devotees being unquestioning in their devotion to the idea that systemic practice, above other approaches, would and had created positive outcomes for children, young people and their families.

My review in Chapters 2 and 3 on the research base of systemic interventions with DVA revealed that critical methodological weaknesses existed with some proponents

basing their devotion on case scenarios on the premise of *post hoc* fallacy (Bonham & Vetere 2012, Goldner 1998).

However, I concluded Chapter 7 by stating that the journey of this research had shifted my position to one of compassionate curiosity. The definition of compassion in this context means: To remain challenging of the views of proponents of systemic practice but more understanding of the behaviours. The review of the literature showed little support for the implementation of systemic ideas with DVA while my own findings highlighted that any practice change could be argued both from a positive and negative viewpoint. So, to be clear, the research process has not alleviated my curiosity as to why systemic practice was heavily promoted although I have a better understanding of why the success of systemic matters to specific groups. The fundamental shift occurred from my interactions with the professionals I interviewed in Phases 1 and 2. These individuals still presented with the cult-like beliefs I had previously observed, but from a critical realist view I was now interested in how these behaviours had been created by the context in which I had observed them. By taking a purely deductive approach, I would have concluded that interviewees, certainly in Stage 1, did display an unwavering belief in the power of systemic. However, the application of abductive inference led me to question whether this was an unwavering belief in systemic or a reaction to the uncertainty and fear of child protection social work. This approach pushed me to question what it was about the context of child protection social work and the introduction of systemic ideas that had caused the cult-like behaviour to occur and then, by seeking to understand why this event had occurred, I questioned my theory-bias.

It was evident that in both cohorts of interviewees there was a lack of their own curiosity. But it was also evident that they had a shared agenda of creating positive

change in the social work profession. My position regarding social workers and their approach to DVA began with a view that they were following policy and procedures of child protection and that, in some cases at least, social work practice could exacerbate the harm. This was supported by some of the literature (Stanley 2010). Additionally, I had perceived these interventions as being oppressively focused on working-class families. However, it was evident that these social workers were anxious about child safety and were dealing with the impact of “moral panic” created by notable child deaths. It was a challenge to my researcher position when faced with strongly contested discourse and I had to work carefully and persistently to maintain a thinking stance and not apportion blame or collude with those with whom I identified. On reflection, my new position of compassionate curiosity is more helpful to me as a researcher, as a social worker and someone who wants to continue to challenge the lack of evidence behind the push for systemic practice.

8.4 Dissemination

The findings of this research are already in the social work arena and currently influencing systemic practice with DVA. Throughout the research, I continued to work with the senior management team of the systemic agency. In response to my initial findings they created a separate programme with a specific focus on systemic approaches to DVA. The findings of this research would be useful for statutory child services who are currently implementing, or are curious about, the implementation of systemic practice. The findings of this research will also be sent for dissemination to the recently launched ‘*What Works Centre*’.

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Appendix A: Phase 1 E-mail letter to the Director of a local authority

University of Sussex

Department of Social Work

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

Invitation to participate in project evaluation

Dear Director,

Thank you for considering this requests for your authority's participation in this evaluation of the systemic thinking approach to Intimate Family Violence.

I am currently a student undertaking a doctorate in social work at the University of Sussex and this evaluation will form part of my final thesis. This introduction letter aims to give you enough information so you can make an informed decision on whether to be part of this evaluation. With this in mind I have answered some key questions below.

A) What is the aim of the evaluation?

The aim of this evaluation is to gain understanding of the impact of Systemic approaches in a child protection context on social work practice with Intimate Family Violence (IFV).

The evaluation aims to establish;

- 1: What are the aims of the systemic thinking approach in relation to working with IFV.
- 2: How the approach hopes to achieve these aims.
- 3: For whom the approach works best.

B) How are you gathering data for your evaluation ?

Data will be collected from four sources:

- 1: Initial information will be gathered from any literature such as previous evaluations.
- 2: Oct : Interviews with three / four systemic practitioners from MLA. The data from these interviews will be used to create "programme theories". These theories are based on practitioners understanding of how the approach works, how the approach equips social workers to achieve these aims and how working within a child protection context impacts on these aims.

3: Jan 2015: Interviews with six social workers within statutory social care currently using systemic approaches with Intimate Family Violence. These interviews will look to clarify and refine the views gained in my initial interviews.

4: July – September 2015: An analyse of three assessments undertaken by each of the social workers I have interviewed. These assessments will concern families in which Intimate Family Violence was the primary concern at referral and would be measured as Tier 4 on the Barnardos Identification Matrix which I have attached with this letter.

C) What happens to the data ?

Once the interviews have been transcribed I will delete the recorded interviews and a copy of fully transcribed interviews will be sent to interviewees to give them an opportunity to make any necessary alterations.

All information provided in the interviews will be confidential. Those selected for interview will be anonymised with each interviewee given a pseudonym. The findings will be shared within your Local Authority and also with Morning Lane Associates (MLA), but no names will be used and no information would be shared which would enable participants or the local authority to be identified. The findings of the research will be written up as my doctoral thesis.

If you wish to withdraw from the evaluation at anytime then this will be accepted without the need for explanation. At the point of withdrawal you will be asked if you wish the data gathered to be destroyed or remain part of the evaluation if they wish, and maybe used as part of the data analysis if relevant. Notification of withdrawal must be given by 1st September 2015. After this date the removal of data will not be possible.

D) What do I do next ?

If you are happy for your children services to be part of this evaluation, but have some questions, then please ring me on 0789 494 3536 or you can email me on risthardh.hare@sussex.ac.uk. Otherwise you can complete the application form attached and return it to me at my email address no later than 15th October 2014

I agree/do not agree (delete as appropriate) to participate in the research project on behalf of ----- children services as described in the letter above. I understand that all data will be treated as anonymous and confidential.

I understand that all interviews will be digitally recorded.

I understand that names will be stored on this consent sheet, but that for all other aspects of the research participants will be given a pseudonym to preserve their anonymity.

I understand that participants must inform Risthardh Hare by 1st September 2015 should they wish to withdraw their data from the research. After this time I understand that removal of participants' data will not be possible.

I understand that the findings of this research project will be published as a doctoral thesis written by Risthardh Hare, doctoral student, University of Sussex.

Appendix B: Phase 1 E-mail Letter to Participants

University of Sussex

Department of Social Work

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

Invitation to participate in project evaluation

Dear Clinical Practitioner,

Thank you for considering this request for your participation in this evaluation of the of systemic approaches to Intimate Family Violence. I am currently a student undertaking a doctorate in social work at the university of Sussex and this evaluation will form part of my final thesis. This introduction letter aims to give you enough information so you can make an informed decision on whether to be part of this evaluation. With this in mind I have answered some key questions below.

A) What is the aim of the evaluation?

The aim of this evaluation is to gain understanding of the impact of Systemic approaches in a child protection context on social work practice with Intimate Family Violence (IFV).

The evaluation aims to establish;

1. How systemic practice in child protection is defined by clinical practitioners;
2. What the clinical practitioners methods are and how they are intended to enhance systemic practice by the social workers;
3. How systemic thinking has been understood by the social workers
4. How systemic thinking has affected SW assessments and direct work with IFV.

B) How are you gathering data for your evaluation ?

Data will be collected from four sources:

- 1: Initial information will be gathered from any literature such as previous evaluations.
- 2: November 2014 : Interviews with three / four clinical practitioners from MLA. These interviews will take approximately one hour and can take place at a venue of your choosing. The data from these interviews will be used to create "theories". These theories are based on practitioners understanding of how the approach works, how the approach equips social workers to achieve these aims and how working within a child protection context impacts on these aims.

3: February 2015: Interviews with six social workers within statutory social care who are using a systemic thinking approach to Intimate Family Violence. These interviews will look to clarify and refine the views gained in my initial interviews.

4: July – September 2015: An analyse of three assessments undertaken by each of the social workers I have interviewed. These assessments will concern families in which Intimate Family Violence was the primary concern at referral and would be measured as Tier 4 on the Barnardos Identification Matrix which I have attached with this letter.

C) What happens to the data ?

Once the interviews have been transcribed I will delete the recorded interviews and a copy of fully transcribed interviews will be sent to interviewees to give them an opportunity to make any necessary alterations.

All information provided in the interviews will be confidential. Those selected for interview will be anonymised with each interviewee given a pseudonym. The findings will be shared within your MLA and also with the identified Local Authority, but no names will be used and no information would be shared which would enable participants or the local authority to be identified. The findings of the research will be written up as my doctoral thesis.

If you wish to withdraw from the evaluation at anytime then this will be accepted without the need for explanation. At the point of withdrawal you will be asked if you wish the data gathered to be destroyed or remain part of the evaluation if they wish, and maybe used as part of the data analysis if relevant. Notification of withdrawal must be given by 1st May 2015. After this date the removal of data will not be possible.

D) What do I do next ?

If you wish to be part of this evaluation, but have some questions, then please ring me on 0789 494 3536 or you can email me at risthardh.hare@sussex.ac.uk. Otherwise you can complete the application form attached and return it to me at my email address no later than 30th October 2014

I agree/do not agree (delete as appropriate) to participate in the research project as described in the letter above. I understand that all data will be treated as anonymous and confidential.

I understand that all interviews will be recorded.

I understand that names will be stored on this consent sheet, but that for all other aspects of the research participants will be given a pseudonym to preserve their anonymity.

I understand that participants must inform Risthardh Hare by 1st May 2015 should they wish to withdraw their data from the research. After this time I understand that removal of participants' data will not be possible.

Appendix C: Phase 2 E-mail Letter to Participants

University of Sussex

Department of Social Work

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

Invitation to participate in project evaluation

Dear Social Worker,

Thank you for considering this requests for your participation in this evaluation of systemic approaches to Intimate Family Violence. I am currently a student undertaking a doctorate in social work at the university of Sussex and this evaluation will form part of my final thesis. This introduction letter aims to give you enough information so you can make an informed decision on whether to be part of this evaluation. With this in mind I have answered some key questions below.

A) What is the aim of the evaluation?

The aim of this evaluation is to gain understanding of the impact of Systemic approaches in a child protection context on social work practice with Intimate Family Violence (IFV).

The evaluation aims to establish;

- 1: What are the aims of the systemic thinking approach in relation to working with IFV.
- 2: How the approach hopes to achieve these aims.
- 3: For whom the approach works best.

B) How are you gathering data for your evaluation ?

Data will be collected from four sources:

- 1: Initial information will be gathered from any literature such as previous evaluations.
- 2: Oct 2014: Interviews with three / four systemic practitioners from MLA. The data from these interviews will be used to create "programme theories". These theories are based on practitioners understanding of how the approach works, how the approach equips social workers to achieve these aims and how working within a child protection context impacts on these aims.
- 3: January 2015: Interviews with six social workers within statutory social care who are using a systemic thinking approach to Intimate Family Violence. These interviews will look to clarify and refine the views gained in my initial interviews.

4: July – September 2015: An analyse of three assessments undertaken by each of the social workers I have interviewed. These assessments will concern families in which Intimate Family Violence was the primary concern at referral and would be measured as Tier 4 on the Barnardos Identification Matrix which I have attached with this letter.

C) What happens to the data ?

Once the interviews have been transcribed I will delete the recorded interviews and a copy of fully transcribed interviews will be sent to interviewees to give them an opportunity to make any necessary alterations.

All information provided in the interviews will be confidential. Those selected for interview will be anonymised with each interviewee given a pseudonym. The findings will be shared within your service and also with MLA, but no names will be used and no information would be shared which would enable participants or the local authority to be identified. The findings of the research will be written up as my doctoral thesis.

If you wish to withdraw from the evaluation at anytime then this will be accepted without the need for explanation. At the point of withdrawal you will be asked if you wish the data gathered to be destroyed or remain part of the evaluation if they wish, and maybe used as part of the data analysis if relevant. Notification of withdrawal must be given by 1st September 2015. After this date the removal of data will not be possible.

D) What do I do next ?

If you wish to be part of this evaluation, but have some questions, then please ring me on 0789 494 3536 or you can email me at risthardh.hare@sussex.ac.uk. Otherwise you can complete the application form attached and return it to me at my email address no later than 15th November 2014.

I agree/do not agree (delete as appropriate) to participate in the research project as described in the letter above. I understand that all data will be treated as anonymous and confidential.

I understand that all interviews will be digitally recorded.

I understand that names will be stored on this consent sheet, but that for all other aspects of the research participants will be given a pseudonym to preserve their anonymity.

I understand that participants must inform Risthardh Hare by 1st September 2015 should they wish to withdraw their data from the research. After this time I understand that removal of participants' data will not be possible.

I understand that the findings of this research project will be published as a doctoral thesis written by Risthardh Hare, doctoral student, University of Sussex.

Signed -----

Name in print -----

Date -----

Appendix D: Indicative interview with Clinical practitioners

Before we begin I would like to thank you for agreeing to take part in this evaluation and remind you that you can opt out of this evaluation at any point during this interview. If you later decide that you no longer wish to be a part of this evaluation you can let me know whether you would like this data to be included or retracted from my evaluation. I request that you do this by email or by phone before 1st April 2015. Following this date your data will have been incorporated into my final thesis.

The ideas behind these interviews are for me to gain an understanding of what, in your role as a clinical practitioner you believe the impact to be of coaching systemic thinking approaches, to statutory social workers. I am particularly interested in the impact which the new learning is intended to have on social work practice in those cases where practitioners undertake assessments and direct work with families in which Intimate Family Violence (IFV) is an issue. I am focusing on cases deemed to be "high risk", that is Tier 4 on the Barnardos identification of risk matrix. These are families where continued IFV might lead to a removal of a child for their safety. (*A note to self : Show interviewee card with Barnardos Matrix*)

The aim of the evaluation is to establish:

1. How systemic practice in child protection is defined by clinical practitioners;
2. What the clinical practitioners methods are and how they are intended to enhance systemic practice by the social workers;
3. How systemic thinking has been understood by the social workers
4. How systemic thinking has affected SW assessments and direct work with IFV.

This interview, and interviews with other clinical practitioners, will allow me to understand clearly and precisely how the coaching of a systemic thinking approach is intended to enhance the practice of participants in the context of high risk IPV situations. I will then use my interviews with social work practitioners to establish the extent to which these intentions have been realised in practice.

Can I start first with some questions about you

- 1) Tell me how you became a clinical practitioner
 - a) What training have you undertaken in systemic practice and/or statutory social work
 - b) What is your experience of statutory social work in children's services?

Let us now discuss the approach in detail

- 2) Tell me about systemic practice
 - a) What is the definition of systemic practice in relation to social work?
 - b) How is that different from your general definition
- 3) Can we turn next to the aspects of the approach I need to understand in some detail.

- a) what are the objectives of the approach ?
- b) What methods do you use to coach these objectives?
- 4) As you know I am specifically interested in understanding the impact the approach has on social work practice with IFV.

- a) What are the key messages of the approach that you want social workers to take into practice with cases with IFV
- b) Do these messages apply across all levels of risk, including Level 4 cases?
- c) What outcome with IFV do you hope social workers will achieve ?er

That's it for my questions. I will send you a fully transcribed version of this interview which you are welcome to make comment on, and sign off as an appropriate record of our conversation together. I am aiming to complete the final thesis by early 2016. I will be happy to meet with you individually to give feedback on my findings or I can send you a synopsis of my findings. I would like to thank you once again for your time.

Appendix E Indicative interview with Social Workers.

Before we begin I would like to thank you for agreeing to take part in this evaluation and remind you that you can opt out of this evaluation at any point during this interview. If you later decide that you no longer wish to be a part of this evaluation you can let me know whether you would like this data to be included or retracted from my evaluation. I request that you do this by email or by phone before 1st October 2015. Following this date your data will have been incorporated into my final thesis.

The ideas behind these interviews are for me to gain an understanding of what, in your role as a social worker, you believe has been the impact of systemic thinking approaches. I am particularly interested in the impact which the new learning is intended to have on social work practice in those cases where practitioners undertake assessments and direct work with families in which Intimate Family Violence (IFV) is an issue. IFV in this context is defined as “

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

psychological, physical, sexual financial, emotional’.

I am focusing on cases deemed to be "high risk", that is Tier 4 on the Barnardos identification of risk matrix. These are families where continued IFV might lead to a removal of a child for their safety. (*A note to self : Show interviewee card with Barnardos Matrix*)

The aim of the evaluation is to establish:

1. How systemic practice in child protection is defined by clinical practitioners;
2. What the clinical practitioners methods are and how they are intended to enhance systemic practice by the social workers;
3. How systemic thinking has been understood by the social workers
4. How systemic thinking has affected SW assessments and direct work with IFV.

This interview, and interviews with other social workers will allow me to understand clearly and precisely how systemic thinking approach enhances the practice of participants in the context of high risk IPV situations.

Can I start first with some questions about you (Context)

- 1) Tell me about the training have you undertaken in systemic practice
- b) do you have any ongoing training / support or coaching ?

Let us now discuss the context in which you currently work;

2) (Context)

- a) Can you describe the team in which you currently work ?
- b) How long would you work with cases ?
- b) What outcomes would you hope to achieve

3) (Mechanism - Outcome)

Can we turn next to the aspects of the practice I need to understand in some detail.
Using examples of cases;

- a) Can you describe what your approach to working with the case ?
- b) What outcomes did you hope to achieve and what were the actual outcomes
- **If required ask** - How did working in your particular team support or inhibit the approach and outcomes you wanted to achieve
- c) How did your practice with this particular case differ from your previous practice with similar cases

That's it for my questions. I will send you a fully transcribed version of this interview which you are welcome to make comment on, and sign off as an appropriate record of our conversation together.

I am aiming to complete the final thesis by late 2016. I will be happy to meet with you individually to give feedback on my findings or I can send you a synopsis of my findings.

I would like to thank you once again for your time.