



March 2017

Summary of the baseline study – Social work in five countries for families with multiple challenges

The LIFE project partners:

APCC, Coimbra, Portugal

Comune di Cervia, Italy

Ljubljana University, Slovenia

NTNU, Trondheim, Norway

Municipality of Linköping, R & D Centre, Sweden

Introduction

The five partners in the LIFE project have provided material describing conditions at local and national level which impact upon efforts to provide help for families with multiple challenges. All the partners are agreed about the considerable problems involved in providing effective help for multi-challenged families, both for the children and the adults involved. In this paper we summarise the baseline material. There is a discussion of some points that arise in connection with our work before the meeting in Ljubljana in October at the end of the paper.

The remit for the LIFE study as a whole requires assessment of local and national circumstances that can be expected to differ considerably. The partners have had discussions relating to work with families in the target group as well as some consideration of how improved training approaches to work with the families can be developed, in our meetings in Linköping (October 2016) and Trondheim (February 2017). The paper also refers to these discussions.

DEFINING MULTI-CHALLENGED FAMILIES

Although all of the partners recognise and have experience from working with multi-challenged families there is a question of definition. The Trondheim and Linköping researchers found that a number of problems recurred very often in long-term child welfare families. These were:

1. Parents are often unemployed or have at best insecure, part-time work.
2. There are many one-parent families, usually single mothers.
3. Incomes are generally low at around 70% of national median income for household type, and there are some families with incomes lower than the EU poverty line, that is 60% of median income for household type.
4. A significant number of parents have been traumatised by abuse or neglect suffered when they were children, or by maltreatment and dysfunctional relationships with partners in early adulthood, or have suffered both these deprivations.
5. Relations between parents, even when they live apart, are often strained.
6. In many families parents have not completed their education at upper secondary level and suffer disadvantage in getting employment

Family members very often have poor health, especially poor mental health. Chronic health problems and disabilities are frequent. Children suffer from stress and anxiety, and may develop behavioural problems, learning difficulties, ADHD

or ADD (Attention Deficit Disorder). At puberty symptoms often become more pronounced. Children often have difficulties at school.

7. Parents may have had, and some still have, substance abuse and/or alcohol problems
8. The families often have difficult relations with parents' siblings (uncles, aunts) and with grandparents. They have also little support and help from friends or neighbours, and can be isolated.

Not all families with multiple challenges are alike, indeed far from it. But a family with four or five of these characteristics, can be defined as multi-challenged

DIFFERENT STANDPOINTS AND INSTITUTIONAL FUNCTIONS ARE REFLECTED IN THE BASELINE MATERIAL

It should be pointed out that the respective partners have naturally differing perspectives, not only because of different national traditions or structures, or cultural differences. The partners have different roles and activities too. The Italian partner, the Municipality of Cervia, is a service provider with a broad range of service users and activities. Coimbra APCC provides services and extensive facilities for physically and intellectually disabled persons with an emphasis upon the family and a life cycle approach, and has long standing links with research and the universities. The Centre for innovation in Child Welfare at NTNU (Trondheim) is based at a university institute with long-standing links to the field and to other university departments working on child welfare and social work issues. The Faculty of Social Work at Ljubljana University is the only social work education milieu in Slovenia and has recently done extensive work on developing links with the practice field as well as innovations in social work training. FOU-centrum in Linköping, Sweden is a regional research and development centre affiliated to the University of Linköping, with well-developed links to local authorities in its region as well as central government and partners abroad.

PROFESSIONAL TRAINING

Sweden and Norway report that families with multiple challenges are not adequately in focus in professional training, either at basic training level, or in more advanced programmes for example at master degree level. Sweden, which probably has the most comprehensive social work education system among the partners, with relatively large numbers of students at master's degree and doctoral level, has few courses at master level that could be judged very relevant. Many programmes and courses deal with the family to some extent, but the multi-challenged family gets little attention. In the Swedish baseline material the point is made that students at advanced level are in fact free to do research work in the area of families with multiple challenges. Few do so. This would certainly apply in Norway too. There is little focus on families with multiple challenges in basic training in Norway, and the issue is neglected in social work training and education at all levels. Cervia in Italy state that training is available at university

level but that the programmes do not focus on multi-challenged families as such but rather problem areas such as migrants and addiction. Other post-qualification training is also available. Cervia make the point that training may be available but yet not accessible because of fees.

The University of Ljubljana has developed training models in which multi-challenged families are in focus, at basic training level. These are directly linked to the students' practical training in the field. Coimbra APCC in Portugal provided the most detailed review of training with some relevance for work with multi-challenged families. These include forms of training (family therapy, *the Incredible Years*) which are also found in Sweden and Norway, whose content can be seen as relevant for some (but only some) aspects of work with multi-challenged families. Coimbra however point to two examples of training (one a master's degree course in family contexts of risk at the Portuguese Catholic University, the other an intensive course for work with multi-challenged families) which appear more directly relevant to work with multi-challenged families.

A reasonable conclusion to draw is that there are few directly relevant training programmes at either basic training or advanced levels in the five countries. The striking exception is the Faculty of Social Work at the University of Ljubljana. They have developed basic training methods that focus on multi-challenged families (at bachelor level). Portugal has some relevant training programmes and a master's degree course that seems likely to be relevant. There are programmes and courses at post-qualification level that may cover part of the problem area in several of the five countries, but few of these seem to be practically oriented. Of course, the trial course at master level in Trondheim, offered to Swedish and Norwegian practitioners, is a response to the lack of suitable training opportunities; the lack of properly focussed training and education in this problem area is very apparent both in Norway and Sweden.

PERCEIVED GAPS IN TRAINING AND EDUCATION

These "gaps" are important because the core of the LIFE project will be a trial of a training approach set up to foster practice innovation at local levels.

All the partners express views about the shortcomings of education and training. Coimbra APCC has a comprehensive critique: in part they argue that thinking about intervention for families with multiple challenges is not sophisticated enough. The situations encountered are too complex for the thinking that informs services. But training also is held to have too little focus on practical work, and this hinders learning about how to apply theoretical knowledge. Most teachers are not field professionals, and communication between academics and professionals in the field is often poor. Since there is too little research in many important areas, it is difficult to establish useful concepts and criteria for what might be effective. Ultimately this makes it difficult to help professionals to acquire the critical mind-set that they need to have to develop practice.

NTNU in Norway are also critical in their approach; they feel that social inequality and marginalisation get too little attention in education and training (and indeed in the research that informs training). Theories that deal with intra-family relationships are

often preferred, and divert attention from poverty and social deprivation. A holistic approach is also difficult because professional education is segmented and specialised, and it confers higher status to be a specialist. A breadth of approach and thinking outside the frame, are likely to be discouraged in such an ethos. NTNU also suggest that health and social service education have too little common ground. Everyone pays lip service to multi-professional approaches and cooperation, but we purposely educate professionals to think differently along professional and normative lines, and often see it as “professional” when they insist on their identity in practice.

Linköping discuss opportunities that exist within Swedish education for social work, and in the services themselves. They emphasise the potential for more focussed research and development work, as well as already existing research and evaluation materials. Development in this area could with advantage deal with issues such as cross-organizational and coordinating professional roles (particularly in multidisciplinary and inter-organisational teams), and innovations in social work in a family environment. Linköping

Ljubljana are concerned about the tension between what students learn in social work training and what they encounter in practice settings. This is a familiar issue in social work education. Cervia are concerned about the accessibility of useful training for work with multi-challenged families, and the difficulty of assessing the quality of the training that is available.

In summary it has to be said that perceptions of “gaps” and shortcomings in education and training for social workers seem rather different. This is no doubt partly due to differences between partners in respect of agency function. Innovation skills as such and organisational issues are not much highlighted in the baseline material, though they are implicit in the contributions from Portugal, Sweden and Norway.

There are obviously questions about the content of the training in the LIFE project. The intellectual outputs in the next phase of the LIFE project will have to establish some common ground for these training trials that are at the core of the project, even though there will be room for each partner to adjust the content of the training to local conditions.

MULTI-PROFESSIONAL PARTICIPATION IN WORK WITH THE FAMILIES

The table below shows professional and volunteer involvement in work with multi-challenged families, as reported by the partners.

CATEGORY	Slovenia	Sweden	Italy	Portugal	Norway
Health personnel	X			X	x
Psychologists	X	X	X	X	(x)
Medical Staff	X				x
Social Welfare	X	X	X	X	x
Child Welfare	X	X	X		x
Teachers		X			x
NGO/Charity	X		X		(x)

Volunteers	X				
Student Care					

Although we have categorised by country, some of the partners have reported participation in the work carried out by their agency, whilst others have provided an estimate of participation in general in their respective countries.

As the table shows, participation in work with these families includes most categories of personnel in Slovenia and Norway, and fewest in Portugal. Though in the case of Coimbra APCC, this reflects the organisation of their work and the needs of their particular client group.

The motive for this question being included in the baseline material is of course the problem of how to choose groups of professionals for the trial. Should these be multi-professional or not? The pilot study carried out by NTNU (as described by Edgar Marthinsen and Halvor Fauske at our project meeting in Trondheim February 2017) included only child welfare workers. Though we expect that the great majority of those involved in the trial will be social workers, there may a case for including some other professionals where this seems appropriate.

RECENT POLICY CHANGES THAT AFFECT WORK WITH MULTI-CHALLENGED FAMILIES

All of the partners report policy changes that for the most part have had a negative effect upon multi-challenged families or upon work that sets out to improve their situation.

Type of policy change	Slovenia	Sweden	Italy	Portugal	Norway
Budget/cuts	X			X	(X)
Stricter rules	X	X	X	X	X
Legislation	X		X	X	X
Reorganisation					X
Privatisation	X			X	

The most common type of change is the introduction of stricter rules that affect access to services or entitlement; all of the partners report such changes. Legislative changes have also occurred in most countries. Only Norway reports reorganisation, and only Slovenia and Portugal mention privatisation.

CHANGES IN SOCIAL CONDITIONS

The partners from southern Europe all report adverse economic conditions, unemployment and austerity policies that have had serious negative impacts for multi-challenged families.

Cervia point to the continuing economic crisis in Italy and continued high unemployment. Families with multiple challenges have difficulty in obtaining housing and access to economic support has become more difficult. Cervia point out that there are jurisdictional differences in the various regions of Italy. A regional Children's Commissioner has been set up. Cervia are also affected by the influx of large numbers of immigrants from Africa, who are essentially destitute on arrival and badly in need of employment as well as other forms of assistance.

The situation in Slovenia is depicted in quite similar terms. Poverty is increasing and vulnerable families risk social exclusion and poor health. Unemployment and increasing numbers of single-parent families are important factors here, but families with parents who work can also experience poverty. These problems are compounded by severe austerity policies. To quote from their baseline report:

Families face a variety of complex problems: poverty, social powerlessness and lack of skills to deal with many problems, they can experience social exclusion, the burden of disease, addiction, abuse, violence, oppression, homelessness, limited mobility in the environment and inactive lifestyle, etc.

Coimbra APCC also describe an economic crisis, leading to austerity policies that directly affect the ability to meet basic needs for citizens. There are profound inequalities and many have a low standard of living that threatens their dignity and integrity. Service structures have partly broken down, and services are not accessible for many. Coimbra point to the factors that also are at work in Italy and Slovenia; unemployment, declining disposable income for families, and the emergence of structural poverty affecting about a fifth of the population. All this leads to greater demand for social security, but as Coimbra point out there has been a marked retrenchment, public provision is being cut, and responsibility for services is being transferred to private organisations. In addition, rehabilitation and health services more generally are being cut. A general conclusion is that efforts to combat social exclusion, and social intervention on behalf of struggling families have become very difficult: long-term trends toward social integration and support for the vulnerable have been put into reverse.

Norway and Sweden have not had to contend with austerity associated with retrenchment after government debt and deficit. Most areas of social and health services are expanding. Norway has seen a quite pronounced shift toward greater inequality of incomes, though it is one of the most affluent countries in Europe, and has had a lengthy, sustained period of economic growth and affluence from the mid 1990's onward. Family poverty is on the increase too, though Norwegian central government insists on only admitting to child poverty. Parents, seemingly, cannot be poor, or perhaps can only be poor because it is their own fault. Immigrants from Africa, South America, Asia and eastern and southern Europe are overrepresented among those living in low-income

households. As the NCR research has shown, there are quite significant numbers of multi-challenged families in both Norway and Sweden, and both the adults in these families and their children have significantly higher rates of health problems (and especially mental health problems) than prevail in the general population of families. Children in such families have poor attainment at school and often drop out at upper secondary level. What seems to be emerging is a gradually more difficult labour market for those without education and skills. The knowledge economy can exclude those who do not manage to keep up with demands imposed by a rapidly changing labour market. This impacts especially heavily on those who did poorly at school, including the parents in many multi-challenged families, and is an obvious risk for their children, whose school attainment is so often poor.

The baseline material from Linköping provides insight into the everyday consequences of these labour market problems. Job opportunities for unskilled workers have often been outsourced in recent years. This is also associated with a move away from permanent, reliable employment, to short-term work or to a situation in which individuals will have to change jobs more often, one can't expect to have a job for life any more. Digitalisation has also led to a reorganisation of daily life. Service is often provided via a laptop, and citizens have to organise themselves. Housing is also an area in which there is discrimination or marginalisation. Social security clients may have difficulty finding a landlord who will let them a flat.

PARTNERS' VIEWS ABOUT WORK WITH MULTI-CHALLENGED FAMILIES

Partners were asked about what in their view were the three most serious problems in providing services for families with multiple challenges.

NTNU from Norway had a three-level response to this question. Firstly they highlight a lack of professional focus on multi-challenged families and shortcomings in respect of knowledge and competence. Second, it is argued that policy has increasingly been based on the expectation that struggling families should manage their situation themselves, even if their circumstances make this very difficult to achieve. Thirdly it is suggested that coordination and cooperation in the social and health services is not good enough; agencies are too much concerned with restricting their areas of responsibility.

Linköping see organisational issues as the most important. First, the health and social services have a limited remit and cannot intervene in many areas where this would have benefitted their clients. A second point is that services are specialised, and clients will often meet many different professionals and social workers belonging to different agencies. Linköping also see social workers' own preferences as an issue of some importance. Studying at university for a number of years may motivate graduate social workers to work in other areas than services for multi-challenged families.

Coimbra APCC are concerned about the numbers of services that intervene in the same households, and see a need for interagency case managers. They are also concerned about the lack of support available for caregivers. Not least is there concern about the continuity of care across the life cycle. Those family members who care for a disabled relative ask themselves what will happen when they die or can no longer give care. This is seen as a severe strain that caregivers and family members must bear.

Ljubljana sees the economy in Slovenia as a serious problem, but there are institutional problems too. There aren't enough social workers to support families in need, and up to date knowledge about social work is not being deployed

Cervia points to resistance to admitting the issues raised by multi-challenged families and a lack of awareness of problems that go beyond the economic aspect. In addition Cervia faces a serious challenge because it is confronted with large numbers of immigrants, whose cultural competence and prospects for integration are an issue. Cervia also sees distrust of social services and institutions in general as a problem.

The partners' views about target areas for work with multi-challenged families are shown in the table below. As can be seen, partners have rather different ideas.

Category	Slovenia	Sweden	Italy	Portugal	Norway
Competence/training	X	X			X
Methods		X	X	X	
Consultation with users	X		X		X
Interagency cooperation		X	X		
Family Assessment				X	
Community Supports		X	X		
Research	X				X
National standards	X	X		X	
Local networks					X
Resources				X	

SUMMARY

1. The most important contrast in the baseline material is the impact of economic problems and austerity policies in Italy, Slovenia and Portugal, which contrasts with more stable economic conditions and stable or expanding social and health service budgets in Sweden and Norway.

2. Social workers and psychologists appear to be the professional groups most often involved in work with multi-challenged families.
3. There are very few directly relevant courses of study that could provide a good training for work with multi-challenged families available in the partner countries.
4. The partners perceive what they see as gaps in available training rather differently.
5. The most common types of policy change that have affected partners' work with vulnerable families are stricter rules for benefits and access to services, and legislative changes.
6. Generally unfavourable social and economic conditions as well as austerity threaten work with multi-challenged families for the partners in southern Europe. The Scandinavian partners emphasise organisational problems and the impact of managerial approaches that hamper social work.

DISCUSSION

The project description for LIFE is based on the idea that local innovation can be a key factor in developing better quality services for multi-challenged families. It is not thought that social work education and training, or for that matter the education and training provided for other professions involved in work with these families, provides a good enough grounding in the competence and skill needed for innovative practice. Nor does practice in itself generate a pressure for innovation. Everyone has more than enough to do, and it requires a deliberate effort to think beyond the daily struggle that work with vulnerable families involves. Part of the reason for thinking that innovation skills are indispensable in this connection, is that families in serious difficulty have problems that require help from a whole range of helping services, so that problem formulation and effective cooperation in a network of agencies is required. Another issue is that management may demand short-term "results" that do not get to grips with the compound difficulties that family members experience. The families will often need sustained support over a lengthy period to have any chance of surmounting their difficulties. A third problem area is that there are organisational barriers and resource constraints that can obstruct efforts to help. Here again the skill required to think outside the given framework is at a premium.

This means that a combination of practice, research and skills development inputs will be required at local level, all the while organised on the premise that new ideas and ways of working must come from *inside* the practice itself, must be thoroughly thought out and prepared, and be capable of being put into effect. The question at the heart of the project is whether this can be done within settings that are in organisational, functional, social and cultural respects very different and where professional work is carried out under severe pressure.

It is realistic to assume that the aims for the groups of professionals that the project partners will set up will be different, even though there are some overriding aims that all the partners will share. The intellectual outputs that the project will develop in the next phase (lasting until October 2017) must lay the groundwork for how these groups will work. Edgar Marthinsen and Halvor Fauske in their presentation of experience with the pilot study in Trondheim, emphasised that the groups themselves have to be followed up, and that an important aspect of this is to define the groups' work as a form of inquiry based on experience of working with the families.

The baseline material shows that there is a way to go before the groundwork for the groups is in place. In part this has to do with the necessity for all partners of thinking in terms of local innovation. In this respect we are not yet prepared. Some of the preferred target areas for change that the partners have described require broad system change (for example developing national standards). Other target areas require more detailed consideration and definition. These issues attach to more or less all of the target areas that each partner has set up. It is important to have some preliminary thinking about competencies and skills in the next few months, which will require discussion by all partners and their stakeholders.

In addition there are decisions to be made about:

- How the groups are to be set up.
- To what extent they should be multi-professional.
- How the groups are to be led (choice of moderators)
- How often and for how long they should meet.
- What kinds of evaluation will be need, at individual or group level, or both of these.
- How some kind of log or record of the groups' work should be secured.

The baseline material illustrates well the kinds of diversity that the LIFE project embraces. The next phase will require careful consideration of aims and priorities from all of the partners.

Appendix: Preliminary sketch of group curriculum

Course Content

1. Input in the form of experience in working with particular vulnerable families, provided by the course participants.
2. Interviews with families in the target group
3. Discussion and reflection based on this input, among course participants, first without teaching staff and later with them. The aim is to formulate questions and ideas about what help children and families need, whether enough information has been secured, what barriers might hinder a broad and thorough approach to the family's difficulties, whether communication needs to be improved, whether there agencies other than child protection that can be consulted/enlisted, and working out criteria for what results are achieved, or what might be seen as useful progress. This discussion and reflection is at the core of our approach in creating requisite conditions for an abductive learning process.
4. Teaching (seminar, discussion) based on texts dealing with innovation, complexity theory, dialogue with parents and children.
5. Written presentation describing a selected innovation, its rationale, and how it can be implemented.

We can briefly summarise the learning goals for the courses:

Title: Innovation in Family and Child Welfare Practice

Learning goals:

(1) Skills

- Initiating and carrying through innovation processes
- Meeting standards for argument and presentation
- Cooperation with partners in innovation processes
- Identifying areas of work where innovation is needed
- Understanding preconditions for inter-professional cooperation and communication

(2) Knowledge

- Knowledge of innovation and innovation processes
- Understanding of what can promote or hinder innovation
- Better understanding of child welfare work with families in difficulty
- Innovation as a perspective in child welfare
- Innovation in learning organisations
- Knowledge of different types of innovation strategy
- Learning to see own practice and experience in the light of theory and societal issues

(3) General Competence

- To be able to reflect upon users' situation and needs
- To reflect on the interplay of organisation, structure and culture influencing what help users can obtain
- To acquire an inter-professional and interagency mentality
- To acquire ethical insight and standards for practice.

In the project proposed here, partners of social work/child welfare will be able to choose their own focus according to their views about child welfare and national concerns. But the focus will be upon vulnerable families in child welfare. The outline of process, learning goals and the four elements specified above must be followed. There will inevitably be some deliberation about relevant literature and this will part of the preparatory phase of the project. Some form of user involvement will be mandatory, but project participants will have to develop their approach on the basis of local conditions and preferences.

Participants in the modules will be recruited from selected agencies. The courses are to be delivered in the form of four week-long workshops over a period of about 8 months. They will conclude with a short written thesis (15-20 pages) evaluated by the course staff, this conforming to local examination practices. The module will represent a workload of about one third of a year's work. Within the framework of the project it will be important to recruit students who are working in practice.

Recent research has identified issues that course modules of the kind envisaged here, could deal with. There is a very general tendency for help to be restricted to what the different service providers themselves prefer in terms of professional orientation and the actual mode of delivery of service. Central governments rely on expert advice, often from those situated well outside the child welfare field itself, and this often leads to top-down innovation with economic and organisational costs local communities are unable to meet. Methods that do not “solve” the problem tend to be followed by “newer and better” methods that demand even more infrastructure and preparation. A more pragmatic approach that addresses the family’s difficulties as they themselves perceive them, and at the same time deals with the breadth of challenges that many struggling families face, is needed. Services are also often preoccupied with describing individual problems and making diagnoses or assessing risk. These approaches often create more problems for those concerned, and at the same time divert attention from the needs and interests of the family seen as a whole. Families are dis-integrated and disempowered in this way. Evaluation

Evaluation

Applied to innovation, abductive learning can be seen as the first, and often essential step, in which we transcend the discourse of problems and constraints that so often characterises difficult problems in complex organisational settings. Ideas as opposed to a description of problems are the primary product. There can be no reasonable expectation that all innovative ideas will be adopted or prove to be effective. Some however will prove to be effective and valuable. Innovative thinking is not to be thought of as a device to effect changes. It involves a change of mentality, toward a more open, flexible and reflective discourse. As a product, innovative ideas and suggestions are always linked to a perception of difficulties and as such they bear upon the practice discourse, and may involve a rejection of established and not usually challenged elements in that discourse.

In order to evaluate the master’s degree modules, we need to assess:

1. Participants’ experience of participating and their views relating to the content and value of the modules.
2. The views of various stakeholders who are to be involved; service users, colleagues, managers of services and the teaching staff.
3. The extent to which innovative ideas are discussed and actively considered by the child welfare agencies.

In addition, and most important, some analysis of links between the innovative ideas that emerge, and the local (and national) contexts will be needed. A classification of innovative ideas and their characteristics will also be needed. Although it would be clearly desirable, no assessment of the efficacy of innovations actually adopted will be possible within the time frame allowed by the project.

Project phases and organisation

Although the project design we envisage is relatively uncomplicated, it requires an effective partnership between educational institutions in five different countries, and it will be important to have preparation to “ground” the project. The overall project leadership will be situated in FOU-centrum Linköping Sweden and will set up the network of participating universities and university colleges and have overall coordinating tasks. Developing the master’s level modules will be a task coordinated by the research and development team at the Centre for Innovation in Child Welfare in Trondheim Norway, and this centre will also conduct the evaluation, cooperating with the participating institutions. Preparation should be completed after 8 months. This first preparatory phase will be followed by a phase devoted to completing the master modules, which will take more or less a full academic year (for example October to June). In this phase some evaluation materials will be collected.

The final phase of the project will be focused on module participants’ and partners’ experience and evaluation of the project. The diversity of national contexts and their impact on learning about innovation will be a central issue here, but some elements of the evaluation will be standard for all partners.