Series 1 Episode 4

The impact of austerity measures on mothers: A Conversation with Lesley Deacon

[00:00:00] **Lesley:** Hello and welcome to the Portal Podcast, linking research and practice for social work. I'm your host and my name is Dr Lesley Deacon.

[00:00:13] **Sarah:** And I'm your other host and I'm Dr Sarah Lonbay. So we hope you enjoy today's episode.

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Introduction to Episode 4

[00:00:20] **Sarah:** Hello and welcome to the Portal Podcast. I'm Dr Sarah Lonbay. And today we've got a slightly different episode because we have joining us today, Dr Lesley Deacon as normal, but this time Lesley is here as a guest, rather than a host because she is going to be talking to us about her paper. And we are also joined by Dr Donna Peacock, who's our acting head of CASS here and is here as a guest host to help me have a conversation with Lesley about her work. So welcome both of you to the Portal.

[00:01:01] **Lesley:** Thank you.

[00:01:01] **Donna:** Hi.

[00:01:04] **Sarah:** Really enjoyed reading your paper, Lesley, and I wondered if you could just start off by telling us a little bit about the research and the background to that?

[00:01:15] **Lesley:** Yeah, so it actually took place a few years ago now, and what it was, was a local charity who provide respite breaks for children with disabilities and life-limiting conditions. They had got some Big Lottery funding and what they were wanting to do is they were recognising that the parent-carers who were bringing the children to the service have obviously their own needs as carers. So what they were wanting to do was start a service whereby they gave some psychosocial support to these parents while the children were there. Because the respite doesn't necessarily mean they were there overnight, it could be that they were just there for the afternoon just to have a break and to give them a chance to then do something for themselves. So they were offering things like counselling, like massage, the use of the sensory room, and some group chats as well to get the parents together. So what they needed done was they needed an evaluation of that to then feed back to the Lottery, to show how they'd use the funding. So when I got asked if I would be involved with that, I thought it would be a really good opportunity to involve some Master's Social Work students to actually do the data collection, which was Phillip Nicholson and Kim Allen, who are named on the paper with me. So they were the ones who actually went out and gathered the data on the service. So that's how it came about really.

[00:02:45] **Sarah:** Okay, so there are a few terms that you use in the paper and that I think will come up quite a lot in today's discussion as well so I wondered if we could just start off by explaining and going through what those are. One of them you've already mentioned, so you talked about parent-carers, which might be a new concept or idea for some people, it seems self-explanatory but I think it's maybe a bit more complex than that.

‘Parent-carers’, a contested term

[00:03:08] **Lesley:** Yeah. I think I've mentioned in other podcasts actually, when we were talking to Donna about her research about contested terms and language and things like that, but the idea of the parent-carer it's quite a difficult thing to identify because actually when you talk to parents of children with disabilities, many of them don't really like that term. They don't like having the word 'carer' placed in that, because for them it's their child, you know, they're the mother or the father of this child. So they don't necessarily like the idea of 'carer' in it. It's similar to things we've talked about in other podcasts, which is this idea of how do you get access to support though? And so the reason that it's used is because there's a certain point in particular where you're parenting a child with disabilities, where there's a change between what would be *usually* expected of a parent to then becomes *in addition* to that. So there's a shift at that point, that what goes into that usual understanding of a child's development, that child does not follow that path and therefore the role of the parent slightly changes. So maybe the child doesn't start doing things on their own, so the parent continues with that after a certain point. So that's why the term parent-carers is used. And it's because of the fact there's confusion around where they sit in terms of legislation as well. So there is obviously legislation around carers for adults, so adult carers *of adults*, but actually when it comes to a child with disability, the parent comes through the Children Act. So their caring comes through the child. And then when the child's 18, it all shifts, so they become an adult carer then. So it's a bit of a confusing state, which is one of these examples of where do they fit in the system and how do they get access to things?

[00:05:12] **Donna:** So why did the parents not like the term?

[00:05:14] **Lesley:** Because you're just a parent, you're just mum, you're just dad, and then when you think about the term 'carer', it suggests something separate, that it's like a professional type role or something in addition that isn't really about the fact that, no, I'm just doing this because I'm the mum or I'm the dad.

[00:05:34] **Sarah:** So caring is part of being a parent, so is it something about not feeling that that needs to be said.

[00:05:40] **Lesley:** It doesn't need to be said. It's just, of course I'm going to do it because no child is the same. So even if the child doesn't have a disability, they all need a certain amount of caring, it's just that for a child with disability that caring may be more significant to the parent, but the parent's view is, in the majority of cases, so what?

[00:06:02] **Donna:** So the parents just see themselves as parents, but the label of 'carer' attracts a certain level of resource and support.

[00:06:07] **Lesley:** Absolutely. So it's that classic thing of, as we've discussed with other things around vulnerability and things like that, it's about accessing a service or getting some support, but in actual fact for the person that gets the label they don't necessarily like it.

[00:06:23] **Donna:** So how did you actually do the research then? How did the project take place?

[00:06:26] **Lesley:** So what we actually did, what they were doing is they were setting up this service where they wanted to provide support for these parents. And so what they wanted to do is they needed to know, basically did the parents know about the service to begin with? I mean, that's a real problem about how do you get information out there where there's a service that's filling a gap? How do they get that information out? So they wanted to know what did the parents know at the start, and what were they doing to help themselves at the beginning? So what kind of self care did they already do? Was that from another service or was it about family and friends? Where were they getting support to continue with doing the parenting? So there was an entry survey that was completed with the parents, just really quite a basic survey about how they'd heard about the service, and then what they were intending to use and why, so were they going to use the counselling? Were they going to use the coffee morning group? Were they going to use the massage or the sensory room? And then what we did was actually got one of the students, which was Philip, then went back in to do some qualitative interviews with the parents who agreed, to then ask them at the end of it what have they enjoyed about it? What has their experience been? How they felt about it. And then we did an exit survey to ask them again, at the end of this process has this made any difference to you? Because really the charity were doing it to basically support these people and to give them some respite themselves, not just the respite of taking the responsibility for the child, but actually doing some extra things with them to help them. What it then *became* about was really looking at, is that actually what we should be doing? Because why are the parents having such a difficult time? Because actually they were, they were struggling, physically and emotionally, because with many of them they were trying to work, they had siblings, so they had other children to look after, and these extra parts of the parenting that they needed to do for their children they were finding challenging at times. It didn't change how they felt about the child, but it changed how they managed and how they coped. So in actual fact they were really, really struggling at times. And what we then started looking at when I was actually looking at the data, I fed back to the service what the outcomes were, that the parents had enjoyed the massage, the fact that it fit in with their schedule – that was a really important part, that it fit in with the fact that actually I'm not going to go and book myself somewhere else to have a massage, I can have it here, my child's looked after, great I'll just quickly have a massage. And what they didn't do was they didn't access any group support, even though they all talked about wanting to do that. So there was something going on as to why. Why did they not then access that type of support when actually they were all talking about how sharing the load is a really important part of what they needed? So we started looking at, well why was that the case? And that's where we started looking at this neoliberalism.

[00:09:36] **Donna:** So it sounds really as though you started off with the idea of doing something like a service evaluation, and lots of other information started raising other questions and other issues.

[00:09:47] **Lesley:** Yeah, basically it was, because the service evaluation, we did do that, we did the report, we fed back to the service about what the parents found useful. They didn't find the group work useful because they couldn't coordinate. So they couldn't coordinate with each other to get there all at the same time, the routine aspect of what they were managing on a day-to-day basis meant it's too challenging, they don't have a flexible schedule, so they couldn't do that. So actually what they found really helpful was something where they were already bringing their child there, and then it meant that at that point they could choose what to do, because that was time that was taken. A break for them, and if there was counselling there, if there was massage available there, they could do it because there was no way they were going to easily be able to arrange those things separately. So that's what we fed back.

Neoliberalisation of care

[00:10:45] **Donna:** So where did the links to the idea about neoliberal ideology come in terms of the analysis that you were doing?

[00:10:52] **Lesley:** Well, it was through discussions with other colleagues around this, because then obviously I'd discussed this with the research lead at the time, and I was discussing well I fed this back, but now want to do something with the data that I have, which was obviously agreed with the charity that I would then be able to disseminate something from it. And so I started looking at it, and then it was just through those kind of discussions as to, okay, but *why* were the parents not accessing that group support? Because in the entrance surveys, they all said they really liked the idea of being able to sit and have a chat with other parents in similar positions and have a coffee. And it didn't happen. So it started from that point of so why did it not happen? So then we started looking into why were they then not able to arrange that? And that's when we started to think about, well, let's look at the structures around this and let's think about how they access the services, and what the system is.

So what we found is *no choice* was a big issue for these parent-carers. They didn't have any choice around what they could access. So they were told you can have respite and you can have it there and you can have it at that time. So they were getting told. The idea in legislation is that they are *entitled* to these breaks, but how that's then put into practice depends on each local authority, and each local authority then has different service level agreements with different organisations. So what was happening is a local authority was then changing the service organisation and the parents had no choice in that matter. They were then told you have to go to this place or you have to go there. So actually what became very, very evident is no choice. And also the fact that actually it felt like there was lots of barriers being placed for these parents. So that actually the first thing they did, the very first thing they thought about when they needed help, was not to come to the state for help, which in a welfare state you would think that they *would* do that. They don't, they go to their mums.

[00:13:02] **Donna:** Is that not what happens in most, I mean, you're doing a project in the North East of England and it's that kind of cultural...

[00:13:09] **Lesley:** Yeah, if you need help go and ask your mum, kind of thing. Yeah, absolutely, and that in itself, on its own, it's not necessarily...

[00:13:16] **Donna:** Is it the same or different than what you would see in other families?

[00:13:19] **Lesley:** Absolutely, you go to that, but then what was really specific about these parent-carers is they felt they were very responsibilised into thinking this is my duty and it's *my* responsibility. So it's not just, I'm going to go and ask my mum and she'll help me out, it was very much like, mum, this is my job and I've got to do this, and I'm not managing it. And that's how it was then shared with mum.

[00:13:45] **Sarah:** Was that around a lack of understanding of what kind of support might be available to them? Or was it because they saw that lack of choice that they had, and it wasn't necessarily a good fit when they were offered additional support?

[00:13:55] **Lesley:** It was both. So it's both because it's about the fact that they don't know what's there, there's a big issue with that. And during this whole process, it was quite an interesting process for me because it happened over a period of years, from the point of data collection to then getting the article published, and during that period of time, without me realising what was going on, I then got identified as a parent-carer in my own right. And I have tried to navigate the system as a person who used to work *in* the system, and I've failed at it. I have utterly failed at it. I have no idea who to go to. You know, I think "oh I'll go to the social services", and *they* don't know what I'm entitled to. So they know one bit, and then a year after being supported, somebody says actually "oh, have you accessed this service?" I was like, I've never heard of that service before, what do they do? So it's both elements to that. The problem that we've got is that it's perceived that social services is where you go, but actually you can't necessarily access social services because actually they will only support families where it's over a certain threshold. So the child has to already have had a DLA assessment, so the Disability Living Allowance assessment, and they'll already have had to have been identified as either needing medium or high care component, and only then will you get a social worker to begin with. So I didn't know I was supposed to go for DLA. Nobody said anything. So there were things that we were finding in this research that they didn't know that they could access it.

[00:15:39] **Sarah:** It's so complicated, isn't it? And the person who could have said you need to do this would have been a social worker, but it's a bit cyclical because you can't speak to the social worker until you've done it, even though they're the ones that know you need to do it. Because you were a children's social worker before you moved into academia, and the fact that you yourself still found that system so difficult to navigate, just really demonstrates how complicated it is.

[00:16:06] **Lesley:** It is, because the issue for me is about, I remember years ago seeing I think it was Michael Lavalette talk, and he's a radical social work person, and he was talking about what he referred to it – I think it was him and I hope I'm not misquoting – is projectivisation. So basically privatisation by the backdoor. And that what happened was loads and loads of little different gaps have been filled by either voluntary services or small and medium-sized enterprises and social enterprises. And they've all been filled up, well not all of them, some of them have, but then *knowing* that service it's like, where do you go for that information? How do you know that that's the process that you need to go through? And that's what the parents were just, they didn't know that that this was something that they were entitled to. That was what we found, even though this organisation had got the funding and they'd set up and they'd tried to advertise, they needed to know whether the parents knew about it. And it was word of mouth. That was the main issue was the fact that people started talking, and then you have your own social networks and people start putting things in there and saying, actually, why don't you try such and such, which kind of makes me feel really sad.

[00:17:30] **Donna:** Yeah, potentially the people who are the most isolated and least supported are the least likely to know about the services then aren't they?

[00:17:35] **Lesley:** Absolutely. Because nobody's going to somebody's door and saying, right. If you've got this situation, this is what you're entitled to. If you've got this, you're entitled to this. Nobody's doing that. And I think the whole system, the navigation of that system, I mean completing an application for Disability Living Allowance is absolutely confusing. And the questioning of it, I sat and thought if I wasn't a social worker I wouldn't have known how to answer this question. And I probably therefore would not have got the support because I would have just thought, oh no, that doesn't apply. But then actually you think, it's not just about a physical thing, it's emotional support, and it's support around instruction, and things like that that you don't think about, but that actually other children they don't necessarily need that. So I can't remember what the first part of your question was, I've just realised.

Responsibilisation

[00:18:30] **Donna:** Can I just take you back to something you mentioned a few questions ago, just quite an interesting concept really, you mentioned, and it's quite strongly in the paper, this idea of responsibilisation. And when you talk about a concept like responsibilisation that sounds like an intentional strategy. And what I'm wondering is, linking that with this idea of neoliberal ideology, did you think that was intentional? And if so for what purpose?

[00:19:01] **Lesley:** So like the responsibilisation of parent-carers? It's funny because actually through the whole process I had to go through, when I was thinking about this, I was thinking, well, do I agree with that? Do I think that is what's been going on here? And it felt hard *not* to think that when I actually was looking at what these parents were talking about, because then aside from that, what I was then trying to do is look at what is this system? What's going on? And what I was then looking at as well was going back to my own experiences of looking at parents in child protection as well, and I was thinking about, what is the state expecting? And the way it feels like it's set up is to say that actually part of me is questioning, is it so difficult to find these services? Because if you find them, then that means you're accessing money that could be spent elsewhere by the state. So I did start to question that, that then if they don't know about something, they think they don't need to fill it. They don't need to fill that gap. So when we've talked about the research around volunteers and things like that...

[00:20:16] **Donna:** Financial savings.

[00:20:17] **Lesley:** It's financial savings, isn't it? So it's hard not to think that when actually you go through Austerity, and Austerity is presented to us as it's about economics, that's all it is. But when you start questioning that you can start to think, well actually, yes, but let's look at where the economic savings were made. And you look at them and they're in the public services. So I was a practitioner during the Economic Crisis, and I remember we were brought into a meeting and we were told, literally overnight services went out of commission and couldn't support it. I was working with a family where the mum had just been diagnosed as having a learning disability, so I wanted to refer her to support, specialised support around parenting, for parents with learning disabilities. And the service went. So the answer was, just sort something out yourself with her. And I'm like, well I'm not an expert, I don't know how to do that. So it does feel that when you look at *where* the savings have been made, is this about saying you've got to sort yourself out, we're not going to help you? And it does feel a bit like that, because then actually when you add on to that, all right, there is some support there, but it's so *hidden* from people that actually, if it's not being used, it then won't be funded. So then that's the saving, isn't it? So I did start to feel, I'm not saying that that is exactly what's going on and I can't categorically prove it, but I did start to question it. And it was the same with actually the idea of self-help, we're presented this as something that is really good for us, we should all be caring more about our mental health and wellbeing, and I'm not disagreeing with that, but when you actually start to look at it and you think, well, actually, what is that about? Because these parent-carers, when they were accessing that they were struggling, you know? And it's at the point of saying, ah, well, you're struggling, which means you're not doing it right, so that's when you need this. And it's only enough to send them back into what they can do.

[00:22:27] **Sarah:** Well, that idea of self-care – it's a capitalist idea of self-care that we take forward isn't it, it's become very marketised. I mean, even with what you were saying, that they could access, for example a massage, that's that kind of idea. If you're stressed and things aren't going right, you can pay for a massage and everything will be okay. But actually that's not the kind of practical help that's really going to make a difference. That might help them, in the short term, feel more relaxed, but actually if there are challenges and struggles that are happening a massage isn't going to be enough.

[00:22:59] **Lesley:** No, and it comes later in the process, it's not at the start of when you find out., I mean, these parent-carers, many of them were stuck within the *medical* system, we talk about the deficit approach and it is, because it's all about the negatives, it's all about, there's something wrong, there's something medically wrong, there might be disorders, there's dysfunctions. And all of this language is about, you were expecting this child and now this child is different; and this is what's going on, and they have to grapple with that, and they're not supported around that. And it's about where does that support come? And it doesn't come in a preventative way at the start of a process, it comes later when someone's struggling, and it's then just "here's what's enough", because obviously it was only a certain number that they were entitled to, they couldn't just get one all the time. It's a set amount, you can access it for a short period of time. It's the same with any of the sort of counselling as well, it's set times isn't it? You can have so much. And that idea is to just give you enough to cope. And for me, that counseling is around CBT, so Cognitive Behavioural Therapy, and the challenge I think with that is 'cognitive' can be very much about questioning somebody's thinking around it. So that's suggesting that their thinking is wrong because they're stressed. And I kind of think, well hang on a minute, stress isn't just about that individual person, it's what's going on around them. If you put somebody through a challenge like many of these parents were facing, and expect them to do it whilst being financially curbed in the money that they had, whilst trying to keep going, trying to manage that, managing their other children, then trying to navigate a system that they don't understand, are you surprised they're stressed?

[00:24:53] **Donna:** So what's the answer then? What would make it better for the parents?

[00:24:58] **Lesley:** I think that, well, the utopia is we completely reform the system, but I think that at the very least it needs to be acknowledged at the beginning. We have to find a way to support parents who are in this position before things... recognise where there might be challenges. So there might be challenges then in the parents who are navigating the health system, who are navigating the education system with their children. These are really difficult if their child does not *fit*, as such, it becomes a really difficult thing. So I think it's all in the earlier support, and it's around having a service that's there just to help those parents, and for that to be *known*, because somebody could very well be listening and thinking, but we do run this service! And I'm sitting there thinking, but I don't know what it is!

[00:25:49] **Sarah:** But that's part of the issue. All of these things intersect so much as well, don't they? Because what we're saying is that it's a very individualised response and the responsibility is placed on the parents. But actually what you're talking about there is if it's about trying to navigate that, and trying to find the right services and support, that still doesn't address the structural issues that actually create the struggles and the challenges for them, because it's still about you and your role in navigating that and finding the right support instead of actually, well, why is the education system problematic? Why is that child experiencing difficulties in accessing educational support?

[00:26:30] **Lesley:** Yeah, and it's because when we talk about these public services that are set up, there's an issue with things being very *broad* and very *generic*. And actually what they then do is they can't then function and deal with specialists or complexity within that. So you've got a mainstream education system that has to deal with classes of 30 children all in there at the same time with one teacher. So actually, how can a teacher then manage that and be *attentive* to every single need in that classroom? They can't. So that generic system is already the problem. So I don't have the answers for that. I mean, I have political ideas about that, but it's across the board and it does feel like the support has been eroded over the years, and I'm hopeful that that will change with getting information out there. I think what was concerning me with these parent-carers, it hadn't occurred to them to think about it in this way. And it hadn't occurred to me to think about it like that either when I started this process, it was only in doing it and having other people question me that I thought, yeah, actually, why is that the case? Why? And I just thinking in general, we're not asking that question enough. And practitioners are busy, and they're just trying to get on, and they've got massive case loads, they're trying to do the best that they can, and I don't doubt that, but people get missed. All the time.

[00:28:07] **Sarah:** Yeah. Because you mentioned earlier about access to social services being reserved for people who would meet a particular threshold, and that threshold seems to get higher and higher, doesn't it? And for social workers what kind of challenges does that create for them? Because presumably they would be in a role where they could be very supportive and helpful for people who don't meet the threshold, but still have a lot of need for that type of support.

[00:28:35] **Lesley:** They do, but it means that they don't go to those. So what's happened, and I've seen this through my practice, because when I was a trainee I remember it meant that I had to do my placements with a local authority that I was sort of sponsored by. And what they did was, I was working in sensory support, and I remember at that point, so that was about 2004 I think it was, so quite a while ago now, but what they did was they would give out lots of equipment. There was no question, it was just did the person need it? They got the equipment. And then as I went back and saw what was going on, that stopped. And then it was suddenly, actually we can't afford to just give this out, you've then got to have *worse* or *more* problems and *then* you can have it. And that has happened all the way along. So what I've seen happen with social work, certainly in statutory social work within the local authorities, is they're moving further and further away from the one-to-one work with people, and they're moving further back into these overseeing roles, with the most complex cases coming to them. So then what you're left with is elements of early help within the community. So I've had personal experience with that now, and I found that very challenging because actually I'm sitting there with the person who has not got the training that I would have expected them to have in dealing with children who have needs. And they're very much set on just what they are doing. So there are concerns in the profession that actually, and again it's a cost saving thing because actually the volunteers are cheaper and so are the people that aren't on professional courses. So we can save costs. So what's happening is we're *identifying* needs more, and they're there, but actually we're not supporting them, and we're creating more barriers to stop that.

[00:30:38] **Donna:** I'm just wondering, does it remove the blame a little bit as well when things go wrong? If you responsibilise somebody else the blame sits with them when a service doesn't work, doesn't it?

[00:30:47] **Lesley:** Absolutely. And then that's the easy way, because then the person's doing that and blames themself as well. Because if they don't cope, they blame themselves. There was a lot of self-blame. And it means that, for me that's not then the welfare state. The welfare state shouldn't be doing that. But that is what's happening, and it means that then they don't need to do anything because it's not their responsibility. And that's not what this was supposed to be about. I've taught for years about the welfare state, this is not what we should be doing.

[00:31:18] **Donna:** Do you think that's an intentional strategy then, or is it a by-product of a set of political ideas?

[00:31:25] **Lesley:** Well, I don't have the answer to that! Because obviously I am a bit of a Judge Judy fan, and that would mean I'd have to know the operation of someone else's mind. I think that there will be people who think it is intentional and people that think it's a by-product. I just think that whatever it is, it's not right.

[00:31:46] **Donna:** What did the parents think in the study?

[00:31:49] **Lesley:** They just thought if they didn't cope, they were to blame. They just thought they were to blame, it was their fault, you know? And they were really shocked about even thinking about looking after themselves.

[00:32:03] **Donna:** So in effect it doesn't really matter whether it's intentional or not because the outcome is the same.

[00:32:08] **Lesley:** Yeah, it doesn't make a differences. That's the thing that I think, well I might have some personal views on that, but when I'm looking at my research I'm thinking it doesn't matter, that is the outcome, that is what's happening, and people are not getting access to.

[00:32:22] **Sarah:** I suppose it matters in the sense of whether we can change it, because I guess practitioners, social workers are on the front line and they see the impact of these, because actually someone who can't access those services when they don't meet the threshold, at some point they may well meet that threshold. As you said before, they're not getting the preventative support. They're not getting the support and things might get worse for them and their situation. And social workers, as you say, are dealing with the most complex cases. So they're really seeing the impact of these policies and this political decision-making on the lives of the people that they're supporting. So getting back to what I was saying about well it does matter if it's intentional or not, because if it's intentional, maybe there's more, I don't know... maybe it doesn't matter actually, now that I'm thinking... but I was thinking if it is intentional maybe there is more scope to challenge and change that because there's an argument for social workers to be more engaged as policy actors, because they can see that impact. They see what happens when these policies are implemented and some people get access and some people don't. They see the impact when people blame themselves for not being good enough or not being able to cope. So they then could and should have that collective voice and feeding that back and saying, you know, what we're seeing on the ground is that this approach just doesn't work. It's not getting rid of need, it's creating more need, it's creating situations where people feel like they've failed as parents or that they're failing as parents, which is awful.

[00:33:53] **Lesley:** But it's knowing where to feed that back to, because that's part of the issue as well, isn't it? Because I think that in social work you have obviously your team leader and you have regular supervision with them to go through cases, but actually what you're doing there is very much, right, what's got to be done, what's got to be done, and usually there's so many families you're working with, it's done quite quickly. And a lot of it, and I think we've talked about it in other podcasts Sarah as well, it's about having that space to step back and think, actually, is this working? Is this actually helping? Because I know from just my personal experience, it was actually *leaving* practice when I started to look at it and think, hang on a minute, why did I do that? I mean, those thoughts were there while I was a practitioner, but knowing what to do about them, when actually I've got another family to go to, and I'm going to that one, and then I'm driving off down here to see this child, and I've got to do this thing and I've got to do that, you know, actually that space. So when I've talked to social work students about it I was saying, look, at the very least keep aware about what campaigns are going on. Like being in things like change.org and stuff like that, where people are raising personal experiences that they've had, and that if enough people are joining with that, it will be then considered in parliament. They will have to consider it after a certain point. And I've just said to them, if you can't do anything else, just do that. Just do something like that. But I think that's part of why we're doing these podcasts as well, isn't it? It's about saying, look, people are talking about these issues, but are they being talked about in practice? Are they being talked about where it really, really matters, where actually they are doing something. And can we get that awareness there to ask social workers to really think about, is that beneficial? Is that helping? And if it's not, we need to be challenging that.

[00:35:47] **Sarah:** Yeah. I think you're right, it's about how. How do they challenge that? And how do they know how to challenge it? Because you can feel quite helpless as an individual can't you? And there is power in joining together, so those spaces need to be there for that kind of collective action and that collective voice.

[00:36:06] **Lesley:** Yeah definitely.

The neoliberal citizen

[00:36:09] **Sarah:** So Lesley, in your paper you mentioned the idea of a 'good neoliberal citizen', and I just wanted to ask you what is a 'good neoliberal citizen', and how is this idea in tension with the values and remit of social services, do you think?

[00:36:28] **Lesley:** Oh, okay, good question, Sarah. The 'good neoliberal citizen' is effectively somebody who takes responsibility for their own life, for their own decisions they make, accepts the consequences of those decisions and does not go to the state for help. So actually does as much as they can to avoid asking the state for any help whatsoever, even if it's something that they cannot get elsewhere or that they would be entitled to because it is there, within legislation or policy, it's there that they're entitled to it. A 'good neoliberal citizen' does not go to ask for these things. So that's kind of around the responsibilisation of the individual, and it's something that very much appeared within child protection, years ago, where parents were becoming... we saw it happening through the riots that were happening years ago in London, and I think they were in Manchester as well, they were around the country, where it was very much about "that's the parents". So the parents are responsible for that. It's nothing to do with the state, because the state's the one that's putting those structures out there. So it's not the structures – I'm saying that slightly sarcastically, and don't know if that comes across in podcasting, that was my sarcastic voice, you know – so it's nothing to do with anything that we've done outside of that, it's always to do within the individual. So it is really about that person taking responsibility. And it means if they can't find work, that's their responsibility. If they're sick, in certain types of sickness, certain types of illness, it's their responsibility. So really there's a whole arena of things that actually, "no, you need to deal with this yourself first". That's the first thing you need to do. You need to accept responsibility and do something about it. And it should be this last resort to go to the state, you should do everything you can.

[00:38:35] **Donna:** I found that interesting in the psychosocial interventions that you were talking about, the parent, that they could access, that the only ones that were available were individualised.

[00:38:45] **Lesley:** Yes. And they were, it was about individualised things. Because it is there, it's about saying, okay, *you're* not managing, so it's *you*, you didn't manage with your role that you've got, that you're responsible for, so therefore, okay, you can come and get this, but then you must go back to doing it. And it's all about that. Getting them back on their feet so they can do it because if they don't, because obviously the state doesn't want them to then not be able to manage, because then the state *will* need to intervene. So actually if they just do enough to keep them there, and to hide it so they don't ask questions about it, they don't challenge it, then that's what this neoliberal state wants. It doesn't want to be asked, it wants people to just sort themselves out themselves. So I think with social workers, I think that's a problem because I think it's really hard to see it. It's almost invisible. I mean, the work that I'd looked at around the psychosocial stuff was I think Sugarman, and we've kind of been led to believe, as you were saying before as well Sarah, this idea of the massage and self-help and all of this kind of stuff is really good for us, really good for us, and we should do it because, we care about ourselves, don't we, and it's kind of presented in that way. That *of course* you've got to care about yourself. But actually when you look at it, is it about that? Or is it about stopping you from then going and asking for the help that you're actually entitled to? And actually when you start looking at like that, you can start to think, hang on a minute, is this service actually for the benefit of these people or is it for the benefit of the state to stop people from accessing things and to stop money being spent? I mean, I do agree that you don't want to waste money, you want to use money carefully and with consideration, but it does feel like, well, what's more important than the wellbeing of these people?

[00:40:50] **Sarah:** It's very short-term isn't it?

[00:40:53] **Lesley:** Yeah. But I think social workers will struggle to see that because they'll be doing their job and they will be immersed in that. And that's certainly a thing with social work practice and social work research, because that's something that I teach, they aren't easy bedfellows. They don't sit nice and comfortably with each other because when you've got a practitioner, they are there and they are *doing* things. And that's what they are. That's where they are doing it. And then you've got the research that goes on that seems to go on somewhere else, where people have a bit more time to step back, time to think about it. And it's really difficult for that busy practitioner to connect up with that, to pull that out and then actually start thinking about, hang on a minute, are we actually doing the right thing here?

[00:41:43] **Sarah:** It's just, there's so much that's really interesting in that, that I want to unpick... Just going back to that idea of the 'good neoliberal citizen' and this idea of individual responsibility and autonomy. And we do see that within social policy, with the personalisation agenda being a really good example of that, where service users are positioned as being very agentic and able to make choices and decisions. And that then does have a knock-on impact on social workers' practice, because if they're not having to make the decisions, because the person is managing their own budget and doing all of this stuff themselves, they're free to have bigger case loads, et cetera, et cetera, and that's not the reality. So we see this kind of... it's not really a question it's just like a follow-on from what you were saying. There's so many repercussions in practice of that kind of ideology and the way that it positions people that doesn't reflect the reality that actually people do need often more time and support to make decisions to understand what's available for them to access and to navigate their way through this system.

[00:42:54] **Lesley:** Yeah. Because I think the way this was presented, the idea of personalisation was presented about the choice and control idea, isn't it? Giving people choice. But actually when you start to look at those choices, it's like this kind of bourgeois illusion of it, and in actual fact is there any choice there? Can people actually make a genuinely informed decision about things? Because in order to do that, they need to understand what's actually happening. And that's the bit that's hidden, that the choices that are being made, it *appears* that there's choice, but actually there was no choice given earlier on in this process, or in people's lives, to help them to look at actually, but hang on a minute, no I don't want to go down that route at all. So because the preventions, because the early stuff's not there, they're already in it. They've already been taken down a road and then they're presented with what *appears* to be choice, so they make it, but actually that's quite kind of tokenistic choice, isn't it? It's not genuine choice of somebody to have that control over their life. I think that's where, for me in the research, I've done around my PhD as well, you can have something, that appears to be a good policy, can actually, when it's put into practice, can actually be quite discriminatory. And it takes quite a lot to realise that, a lot of thinking about it and really delving around underneath to see what's really going on, you know?

[00:44:24] **Sarah:** Yeah. That takes me back to that conversation we had before about policy actors and who has that role because the whole policy process is very closed off isn't it really? And whose voices are included and who's influential in making choices about what these policies look like? There's probably a whole podcast on that.

[00:44:47] **Lesley:** And how politicians get to be in charge of certain areas feels it's rather arbitrary as to who's in charge of children and young people, or who's in charge of this and who's in charge of that, and what's their background and where's that knowledge come from? And then you're like, well, hang on a minute! I think ultimately I do quite often just come back to critical thinking, and think actually if we go into things and we can try and be really good critical thinkers, then we can start to question. Because it is just about questioning it, and thinking, is that how it appears to be? It appears to be good – is it? And going back and thinking let's not just accept it because it appears to be okay.

[00:45:33] **Sarah:** I think your paper and this research really highlights that so well, doesn't it? Because on the surface, this is something really positive. You've got people accessing that respite and gaining something that I'm sure is really useful in lots of ways, but actually when you unpick a bit further, about how people feel about that, why it's set up in the way that it is, it's not quite as rosy as it might look at first glance.

[00:46:00] **Lesley:** And you have to be careful, I think, about how you then feed this back. Because I think, Donna similar to what you've done as well, you can't just comfortably go back to the organisation and effectively say to them, you're not really helping, you know. That's not going to be good, that's not helpful. And it isn't helpful, and I would never do that. I went back to them and fed back the service evaluation of what people said about it. But I think then it's a separate thing to me to then talk to the practitioners effectively and say, have you thought about it in a different way though? And I think it's about having an environment in which you can pose these questions. Because I don't think it's helpful to have this fed back to an organisation who's just trying to do the best that they can and provide a service. Because then that is disconnected isn't it? And I think that's about us thinking about where we place things and where we talk about them. And now obviously with this, I can then say these things and say, why not have a think about it?

[00:47:08] **Sarah:** Yeah. How could this look different, what needs to change?

[00:47:12] **Donna:** It needs that relationship though doesn't it between the practitioners and the research to enable that to happen? I think when you've got the practitioners, who've got access to the people, and they can see what's going on, on the ground, and the researchers have got the ability to step back a little bit. And it needs the two to come together to be able to start to answer some of those questions.

[00:47:31] **Lesley:** Absolutely.

[00:47:31] **Sarah:** It's so important, that relationship.

Facilitated Practice-based Research

[00:47:34] **Lesley:** That's why I came up with this particular model that I use with practitioners. Can I do a little plug for my model? I feel like it's a little plug for a model, which I call Facilitated Practice-based Research. So it's about recognising the fact that actually we need to be engaging with practitioners to hear what they're seeing. They're the ones that see things happen. So they're seeing the policy in practice, they're implementing aspects of policy into practice. So we need to get that from them. And then we then use that fact that we're slightly stepped back from it to pose some questions to that, that then can help them create research around it and look to see, hang on a minute, is that working? How does that work in practice? What does it actually look like? And I think it is about us having those relationships and continuing to do that. And it means the practitioners being open to us being a part of that. But it's about acknowledging that we have differences, but actually if we work out how to put them together we can actually create something really important, you know? And then we've got research that raises these questions. And then if we feed these back into the system, wherever that might be, but like an organisation I'm working with because they have – so Wallsend Children Community – they're funded by Save the Children, which is a large organisation that then can say something. So the research that's going on in a really small community environment, which we're working on, the University and I'm working on different projects with them, we can then feed that back in and they can feed it through into a larger organisation that then can feed it back. So maybe some of the answer is about how we're doing research. Maybe that's what we're coming back to. It's like moving it together with the practice rather than it just being separate. I think that's, for me, that's what I've come to find really important about what I do, is actually making those connections and working with the smaller organisations and actually then doing something with that research.

[00:49:43] **Sarah:** And that's a very anti-oppressive approach in many ways isn't it? Because it's thinking about who – research is production of knowledge, isn't it, and it's about what questions are we asking in research and who's deciding what those questions are? So actually going back to the people on the ground, practitioners, service users, people with lived experience as well, and taking our starting point from what they're seeing and experiencing, I think is really, really important.

[00:50:10] **Lesley:** Yeah, because I don't think we see enough about those experts, the people who have actually experienced it. And with the work I've done with Steve MacDonald, what we've been trying to do is create a methodological approach to say, actually, okay, if you are going to do this research in a really small environment, and go and get those voices and listen to those stories first, then actually in order to then feed that back into the larger system, what we then do is then take that and prepare quantitative research, so we then go and do surveys and test it, and say, is this experienced more broadly? Because then that's the data that you can then feed back into the larger system, which needs the facts and figures.

[00:50:54] **Donna:** Hmmm, it's interesting why the numbers are privileged though isn't it, over the voices.

[00:50:57] **Lesley:** I know, the numbers over the voices.

[00:50:59] **Donna:** That's a bit of a capitalist thing in itself isn't it?

[00:51:01] **Sarah:** Yeah, the fact that we have to quantify everything. Again, that's a whole other podcast, isn't it?

[00:51:09] **Lesley:** But it's this constant thing of you're trying to do the best, aren't you, in a situation, because that's where we are. But then what you're doing, you're kind of like, well, I'm not condoning that, but I'm working with it and I'm saying, okay, well let's actually get the voices, let's not ignore them. Let's get them, and then let's test them out, and then let's feed back into then, hopefully, this ideal situation in which all the voices are listened to and heard.

[00:51:33] **Sarah:** I think that's kind of a bit of an underpinning thing for this whole discussion isn't it? That we are embedded in these systems and structures and we might want to change them, but we're also constrained by them. So little steps.

I've got one last question, I don't know if you've got any final questions Donna, but I wanted to just ask you what you think the key messages are for social workers from your paper, and I guess from this conversation that the three of us have had today as well?

Critical practice

[00:52:02] **Lesley:** I think that that for me it's not so much about... my research tends to be around I look at different complex issues, but actually what I'm really focusing on is the practice and what people are doing. So I suppose for me it's about saying to social workers, even something that appears to be incredibly helpful and useful is not, necessarily. And so basically that they do need to be looking and challenging about everything and looking critically at everything, because just because something appears to be one thing doesn't mean it is. And I'm not saying that social workers have to constantly challenge in their working life, but just do a bit of digging at times. I think that's important because when we do think about knowledge, I'm teaching at the moment and there isn't just one type of knowledge, there isn't one answer to everything, it's constantly evolving and it's constantly changing. And I think it's really important that everybody, including those people who are actually doing this job and they're out there and they're working and they're seeing the impact of things, that they do question it, and they question their practice, because we do need to constantly evaluate it to make sure it's the right thing. And I think that's especially important in social work practice because the examples and the evidence around is what you're seeing every day. So actually looking at, am I actually helping here? Because if you ask social workers, and when they come into interviews, they're saying, why do you want to become a social worker? And the idea of help and support is always there. So I think going back to their values really, and saying "is it?" "Am I helping?" And I think we can all do that. I'll say that across the board.

[00:54:01] **Sarah:** I imagine that can be quite uncomfortable at times because there are certain restrictions, by virtue of the role. That's going to be a useful process though.

[00:54:14] **Lesley:** Yeah, so then I suppose it's then finding a way to then be true to that as you can. And if a system is a problem, thinking about what can I do as a citizen, you know, as a member of this society, about that. Because you're not just a social worker.

[00:54:33] **Donna:** I do have one last question. I think we've thought a lot about advocacy and ideology and quite political framing, and I just want to go right back to your service users and the parents. If you could put one practical intervention in place that would actually make a difference for them, what would that one thing be?

[00:54:57] **Lesley:** Do you know what? I think what's interesting from that is, because I'm listening to lots of different research, so as a social work research we always use terms like 'eclectic' because there isn't just one answer, there isn't just one theory, there's no one paradigm for everything. So when I've been listening to what other people are saying and thinking about what I did in my research, I do think that there is something missing, that actually one of the practical barriers, if I accept that this is how things are at the moment, I would want to help them out now. And I do think that this service did help them, without a doubt, they felt supported and they felt helped and they felt relaxed. That to me then should be just always available to them rather than it being something that was finite, that they only get so much access to it. But what I've really realised is, and it would be great if somebody is listening to this and can tell us that there is something out there, but that advocacy that can help them. Because we all encounter situations, it doesn't matter who we are and whether we are deemed to be in certain categories, vulnerable or not, we encounter situations that we're not prepared for. And we don't know what to do. And I do think that we need actually a service that's there, and not just be told go and join a parenting group on social media, or ask somebody else kind of thing, but actually be genuine in, right, there are people here who know the system and who have that knowledge and have that information. I mean, there are different advocates out there, because I've got a support from SENDIASS who are advocates for parents who have disabled children, but it doesn't mean they know certain systems, it doesn't mean they know all of it. And I think that's kind of my utopia, is to have basically that...

[00:57:03] **Donna:** Access to the knowledge.

[00:57:04] **Lesley:** Yeah. Because that's what stops people. And it's unfairly distributed. And it's unfair that some people know how to get round that and know how to navigate it, and other people don't. So there's no fair playing field there. And it means that the people actually that probably need it the most don't know that it's there. And that's the bit that I would want changing. I think, just to make a fairer access.

[00:57:33] **Donna:** I was just wanting to come back to that, because I think changing political and social systems, which we'd all like to do, it takes a long time. And sometimes it's just about going back to that practical, what do people need, that you might be able to do something with a little bit more quickly?

[00:57:48] **Lesley:** Yeah, and I mean, they needed the massages that they had and the counselling, because it was about the fact that, well they're in that position, so the strategies, so that's what I fed back to the service, that those were helpful. That people felt they were the experts, and it's hard when you're using terms like that and then we're saying, actually but you don't know what's happened here, but they found those helpful. So there was no doubt at all that that service was helpful for them. And it was supportive, even if they didn't access it, knowing it was there, and knowing that they could go to it.

[00:58:23] **Donna:** They felt supported.

[00:58:24] **Lesley:** They felt supported. So actually that service achieved, and that was the feedback on the service evaluation, that it did achieve what it set out to do. And it was about they need to do something to advertise it and get people to understand it was free, they didn't have to pay. That was quite a surprise to people, because it was funded, it was free access, but obviously the more people access it, the more restrictions have to come on. But I just feel like advocacy is actually a really important thing that you need, and sometimes it's not always independent and that can be a problem if they're in this 'inner system' that they're supposed to be advocating for. But I just think it's about the knowledge it's access to the knowledge.

[00:59:12] **Sarah:** Well, we've been talking a lot today and it's been really interesting. So thank you so much, Lesley, for chatting to us about your work and thank you, Donna as well for being a guest host today.

[00:59:24] **Donna:** Thank you for having me today, it's been really interesting to join the discussion. Hopefully you might have me back again!

[00:59:30] **Sarah:** I'm sure we will.

[00:59:31] **Lesley:** Thank you.

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[00:59:32] **Sarah:** You have been listening to the Portal Podcast, linking research and practice for social work with me, Dr Sarah Lonbay.

[00:59:39] **Lesley:** And Dr Lesley Deacon. And this was funded by the University of Sunderland, edited by Paperghosts, and our theme music is called, *Together We're Stronger* by All Music Seven.

[00:59:49] **Sarah:** And don't forget that you can find a full transcript of today's podcast and links and extra information in our show notes. So anything you want to follow up from what you've heard today, check out there and you should find some useful extra resources.

See you all next time.

[01:00:04] **Lesley:** Bye.