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Family Hubs and the vulnerable care ecologies of child & family welfare in austerity

Abstract:

This article takes an ecological approach to examine the legacies of austerity for local authority welfare systems in England and the implications for families seeking to use these services. Programmes of Early Intervention or Early Help that promote 'resilience' amongst marginalised families and reduce future dependency upon state services have been advocated consistently in the UK, currently intensifying with a period of welfare retrenchment and restructuring. Many programmes and approaches being promoted prioritise a discourse of individual or familial responsibility and seek to deflect attention away from structural and environmental changes that have taken place. We explore local authority family and child support services as relational care practices that have been fundamentally reshaped through austerity; in doing so we seek to shift the conversation from individual responsibility to systemic and collective vulnerabilities. Drawing on the concept of 'care ecology' to conceptualise local authority Early Help services as 'carescapes', we focus specifically on the changing context of 'Family Hubs', and the fragmented nature of service provision. As with any ecosystem, care ecologies are constituted by interconnected and interdependent actors, processes, and systems. Damage to them produces unintended consequences which exacerbate underlying 'vulnerabilities'. We explore this as a legacy of austerity, noting that this has resulted in forms of socio-spatial distancing from care provision for families, disrupting protective networks and support systems. We argue that local authority support services would be better focused on systemic and collective vulnerabilities rather than individual responsibilities in order to provide meaningful support to families.

Graphical Abstract:

England's local authority Family Support systems can be thought of as care ecologies intended to promote the welfare and wellbeing of children, young people, and families. Family Hubs are now promoted as primary sites of Family Support services, yet these care ecologies have been fundamentally damaged as a legacy of austerity, demonstrating their vulnerability. This paper explores how the material and social welfare spaces of Family Hubs have been hollowed out and made distant from families, failing to address vulnerabilities and at times invertedly contributing to them.



Introduction

Varying forms of 'early intervention' to promote child and family wellbeing have been a core focus of child welfare practice in England since the Victorian period (Frost et al., 2015). Approaches to family support have historically cycled through different forms of engagement and interventions, fluctuating between more community orientated, universalist models of family support (Pierson, 2011), and more controlling, targeted and decontextualised approaches marked by dynamics of policing 'families in trouble' (Lambert, 2019). There is some indication, too, that these shifts also coincide with economic transitions from periods of relative affluence to times of greater austerity (Lucas and Archard, 2021). In England, systems of child welfare are increasingly reported to be bureaucratic, risk-averse cultures, with diminishing resources, moving away from universalist support for families, which has 'potentially led to a crisis in the child welfare system' (Frost et al, 2015: 15). In the past decade, and coinciding with a programme of austerity, the UK government has increasingly advocated early intervention policies, which are often couched in terms of cost savings, both in terms of avoiding later expensive statutory intervention and producing more economically productive future citizens (Allen, 2011). This policy rhetoric is imbued with discourses of promoting independence and individualised resilience, while cuts to public spending have eaten away at the supportive fabric of child and family welfare services (King et al., 2021). More recently, these policy agendas have coalesced around the promotion of 'Family Hubs' as 'new' and specific spaces of early intervention, which can be ordered and utilised to help mould people into responsible, independent and resilient citizens. Despite this policy agenda, local authority budgets have been decimated following a decade of austerity, and spending on statutory interventions has been prioritised whilst universal, preventative services have lost funding dramatically. Substantial 'reductions in overall funding for local authorities [has] meant that

the 'early intervention' allocation [has fallen] by 64% between 2010/11 and 2017/18' (Smith et al, 2018: 4).

Here, we draw on findings from a research project that explored the provision of local authority Early Help services, considering the experiences of practitioners delivering services and the families seeking or receiving these services. While these services may currently be termed 'Early Help' we use the term 'Family Support' in order to draw attention to the continuities (and ruptures) between local authority services that seek to support children and families. We adopt an ecological approach to explore how Family Hubs (as one component of local authority Family Support provision) have been (re)framed as primary spaces of 'early intervention', building on a growing interest in geography towards operation of child and family welfare systems and practitioners (Disney and Lloyd, 2020) and 'family troubles' (Evans et al. 2019). We draw on the concept of 'care ecology' to conceptualise local authority Family Support services as 'carescapes', following Bowlby and McKie (2019). We build on the care ecology framework by introducing the notion of 'vulnerability' (Fineman, 2019). As with any ecosystem, care ecologies are constituted by interconnected and interdependent actors, processes, and systems. Damage to one element may have unintended consequences, producing or contributing to vulnerability. We argue that attention to systemic and collective vulnerabilities rather than individual responsibilities is essential in order to deliver meaningful support to families.

We begin with a contextual overview of Early Help and Family Support services before discussing the recent interest in Family Hubs (HM Government, 2021), and their emergence at the end of a decade of austerity that has left the British welfare state 'retrenched, reconfigured and broken' (Farnsworth, 2021). We then discuss our theoretical approach, before providing an overview of how the research was conducted. Our analysis of the findings explores how local authority systems and services, remade by austerity, are perceived by current Early Help practitioners, and then contrasts this with their operation in practice. We conclude with suggestions for the future role of Family Hubs in local authority Family Support provision.

The Context of Early Help Services and Family Hubs under Austerity

What is termed Early Help services may vary across local authorities, but it broadly encompasses both universal services that aim to provide support for a wide-ranging population; and forms of advice, guidance and assistance intended to improve families' capacity to access and make good use of those services. In describing Early Help in their recent review, Edwards et al. (2021: 6) note that:

'it implies a focus on intervention before a challenge facing a family escalates to the point where statutory [children's social care] services are required...Early Help has become the preferred term for a range of services provided to children with additional and (increasingly) complex needs, which fall below the threshold for referral to [children's social care].'

In England, the form and ideological positioning of child and family support has been changing over the past two decades, characterised by a move towards 'child protection' and 'risk identification' rather than universal family support services (Lucas and Archard, 2021).

Parton et al. (1997) criticised these shifts in policy and practice from forming 'consistent, trusting, professional' relationships with parents without assuming guilt or innocence, to a system of social workers as managers of 'cases' who had to 'assess risk' and then attempt to reduce or eliminate it. Such critiques have led to calls for a 'social model of child protection', with attention to the economic, environmental, and cultural barriers and everyday materialities of families' lives (Featherstone et al., 2018). Early Help services have been promoted by some to provide meaningful support to families, and to avoid later intrusive risk orientated statutory intervention (Munro, 2011).

While the child and family welfare system appears overly preoccupied with risk and statutory interventions coupled with a decline in family support services, there has been a renewed focus on Family Support services of late. In July 2020 the UK government began the Early Years Healthy Development Review (for England), focusing on the first 1,001 days through pregnancy to the age of two, identified as a critical period where 'the building blocks for lifelong emotional and physical health are laid down.' (HM Government, 2021: 7). This contrasts with the longer period of support that was historically offered by the UK wide Sure Start programme (ages 0-4) and which has been favoured/continued across other parts of the UK (Sure Start Northern Ireland, Flying Start Wales, Best Start Scotland). Emerging from the 2020 review were government plans for a 'new' network of 'Family Hubs', with £14 million set aside to develop this policy (Ibid: 72); later increased to £82 million. Family Hubs are largely built upon what were the material and social spaces of Sure Start; a flagship Labour policy that began in 1998 and saw children's centres set up to offer help to families, within 'pram pushing' distance of their homes (see Jupp (2013) for an overview).

The Sure Start programme was designed and implemented as a form of 'Early Help', but on a much greater scale than any previous (or subsequent) initiatives of the same kind. In this sense, it provides a crucial reference point for similar types of intervention, whether initiated on a local or national scale. The initial phase of Sure Start sought to develop family support services focusing on the early years in the 'poorest areas' of England (Bouchat and Norris, 2013), but this was succeeded by a substantial expansion of the scheme towards universal provision of 'children's centres' from 2003 onwards. Here, significantly the features of universalism and accessibility represented an important refocusing away from an emphasis on specialist services for marginalised populations and localities. With the objective of establishing 3,500 such centres nationally, government was spending an estimated £1.1 billion on the programme by 2010-11 (Bouchal and Norris, 2013: 4). Despite concerns about confused policy objectives (Bouchal and Norris, 2013: 7), and some unevenness of outcomes apparent from a number of evaluations (National Evaluation of Sure Start Team, 2012; Jupp, 2013; Sammons et al, 2015; Cattan et al, 2019), the distinctive character and scope of Sure Start and the ensuing children's centres must be acknowledged. Key early years' provision was, indeed, made available within 'pram pushing distance' for a great number of young families, and access to core services was not limited or restricted to those who could prove a need or had to demonstrate their own shortcomings in some way (Smith et al, 2018). Major programme evaluations of Sure Start always encountered the twin problems of seeking to measure potential long-term impacts over a compressed timescale, and of distinguishing specific programme effects from the impacts of wider social and economic change or policy shifts. Nonetheless, studies have identified some important outcomes in terms of changes in perceptions and behaviours amongst families which are

not necessarily so susceptible to large scale measurement (Horton and Kraftl, 2009; Jupp, 2013). Here, for instance, the ‘small-scale activisms’ identified by Horton and Kraftl (2009) offer some important connections with theories of ‘resilience’ (Hey and Bradford, 2006), ‘empowerment’ (Williams and Churchill, 2006) and building ‘social capital’ (albeit with reservations; Bagley, 2011).

Material and social remnants of Sure Start infrastructure persist, but in vastly diminished forms (Jupp, 2022). Public spending on Sure Start, which stood at the equivalent (inflation adjusted) figure of £1.8 billion in 2009-10 saw cuts of 48% between 2010-11 and 2014-2015, and a further 43% from 2014-2015 to 2018-2019 (Vizard and Hills, 2021). From 2013 onwards the focus and reach of these spaces changed from universal to more narrowly-defined services, targeted at ‘high need families’. The overall number of registered children’s centres was also greatly reduced with over 30% closed by 2017 and those still in operation offering a restricted range of services (Smith et al., 2018). As Smith et al. (ibid) note, because there are contested definitions of children’s centres the total number of closures is hard to capture and is likely higher with further reductions anticipated. Thus, an expansive network of resources and physical settings providing a universal service to families with children has regressed into a much smaller number of less well-resourced Family Hubs, targeted at a much narrower age group and a much more tightly defined population of those ‘at risk’ in some way. This ‘legacy of austerity’ (Irving, 2021) suggests a system that is hollowed out and made vulnerable, a residual care offer for those on the margins of society, rather than one poised to offer meaningful family support to a broad cross-section of the community. We now consider the vulnerabilisation of care ecologies.

Vulnerable Care Ecologies

The intention of care, whether formal or informal, is the maintenance or promotion of wellbeing of others and the world around us (Fisher and Tronto, 1990). Importantly, for our understanding of the operation of Family Hubs, care and caring are relational processes (Milligan and Wiles, 2010). They have often been separated broadly into two strands; caring *for* and caring *about* (Tronto, 1989). The former encompasses specific practices of caregiving and activities of care practitioners (both formal and informal), whereas the latter relates more closely to the emotional and affective relational components of caring (Milligan and Wiles, 2010). While it is often presented, particularly in policy terms, as unidirectional and dyadic, care involves networks of relations, reciprocity and multidirectionality (ibid, 2010).

Similarly important is the inherent spatiality of care, which has long been a focus within geographical literatures. Geographers have explored how care is experienced and practiced across a range of sites (see Conradson, 2003; Milligan and Wiles, 2010). Power and Williams (2019: 2) conceptualisation of formal care spaces is pertinent here:

‘[They are] ‘organisational spaces’ ... [which] disclose care and facilitate practices of caring for, about, with others, both human and non-human...[operating] within defined spatial settings such as homes and drop-in centres...and are created through the caring labour and intentions of users, including staff, residents and visitors in conjunction with the material environment within which they are located.’

Relatedly, the concept of a 'carescape' has been developed to make sense of macro and micro processes that shape spaces of care, aiming to shed light on relationships between infrastructure, services, legislation, and policies (Bowlby, 2012). The services of a local authority can be thought of as a carescape, which: 'may be influenced [by] ... work intensification, privatisation, trends in benefit and taxation policies, and changing ideas and discourses concerning care provision and the "deserving citizen"' (Bowlby and McKie 2019: 534). Building on this concept, Bowlby and McKie propose the notion of a 'care ecology', which captures the complex relationships, interconnectivity, and interdependent nature of these systems. They explain that these systems comprise 'complex and dynamic chains of causality, since the "environment" for any particular organism is formed by other organisms as well as by a multiplicity of physical properties.' (ibid: 536)

They suggest that the care ecology model can help us to understand different caring processes in the wake of a decade of austerity policies. We agree that this conceptual tool is useful in shedding light on the operation of formal care services, notably those of local authorities. We propose, too, that this concept might be developed further, with a conceptual focus on vulnerability. As Bowlby and McKie imply, these care ecologies may be altered by changes in one area or another within their complex chains of causality and internal tensions. These care ecologies can thus be thought of as *vulnerable*, reflecting extensive literatures which document the vulnerability of ecosystems to human intervention, with often devastating, unanticipated consequences for wider parts of the ecosystem. We argue that the preceding decade of cuts to various aspects of local authority services has produced a wide number of disparate but interconnected consequences for child and family welfare services.

People seeking informal or formal support are often characterised as exhibiting a form of vulnerability (Fineman, 2019). The concept of vulnerability has gained significant traction in discourses of child and family welfare, deployed in both policy and practice. As Brown (2015: 1) notes, discussions of vulnerability often appear benign and an attempt to promote social justice reforms, however those 'who are supposedly vulnerable may be resistant to being described in this way'. Vulnerability has also been problematically located within individuals, positioning them as culpable for their situation, rather than recognised as a product of wider structural determinants (Hollomotz, 2013). Accordingly, welfare provision is often designed to be targeted towards 'vulnerable' groups, and while this may appear an important means of achieving social justice it can be both stigmatising and place 'different groups and interests into a competition over scarce resources on the basis of 'deservingness' ... with those who are most compliant arguably finding their entitlements most secure.' (Brown, 2015: 191). In the wake of austerity, and the increasing tendency of children's services to be targeted towards risk elimination, this should be a key concern for practitioners and policy makers.

Vulnerability, however, can also be understood as a universal and fundamental human experience (Fineman, 2008). Davies et al. (2021) argue that the COVID-19 syndemic (see Horton, 2020) has highlighted our collective vulnerability and inherent interdependency. It is notable, too, that universal welfare services were designed under the presumption that any person is vulnerable to hardship (Spicker, 2014). Vulnerability should also be understood as a complex socio-spatial phenomenon; there are certain physical locations

that are generative of vulnerability, but to focus exclusively on these sites may risk obscuring vulnerabilities that extend beyond specific places; the relationship between locations, spaces, settings and resultant vulnerability is complex and non-linear. Vulnerability must be understood through its social context and dynamics, and its ecological situatedness: 'any attempt to make sense of vulnerability also brings into focus the nature of the connections between institutions, social practices, individuals and the state' (Brown, 2015: 29). Care systems, such as Family Support services and Family Hubs, are designed to address vulnerabilities, but systems that function poorly may fail to alleviate vulnerabilities and at their worst may contribute to them. We now outline our methodological approach to exploring the vulnerabilisation of these systems.

Methodology

This ten-month project was conducted in 2019 and concluded just before the initial COVID-19 lockdowns in England. It responded to a research call from a local authority, seeking to learn more about family characteristics and risk factors involved in child welfare cases, with a particular focus on the operation, provision, and experience of their Family Support services. The research was intended to address key questions for the local authority in moving forward in their work with families. A final co-production workshop, involving participating families and local authority practitioners, focused on translating the findings into policy and practice.

The project adopted a four-phase, mixed methods approach. The first phase involved a desk-based review of literature around English child welfare practices. From this, six briefing notes for local authority policy officers were produced. Phase two involved collecting and analysing primary and secondary quantitative contextual data that the local authority already held or had access to. Phase three comprised 22 semi-structured interviews with local authority practitioners (Early Help staff, social workers) and partner agencies, including third sector organisations. The interviews explored experiences of working with families, the provision of services and their perception of the challenges faced by the families they work with, as well as the impacts of austerity and poverty on the local area.

Finally, phase four involved participatory work with a group of parents and carers (who had either received or sought support from the local authority) and a separate group of young people involved with the care system. A series of three participatory workshops with parents explored families' experiences of Family Support services – their circumstances, needs and preferences. Orientating to parents' experiences provided a valuable opportunity to switch from a perspective of strategy, public administration and professional practice, to a perspective of what it is like to work with, or navigate, Family Support. This opened up discussions and questions about how the service provider and service user narratives compare, and why. The work with parents and carers was grounded in their experiences and stories and was guided by recognition and understanding of: the importance of situating their experiences, the history and processes involved in those experiences and that as they are best placed to articulate their own experiences, circumstances, needs and preferences, they should be empowered to do so. We adopted a Participatory Action Research (PAR) approach, our aim being to enable community action (Baum et al., 2006); arts and discussion-based prompts were used to support the parents to develop a shared narrative

of their experience of seeking and using Family Support services. PAR involves conducting research 'with' rather than 'on' people, and is underpinned by principles of equality and democracy (Banks et al, 2018). Knowledge produced is grounded in participants' lived realities, with arts-making methods utilised to materialise the embodied, sensory, and affective experiences of the local authority care ecology. Parents worked with the researchers to create a series of graphic layouts and a short film containing key messages for Council decision makers. These were used as the basis for the final project participatory workshop, designed to support collaborative conversations and action together with Council Officers.

Participants were recruited utilising a purposive sampling strategy. Local authority practitioners were recruited anonymously through the local authority itself, while parents and partner organisation practitioners were recruited through third sector networks. This reduced the risk of participants feeling pressured to participate or feeling unable to speak freely in case of identification. Ethical approval was received from the lead university. Informed consent was received for all interviews and participatory research. All interviews and participatory research took place in person (pre-pandemic) and the transcriptions were coded. A thematic analytical approach was adopted for both quantitative and qualitative data.

Findings

Our findings focus on how changes to service provision under austerity produced vulnerabilities within the carescape, making navigation of the services increasingly difficult for marginalised families. Systemic and structural vulnerabilities such as socio-spatial and physical distancing, and changing care relations emerged as interconnected and interrelated issues for families seeking support, reflecting the ecological nature of these systems.

Vulnerable or resilient welfare systems?

While the primary aim of data collection was to understand how the local authority care services were being received and experienced, austerity's legacy also loomed in the background of our conversations with all participants. In our initial interviews with practitioners, they articulated their unease towards the effects of austerity on the families they worked with, connecting it to various issues, such as the rollout of Universal Credit¹:

'I think definitely I've noted it within the past year, as well, the amount of families that are asking for food bank vouchers, families that are really struggling with the Universal Credit [system] and how that process works ... and understanding that. A lot of families that are ... unemployed, the young people are struggling.' [Youth Outreach Worker - 1]

However, when asked if there were specific local services that had been impacted by austerity measures, practitioners tended to point to third sector or privately run

¹ A flagship policy of the UK Coalition Government (2010-2015), which amalgamated existing benefits into a single payment in order to 'simplify' the process. The policy and its delivery have been subject to considerable critique, which is beyond the scope of this article to cover (see Tucker (2019) for a discussion of child poverty and concerns over Universal Credit's operation and impact)

organisations that had closed rather than council services. Austerity was seen to have impacted on the local area, but in relation to their own services there was a sense of pride at how the local authority services had persevered and weathered the preceding decade; they were 'resilient':

'... obviously, over the last five years it's just got lower and lower, and budgets have just been cut, but we still manage, we do. I maybe shouldn't say that, but we do, absolutely.'
[Family Hub Practitioner - 1]

The mobilisation of collective emotion has been acknowledged as a subtle means by which austerity has been successful; accepting of the necessity of cuts (see Wilkinson and Ortega-Alcázer, 2019). In this case, there was a sense of emotional resilience in having weathered the storm and still managing to provide services. Families and third sector professionals working in this field, however, narrated different experiences of local authority care services, expressing reluctance to engage with them in their current form. This was something the local authority was aware of and concerned about. In interviews, many practitioners emphasised the 'new' Family Hubs as a key component of their redeveloped and improved Family Support offer to engage with families:

'I think the main thing for us is the Family Hubs have changed over the last, maybe, six months or something, we're trying to offer more and get people into the Family Hubs and just broaden that service. We're trying to get families back in and getting the support they need, really.' [Early Help Officer – 2]

For local authority practitioners, the Family Hubs represented a present and potential future of welfare provision for local families, illustrating the anticipatory geographies of welfare in the wake of austerity's legacy (Horton, 2016). Despite a decade of austerity cuts, their care offer was perceived as remaining robust in these spaces. However, as the research progressed, notable vulnerabilities emerged in the care ecology of the local authority, in particular within the operation of its Family Hubs.

Socio-Spatial Distance:

While the local authority sought to promote Family Hub spaces, the operation of particular discourses and practices within the Family Support services were generative of socio-spatial distance from families. Certain professionals appeared to have internalised discourses of individual responsibility permeating Western neoliberal social policy (often posited as justification for austerity measures), seeing a need to avoid creating 'dependency' through an overly generous welfare system:

'[What] we did originally back ten years ago, is we gave families everything and we told them what to do, then you've created a monster because they don't know how to help themselves. And I think that's not any fault of the professionals, it's just that's how we've thought we should work and stuff.' [Early Help Officer - 1]

The internalisation of these discourses illustrates how effectively austerity messaging about the need to restrict welfare provision has permeated into everyday practice. This potential

'othering' of families was exacerbated through association with targeted services and child protection processes, which made families nervous about attending the Hubs. Professionals working in the Hubs noted this, explaining that many of the people that they were working with were currently referred through higher-level statutory interventions:

'Most of our families come through referral, like you say, social care, so we get them from the social workers if it's part of a child protection plan or some other plan. We also are getting quite a few from CAFCAS² at the moment, from the courts themselves, so from solicitors, we're getting them through that.' [Family Hub Practitioner – 1]

Reflecting further on barriers to accessing the Family Hubs, she noted the operation of these risk orientated high-level social care referrals as generative of socio-spatial distance between families and the Hub:

'I think [if] they feel they have to, certainly, if a social worker has sold it to them, like, "I'm sorry, but you have to do this or you don't get your children back," it gets people's backs up a little bit, I think it's the way it's approached maybe.' [Family Hub Practitioner - 1]

This jarred with what are presented as spaces of supposedly universal service provision (as they were as Sure Start centres), entangling them in formal and coercive child protection processes rather than the voluntary and 'invitational' services they might have been expected to provide. Association with child protection social work was something that the practitioners were keen to avoid, as it carried with it the implicit risk of the loss of one's children, yet the spaces appeared to be already enmeshed to some extent with risk orientated social care interventions, making parents uneasy.

These processes highlight complex processes and dynamics at play in the local authority care ecology; while envisaged as open and universal, discourses about dependency are illustrative of an adherence to more targeted services for specific 'vulnerable' groups, raising parallel issues of the conditionality of welfare provision and who is denied or deserving of help (Brown, 2015). Additionally, as Clayton et al. (2016) note, shifting relationships under austerity localism has distanced certain practitioners from their established work and networks, straining existing relationships. The Hubs demonstrate how this takes place through paradoxical attempts to draw in families to encourage them to address their 'vulnerabilities' while simultaneously pushing them away through the association with statutory welfare practices, and arguably thus generative of vulnerability.

Physical Distance

In addition to the production of socio-spatial distance, services and the families they were attempting to support were also physically distant, a direct result of austerity's legacy in the local area. As noted, the local authority's Family Hubs inherited what remained of the former Sure Start infrastructure. Many of the local authority practitioners positioned these Family Hubs as the primary model now for delivering resources and help. However, parents

² 'Child and Family Court Advisory Service' is a public body, which provides advice and reports during family court proceedings to determine where a child may live, such as for a Child Arrangements Order, adoption cases, care and supervision orders.

experienced them as diminished versions of what went before, and conveyed a heavy sense of loss and disbelief at what had happened to their former services. Graphic 1, created in the participatory workshops with parents in order to capture their experiences of using Family Hubs and Family Support services, portrayed a system hollowed out:



(Graphic 1)

Parents relayed a sense of local authority services that had become withdrawn and physically diminished (reflecting Clayton et al, 2016; Coe et al, 2008; Hastings et al, 2015). This was apparent in the physical locations of the Family Hubs, ostensibly in the areas of highest need, yet practitioners noted that not all areas were covered equally:

'I think some of the ones that were situated before were in some of the areas that needed it, ... and I think there were others that maybe they didn't need it in those areas ... But, yes, there are still areas within [the city], I would say, that maybe still need something within the heart of that community, yes, even if it's a satellite type unit.' [Family Hub Practitioner - 1]

Sure Start centres were originally to be located 'within pram pushing distance', to promote universal access to services (Garbers et al., 2006). While this was often not fully achieved in practice, the current Family Hub network is notably reduced from the original Sure Start spaces, demonstrating how austerity has resulted in the 'thinning out' of welfare infrastructures (van Lanen, 2017). In the local authority area where we carried out the study, twelve Sure Start children's centres were replaced by just four Family Hubs in 2018.

The local authority was concerned that fewer families appeared to be accessing the services within these spaces but rationalised this as a result of them being relatively new, while those practitioners based in the Family Hubs, articulated a different perspective:

'[If] they don't drive then they're really relying on taxi, family and friends. We've had some people who have come to us who have a really good commitment from grandparents or brothers and sisters who transported them all the time. The bus routes, although quite frequent, you need to get two or three buses if you want to get to here to our Family Hub, which would make it quite difficult for people.' [Family Hub Practitioner – 2]

Significant in this quotation is the need for families now to rely and draw upon on their own networks in order to access services, illustrating the physical shifts from the previous Sure Start infrastructure in the area. The isolation of the Hubs from families encouraged to use them is demonstrative of the vulnerabilisation of care ecologies through austerity; the

reduction of Hubs and the fragmentation of public transport means seeking out complicated and possibly unaffordable transport to reach service provision. The Family Hub practitioners were aware of the physical isolation of these spaces for some families, but were constrained in their own ability to make these services accessible to them:

Interviewer: What are the typical barriers then to engaging with families?

Respondent: ‘... Sometimes, financial, so if maybe they have to get a bus here, things like that, obviously, there are the four hubs so we would try and give them the nearest one, but we never know.’ [Family Hub Practitioner – 1]

There is an inherent tension here, where certain families are responsabilised to use such services in order to address their vulnerabilities yet are unable to do so as the services have become physically inaccessible. Through these damaged urban infrastructures, which disrupt the operation and accessibility of the care ecologies, austerity’s legacy is materialised in the city (Hitchens, 2016).

Changing Care Relations

Changing care relations and inconsistent co-ordination of resources also emerged as themes in our research, indicating other vulnerabilities within the operation of the local authority care ecology. This appeared to be happening for several interconnected reasons. The outsourcing of local authority services made them fragmented and incoherent to families. For one of the Hubs, the physical distance from families described above was further exacerbated as the onsite nursery was now private and was often unable to offer free childcare to parents who may want or have to attend their services. Parents articulated this powerfully in Graphic 2:



(Graphic 2)

They also narrated their sense of systems as now disconnected from one another, requiring them to engage in repeated bureaucratic tasks and retelling their story multiple times. The fracturing of a unified service to multiple providers left parents feeling as though they were treading water and never getting anywhere closer to support. This is akin to what Kiely (2021: 721) has explained as ‘the circulation of people in the holding pattern [which] serves to sustain punitive durations of waiting in conditions where meaningful care remains a

remote possibility.’ The processes camouflage austerity’s legacy, Kiely argues, ‘concealing the withdrawal of care beneath a temporality of perpetual delay.’ (ibid: 721) For parents, these processes had the effect of rendering services both socially alien and physically distanced from them and left them reluctant to re-engage. Ultimately, far from alleviating their vulnerabilities, parents’ experiences of seeking support were marked by anxiety and frustration.

Notably, Family Hub practitioners were similarly aware of this, explaining that in the past they had engaged in community outreach work, which had been essential to garnering trust with families and encouraging them to access support:

‘[The] amount of times you would go to somebody’s home and there would be somebody else that you’d only previously worked with, or then somebody would come to a session because they’d met you in somebody else’s home and they’d, you know, well, so and so said you’re alright, we can trust you ...’ [Family Hub Practitioner - 2]

These community outreach activities were now provided by an external agency, however, which had changed the relational care work conducted by the Family Hub practitioners. The loss of these engagement practices had contributed to a consequent erosion of familiarity and *trust* that rippled through the wider community.

This was also echoed by interviews with third sector professionals, who similarly lamented the lack of community work and thus socio-spatial distancing from the local authority’s services:

Interviewer: *[Do] support workers from the council just feel too removed, they’re not part of the communities in that way?*

Respondent: *I think the community would see them as not being part of it. So, if they are located [in the community] and they became Jane Bloggs, you know what I mean, yes, she’s a social worker or a family support worker or whatever. And it’s the word of mouth, so if I’ve gone to [the] Community Centre and Jane Bloggs, who is a social worker, is saying, I have a good relationship with my kids, then I’m going back into my community ... ‘You want to go and see Jane, she’s really nice and she will help you,’ they are the ways that it works.* [Third Sector Professional]

Ultimately, this meant that families withdrew from these services, hoping to rely on community or voluntary sector networks instead, as shown in Graphic 3:



(Graphic 3)

Clayton et al. (2016) similarly found that the use of competitive tendering in local authority services often caused significant damage to trust, which rippled out into the wider ecosystem of the local authority. Changing financial relationships and expectations under austerity often led to a shift in relationships between local authority officials and voluntary sector organisations, as well as between voluntary and community organisations themselves. This is perhaps one of the less well-considered consequences of the changing balance in the relationship between private and public welfare provision in favour of private outsourcing under austerity. The balance between public and private actors in delivering, financing and controlling welfare services has been significantly altered, with a dramatic shift from public provision of social care services to contracted out care between 1979/80 and 2013/14 (Obolenskaya and Burchardt, 2016). These trends accelerated under austerity, alongside an increase in expectations of unpaid and informal care to fill gaps in public financing. Such changes have destabilised the relational work of formal care provision by undermining trust in practitioners and reducing engagement with universal services, thus instead of addressing vulnerability they become a source of it as families resist engagement or are unable to and thus do not receive support.

Conclusion

In this article we have explored how the legacies of austerity have shaped local authority care services, with a specific focus on the operation of Family Support systems. We note a general trend towards risk identification and elimination within child welfare provision at the same time that resources for universal family support have been radically reduced. More recently, in England, the government has emphasised the importance of Early Years provision and announced renewed funding for Family Hubs, yet this is very limited in comparison to previous levels of funding. These spaces have been heralded as 'new' forms of provision and yet they have inherited the remnants of the former Sure Start infrastructure, which has been fundamentally damaged by sustained cuts following a decade of austerity. These 'new' forms have often included new roles for private sector organisations, new expectations placed upon voluntary and community organisations, and shifts in the relationships between local authorities and wider civil society actors involved in providing care.

In making sense of austerity's legacy for the operation of these spaces, we follow Bowlby and McKie's (2019) call for attention to the interconnected nature of care systems and

conceptualised the formal care services of local authorities as care ecologies. We note significant utility in this framing but build on it with the conceptual development of ecological vulnerabilities. Such an approach provides insights into the ways in which shocks or changes to care systems, such as austerity's cuts, may produce unintended consequences for practitioners and those seeking to use these services. While welfare policy and practice is often directed at the 'vulnerable', we suggest that the welfare state is now itself distinctly vulnerabilised and operating in a way which often exacerbates rather than alleviates vulnerability. This approach and perspective could also be applied to other landscapes of care, beyond family support services, in understanding the particular restructuring of caring practices that have occurred under austerity.

In exploring these care ecologies in dialogue with practitioners and PAR activities with parents using these services, fractures and interconnected systemic vulnerabilities became apparent in the local authority's care offer. Fundamentally, while the local authority appeared conscious of the increasing distance of their welfare provision from the families they sought to help, the promotion of Family Hubs as a 'new', primary form of Family Support provision could not compensate for the impact of austerity's legacies. What remains following austerity's decimation of local authority services, is a care ecology that has been fundamentally fractured, hollowed out through outsourcing, closures and targeted service provision. In these ways the system itself has been made vulnerable, restricting its ability to promote child and family wellbeing. It is important these fractures are brought to the fore so that the damage is made clear and not accepted or internalised as necessary, so as to avoid the institutional camouflaging of austerity's legacy (Kiely, 2021). In the context of the current cost of living crisis in the UK, and the threat of further public spending cuts, this is particularly important, given as Dowling (2021: 191) warns: 'societies that systematically erode their care infrastructures cannot thrive in the long term.' Through underscoring the importance of attention to collective and systemic vulnerabilities, we highlight the necessity for universal service provision that is genuinely accessible to all, both physically but also sustained socially through meaningful community development work.

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