Parents’ views on improving relationships with their social workers

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Abstract

• Summary: In England, the reason why most families have a social worker is because their children have been identified as having suffered or being at risk of suffering significant harm from abuse or neglect or requiring a statutory service for another need. Research has shown that positive relationships between social workers and families are essential. A study to evaluate Signs of Safety (Sofs) provided the opportunity to explore the quality of this relationship through the perceptions of 270 families who were in contact with children’s social care (CSC). Over half were satisfied with the relationship, and many of the remaining families were able to identify what had stood in the way of it developing.

• Findings: The areas which were of most concern was the high turnover of social workers with the attendant lack of consistency, poor communication, a failure to provide services which families had been promised and the withdrawal of support too soon. Most dissatisfactions stemmed either from parents believing they had not been shown sufficient respect or, that while they had been drawn into a statutory intervention, they had not been provided with sufficient support to address their problems.

• Application: While some of the difficulties were connected to limited resources and overstretched services, others came about as a result of poor practice. The views expressed by these parents provide the basis for reflection amongst social workers, their managers and strategic leads on how improvements may be achieved and, in doing so, strengthen relationships with parents and potentially reduce future demand.

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Background
In an English context, most social workers working with children and families are employed in statutory services related to child protection or a high level of need, including those who have been removed from their families’ care. Some local authority (LA) children’s service departments, known as children’s social care (CSC) are configured to include early intervention services where social workers may also be based, often in a management capacity. This article examines the perceptions of parents who had social workers involved with their families because a child protection plan (CPP) or a child in need (CiN) plan was in place. These plans are written records for parents, carers and professionals. They define what is required to reduce the level of concern, set a timescale for the work and its review and identify who is responsible for elements of that work.

In 2014, the Department for Education, the government department responsible for CSC in England, launched the Children’s Social Care Innovation Programme (CSCIP) to provide LAs with the funds to test out ways of providing effective support to vulnerable children and young people. It was an attempt to establish a stronger evidence base for this support and to this end, each project had an independent evaluation. The programme ran until 2019 and consisted of two main stages, 2014–2016 and 2017–2019. One of the projects that were funded in both stages focused on the implementation and effectiveness of Signs of Safety (SoS) in 10 LAs. SoS is a strength-based and solution-focused approach to social work. It was developed in Australia in the 1990s as a way of involving families more intimately in child protection casework, including in planning (Turnell & Edwards, 1999) but it now encompassed all stages of contact with families in need of services and support, from early help assessments to ending contact with CSC. It uses solution-focused questions to answer three questions:

- What are we worried about?
- What is working well? What are the existing strengths in the family that would help to protect children?
- What needs to happen?

The evaluations of both stages were multi-method studies, drawing on qualitative and quantitative approaches that concluded that there was no evidence that SoS improved the effectiveness of social work practice or improved outcomes for children and families (see Baginsky et al., 2017; Baginsky et al., 2020). The data reported here draw on in-depth interviews with parents during the first evaluation, alongside an analysis of their case records. They are significant because SoS is used in some form in the majority of English LAs (Baginsky et al., 2020), as well as in many countries around the world.
The emphasis on engaging parents in the child protection process is driven by a belief that this will benefit families (see, e.g., Linley & Richards, 2002; Tobis, 2013). However, Platt (2012) found little evidence to link parental engagement and positive outcomes for children. This makes it even more important to use existing data to understand more about what may stand in the way of engagement, especially as parents who are deemed not to engage are more likely to be the subject of more intrusive interventions (Scottish Government, 2010). It is also important to listen when individuals and processes have failed (Sicora, 2019). A stated aim of SofS is to enable professionals to work collaboratively with families when conducting assessments and developing plans to build relationships that allow them to develop a clearer understanding of what needs to change and how this can be achieved. By recognising the strengths within families, the intention is to encourage them to find their own solutions to problems. An examination of whether or not this translated into practice as far as parents were concerned was one strand of the analysis reported here.

Methodology and sample

The first evaluation of the SofS project adopted a longitudinal approach to data collection, including contact with parents at two time points (T1 and T2), which were 6 months apart (authors). Social workers in the 10 SofS pilot LAs were asked to approach families with whom they were working to see if they would allow their contact details to be passed to the research team. They were asked to ensure that the parents/carers approached had the capacity to give their informed consent, as well as the resilience to cope with participating and confirm that there were no contraindications to suggest that participation would be inadvisable. Informed consent to participate in the study was gained by a researcher immediately prior to the interview, so the commitment could be explained and any questions answered. The interviews were conducted by the lead researcher (author) supported by a team of experienced freelance interviewers. Only three parents refused permission for the interviews to be recorded, but they did give their permission for detailed notes to be taken.

We interviewed 270 parents across the 10 LAs at T1 and 187 at T2. The majority (242/90%) of these had had prior contact with CSC. Most (210/78%) had recently been to an initial child protection conference (CPC) resulting in their children becoming the subject of CPPs. In the other 60 families, a CiN plan was already in place. Most families (n = 262) gave consent for the lead researcher to access and examine their LA CSC case records. The interviews and case records provided numerous accounts of the interactions between families and social workers, some of which are the focus of this article. As well as in-depth interviews, parents and children in these families also completed a battery of instruments that allowed the researchers to assess if and how SofS had been used, as well as describe their perceptions of any changes in their well-being and in the quality of interaction with professionals (Baginsky et al. 2017; 2019). The transcripts, data from the instruments and case record reports were combined into one document for each family and these data were analysed for the evaluation report (authors’ own 2017) using the Framework method (Ritchie & Spencer, 1994). The interviews enabled the researchers
to explore parents’ experiences, feelings and perspectives and provided numerous accounts of the interaction between families and social workers, which form the basis of this article. These data were reanalysed using a narrative approach to enable parents and carers to represent their stories as told and interpreted by them (Clandinin & Connelly, 2000). In the findings reported below, the names of parents and other possibly identifying details have been changed to protect their anonymity.

Findings

In the course of the evaluation, we heard many complimentary reports about CSC and individual social workers. Over half (52%) of the parents in the study were satisfied with the contact with social workers and/or the help received and believed their lives had improved as a result. However, there were also a substantial minority of reports where things had gone wrong and where practice was not as it should have been. It is important to reflect on these, not least to draw the attention of practitioners and managers to the damage this may create.

Change of social worker between T1 and T2 (6 months apart)

Just under two-thirds of families (59%) in this study had experienced a change of social worker between their initial contact with CSC and the T1 interview; 25 families (9%) had worked with three social workers by this point. By T2, CSC was still involved with 145 of the 165 families seen and two-fifths (59/40%) had experienced at least one change of social worker since T1. Not surprisingly the rate was twice as high amongst those who had had an agency (locum) social worker at T1. Some families seemed positive, or at least accepting, about the change. For example, where they had not had a good relationship with the previous social worker, they were more positive about working with someone else. However, where there had been multiple changes, parents viewed the experiences very negatively. In one case, there was a long history of domestic violence and alcohol abuse and the children had been the subject of CPPs on several occasions. At T1, Anita (mother) had spoken very warmly about the relationship she had with her social worker, but when that social worker left the LA, three different social workers had been allocated to the family by T2. They were all agency social workers, and each had only stayed for around 6–8 weeks. In Anita’s opinion, this was not long enough to have established a relationship with her or with her children:

I’ve had four people walk in and out of my kids’ lives as well. That’s not good at all, to be fair. They’re constantly meeting these new social workers and it’s like… they don’t know who they are. (Anita, Pilot 7)

In addition to this turnover, there was also a lack of continuity in the subjects on which the different social workers focused. The initial social worker had conducted the assessment and developed the safety plan with Anita that had been agreed at the CPC. It had recommended that she should continue to attend a programme for the victims of domestic
violence and that her children should attend age-appropriate services for children exposed
to domestic violence. However, the service Anita attended had such a long waiting list
she was told it did not allow extensions and she had not known how to find a service
for the children. She was convinced that the ‘first’ social worker would have intervened
whereas those who took over appeared to accept that services would be available. Perhaps
surprisingly, this was not picked up in the note of the child protection review conference
held 3 months after the initial CPC and Anita was left with the feeling that no one was
‘fighting (her) corner’.

A few other families commented that even if the relationship was sometimes difficult
to negotiate where there was a consistent social worker they understood the norms of the
family, and would pick up on changes that might indicate something was not right
without it being explicitly stated:

Like, say, up until now I have had the same social worker. She’d know something was up if
the house was deteriorating because she has seen it happen before. She saw how lovely it had
looked, then, when he kicked off how drastically it changed. (Lisa, Pilot 3)

The transfer process between social workers was not always well handled, for
example, when a new social worker had been appointed at short notice. However,
most of the changes reported were planned but this did not mean that the family had
been told who was to take over their case and there had not always been a hand-over
meeting:

I had no idea who the new social worker was until last week. Eileen (former social worker)
should have told us who it was, brought them round and said goodbye to the children. That
alone was unethical, to me. (Steph, Pilot 2)

In other cases, parents reported that their children had remained on CPPs for longer
than might have been necessary because work had not happened between conferences.
At one initial CPC, one of the conditions attached to the CPP was for intensive work
with a mother to help her understand safe relationships:

At both reviews the chairlady asked if something had happened, and the social workers had
to say, ‘not yet’. They said, ‘due to a change in social worker’, but it still hasn’t happened
now, so… for me being kept on with social workers for the two years after splitting up with
him and still not actually having the work done at the end of the process is wrong. (Julie,
Pilot 4)

In a few cases, a period of instability was followed by a more settled relationship with
just one social worker and the benefits were not only evident to the family but also to
other professionals, whose views were captured in meetings and recorded in the case
notes. In one family with a long history of domestic violence, three children were the
subject of CPPs as a result of suffering emotional abuse. At T1, they had had three
social workers over a 2-month period and as a result the mother, Katy, had not felt
listened to nor did she think they were receiving any help to support them to change. By T2, she had had the same social worker for 5 months whom she described as being very different:

Zena has … been consistent. She explained it was more she was working with us, rather than for just finding the services to improve us. Another thing is that the others were temporary social workers, agency social workers, while Zena is a permanent member of staff. I just feel too many families must be losing out big time. (Katy, Pilot 5)

At T2, her children were on CiN plans and Katy believed they had received the help they needed but could so easily have missed:

We’ve both obviously learnt to manage our temperament, be mindful of the kids being around. We are just trying to contain any frustration that there was with each other if something wasn’t just right, and just trying to deal with in a more civilised manner, as opposed to the shouting and screaming that would have happened previously. (Katy, Pilot 5)

One family had experienced a managed move of location to protect the mother and children where there was a long history of domestic abuse by two male family members. The danger was assessed as being so significant that it had warranted the family being moved to another LA (Pilot 9). The mother described how the support she had become accustomed to had fallen away. In the original LA, a dedicated programme to support families recovering from the adverse effects of domestic abuse was available, whereas after the move, the mother was offered an online course which she refused. The social worker and family support worker (FSW) in the originating LA had visited on alternate weeks and had also taken the children out about once a month. Now the social worker was visiting every 2–3 weeks, but they were described by the mother as ‘only check-ups to make sure we are still here’. Because the research team had access to the case notes, it was possible to compare the ‘before’ and ‘after’ and verify the mother’s account that no direct work had been undertaken with her or her children in the new LA.

**Withdrawing support too soon**

Perhaps surprisingly, there was considerable dissatisfaction amongst some families where cases moved from a CPP to a CiN plan. The transition was often described by parents as an interim stage to make sure situations did not deteriorate, but with minimal support to make sure they did not:

Basically, all they do is they come in your house and talk to you… I find it immensely frustrating that they make it look like the plan’s worked because we’ve come off the plan now. No, we’ve come off the plan because I’m doing my job; not because they (social workers) helped. (Cathy, Pilot 6)
Similarly, when Alan’s children were moved to a CiN plan, the notes stated that the social worker had been asked to monitor any significant deterioration in the children’s presentation or home environment and to note any further changes that impacted on the children’s welfare. If there were any negative changes, CSC would consider a return to child protection:

We saw Di (social worker) the once, here. She then made an appointment to see us a second time. She never showed up, she never told us she wasn’t going to be able to make it…. We left voice messages; my wife even went down to the office and left a message…. We didn’t actually see Di until the next core group meeting. She did apologise, but she also said, ‘there’s a complaints procedure, if you want to go through it’. My reaction towards that is, ‘no, I don’t want a complaints procedure, that’s not what I’m about, I want you to be in contact with us as the conference chair asked you to. (Alan, Pilot 1).

The case notes confirmed Alan’s account. His children were removed from the CIN plans within weeks. Cases similar to that of Alan’s were not unusual. In most of the LAs, early help services also provided the bridge for families between child protection and CiN plans. This transition sometimes meant they moved from a plan that was led by a social worker to one based on an early help process such as a Team Around the Family (TAF) or Team Around the Child (TAC). So while decisions to recommend a stepdown from a CP plan to a CiN plan were welcomed by parents, for some, it was not the positive experience they had expected. While the interface between early intervention and CSC should have been the key factor in providing continuity of care and ensuring all children were safe, in some LAs, neither the pathway nor its oversight was not well established. In Sally’s case, for example, she went from a position of feeling well supported to one where she felt ‘abandoned’:

I was working with Briony (social worker) and she was very good…. There was a meeting and that was that…. I had got into a mess because of depression and then it led to the drinking. It has been fine, but I think they pulled out too soon…. without a supportive sister and boss I would have been quite alone. (Sally, Pilot 3)

Instances, where work that was supposed to have happened around the ‘stepping down’ period had not taken place, were found across eight of the 10 LAs. One such example was where a transition plan from the final CPC stated that work was needed to build the relationship between a child and step-parent. The family was not sure who was supposed to do it or why it had not happened and then the case was closed and nothing more was said. The family was pleased that their contact with CSC had ended but it did not stop them from wondering if other families might miss out on a crucial service.
Parental views on multiagency working

A focus on multiagency and integrated working to improve outcomes for children and young people is a key part of statutory social work in England (Department for Education, 2018). While there is a great deal written both about what supports and hinders multiagency work, far less is known about how parents respond to working with a range of professionals. One way in which parents encountered other agencies and professionals was through the meetings they attended. Not surprisingly many of the parents viewed the CPCs they had attended very negatively, not least because they reported being made to feel the weight of professional authority and procedures. A great deal hinged on how the conference chairs had handled the meetings and how they had explained the process and engaged with them. However, in some cases, the parents had not been told in advance who would be attending, and they did not always understand the status of a professional or the rational for their attendance:

We got into this room and there was about eight different people sat around the table … it was a bit daunting but then once they’d explained why they were here it was a bit easier…. It would have been nice to have been told that they were all going to be there, rather than just assuming that we were just going over there to see (social worker). The chair told us later we should have had papers before the meeting. (Ella, Pilot 3)

Some referred to feeling disempowered when so many people arrived with the papers for the meeting and when they heard different professionals discuss their families, sometimes as if they were not in the room:

I don’t know that a not-quite-so-strong person just wouldn’t have been able to listen to stuff. You felt as if I was a piece of the furniture …. I got the feeling they’d decided on the conclusion they were going to come to, that they’d already made their minds up before they stepped in that room. (Della, Pilot 7)

Balancing needs with services

Buckley et al.’s (2011) study of service users’ views of Irish child protection services concluded that there was often a disconnect between a social worker’s view on a preferred outcome and that of a parent. While this was not the case for most families in our study, there were those that questioned what was achieved by a regular visit from their social worker, unless it was accompanied by additional support or access to services. Others were perplexed and sometimes angry at being drawn into CSC without the support they believed they needed to change.

In Pilot 4, a 7-year-old boy had been expelled from school for attacking other pupils. His mother, Evelyn, had asked CSC for help when the LA education service said it could not find him an alternative school place. CSC refused to become involved saying that it was for the education service to deal with an assessment and allocate a school place. The situation deteriorated over the coming months while he was at home and Evelyn started to
drink heavily and was subsequently diagnosed with mental health problems. At that point, her son was taken into care and Evelyn paid for a private assessment which concluded that he was severely autistic. According to Evelyn, the LA ‘did everything in its power’ to keep the child in foster care. Over the course of 4 months, the boy experienced four placements as foster carers found it hard to cope with his behaviour. Eventually, the LA placed him in a 52-week specialist residential provision. After listening to the experiences of other parents who were struggling to get their children assessed, Evelyn brought a complaint against the LA and instructed lawyers to initiate an action which was ongoing as the research concluded.

In another case a mother, Eileen, had prior contact with CSC because she had become a special guardian for a relative. The interactions between social workers and Eileen had not gone smoothly. She was referred to in records as ‘uncooperative’ and ‘argumentative’ when another relative had made accusations about the level of care provided, although no action had followed. The school then contacted CSC to report its concerns over the aggressive behaviour of Eileen’s son. At the same time, Eileen was asking for help with his behaviour after he tried to set the house on fire 3 times and had pulled a knife on a young family member. After an initial assessment, CSC decided to make her son the subject of a CiN plan, appointing a FSW to work with Eileen and her son. There was a statement in the record that, based on the way she had reacted to the previous accusation, the social worker thought Evelyn would disengage if a CPP was put in place. The records also showed that over the subsequent months, home visits by the social worker and FSW had been cancelled and the social worker failed to attend the review meeting. Eileen was finding it difficult to manage her son’s behaviour and CSC advised her to send him to stay with a relative. While he was there, he became involved in minor criminal acts, and he was also sexually assaulted which led to him being made the subject of a CPP. Eileen’s response was:

I didn’t feel as if they were helping at all. I didn’t hear from them for weeks at a time. R (FSW) visited sporadically and then half of the time she only stopped for ten minutes, asked if everything was alright and then disappeared. To me, everything’s 50 times worse than it ever was before social workers got involved. (Eileen, Pilot 6)

It was not clear if the initial assessment had examined the family dynamics or explored the reasons for the son’s behaviour. The case was closed very quickly with no consideration on record as to whether a referral to the Child and Adolescent Mental Health Service (CAMHS) would have been appropriate or whether it had been dismissed as unlikely to meet the threshold that CAMHS operated.

In other cases, referrals were made to services that were not appropriate. One of many examples was a 16-year-old boy being told to contact an anger management course only to be told by the manager of the service running the course that it was attached to a methadone programme and that he definitely should not attend. Similarly, Sue was one of many parents who had been left to make their own contact with a drug or alcohol service even though her attendance was attached to her children coming off a CPP:
She (social worker) wanted me to go to (names LA) Recovery because I smoke a bit of weed (cannabis) which, to be honest, I thought was just ridiculous. So I was not surprised when the manager refused to see me as he said they dealt with people who had a real drug problem. (Sue, Pilot 8)

In another pilot site parental dissatisfaction with the way they were treated, the services provided and the procedures that were used seen was far higher than the other LAs. Given the nature of the recruitment of families, they did not know one another so such consistency was both surprising and concerning. One manager was named by six of the 22 families who were interviewed in that LA who reported him to be aggressive, unwilling to engage and liable to distort facts. In three instances, complaints had been made against this manager that was still under consideration at T2, yet he had been promoted by that time.

**Views on their social worker**

Much has been written about the central importance of the relationship between families and social workers and why they matter. Buckley et al. (2011) argued that the quality of that relationship is ‘the key transforming variable which can mitigate some of the less palatable aspects of being involved with the child protection.’ (p. 109). While this is no doubt the case it can also be the aspect that is most difficult for some families to articulate when things do not work out well. One of the most sensitive areas raised by parents about their interactions with social workers was linked with ethnicity and culture but they had never raised it directly with a social worker or CSC. The families who were interviewed were asked to define their ethnicity using the Office for National Statistics’ harmonised ethnic group categories. Of the 270 families in the sample, 73% said they were White English/Scottish/Northern Irish. The other main ethnic groups that were represented were those with other White backgrounds – predominantly from Eastern Europe (5%) – Asian Bangladeshi (5%) and Black Caribbean (3%). None of these parents referred directly to the ethnicity of the social worker as a problem but there were parents who mentioned their social workers’ culture and/or lack of fluency in English as barriers. It should not be assumed that they were always families who defined themselves as ‘White’ who made these comments. Those that did were usually anxious to make it clear that what they said was not motivated by racism. Most of the references were to the accent and attitude of social workers who had recently moved to the UK. Some families said they had struggled to understand what they were being told and usually admitted to feeling embarrassed to ask for comments to be repeated, although, as in this case, the problems were usually resolved:

Ollie was African and at the start I couldn’t understand much he was saying because he had such a strong accent. But when I got used to it, I saw that he was trying to explain things better than any other social worker had. (Danny, Pilot 4)
But communication was not confined to language and some women believed that because of cultural norms male social workers from more traditional cultures found it difficult to communicate with a woman. Two mothers felt that a male partner had been taken more seriously and others believed that there was an inherent criticism about their lifestyle, particularly if they shared the same cultural background as the social worker.

There were far more comments about the age of the social worker, but there was no pattern. While some older parents preferred someone closer to their age, this was certainly not inevitable and not all young parents wanted a young social worker. The most important factor was someone they could get on with and who prioritised their needs. In relation to particularly complex cases, experience was prized above all else. For example, in one instance where a school had found evidence that a young person was being radicalised, the parents were confused and ashamed. They spent a great deal of time with the police and came to understand what needed to happen and why. While they recognised that this was a relatively new phenomenon, they were concerned by the lack of experience of the newly qualified social worker who had worked with them whom they described as being ‘completely out of her depth’. At the instigation of their police family liaison officer, they expressed their concerns to the LA and a more experienced social worker was allocated to the case. This vindicated their belief that insufficient attention had been paid to matching the social worker to the complexity of what had happened.

As in these cases, parental confidence in a social worker was strongly linked to a belief that, given that the State had intervened in their lives, they should be a priority. This was easily undermined where appointments were broken, promised support not delivered or, as in this instance, parents feeling pre-judged:

Jenny made assumptions, just by reading a couple of notes that we were bad parents and that we were doing everything wrong…. But, with the right social worker and the family support worker, we’ve been able to build such a better life for us and the children in general and improve absolutely everything. The new one, she read what she had to read, …but she also understood that you can’t just go on what’s been said, you know, it’s not all about what’s on paper, it’s about what you see, and then she’s gone out of her way to do that, which has benefited us quite a lot. (Lianne, Pilot 9)

**Discussion**

Forrester et al. (2012) argued that ‘child protection work is thus largely focused on families that are resistant to or at least ambivalent about social work involvement’ (p. 118). They attached this resistance to five sources: social structure and disadvantage, the nature of child protection work, parental resistance to change, denial or minimisation of abuse or neglect and the behaviour of the social worker. While there was an element of resistance to the involvement of CSC in their lives amongst some families in our study it was not a dominant theme, neither did we find a minimalisation of the harm that had occurred, although frustrations with the way the intervention in their lives was handled were very evident. Of the five elements identified by Forester and his colleagues,
disempowerment and disadvantage were features of many of their lives but based on extensive interviews with these families they rarely amounted to anything that could be defined as resistance. Amongst this cohort of parents three quarters said that they agreed with their social worker about the changes that were needed and over half believed they had the same goal as their social workers. Of the remainder, 17% thought that, while they held different goals from those of their social workers, the social workers’ goals were designed to bring about improvements in their lives.

While Buckley et al. (2011) found that parents wanted better relationships with social workers, several authors have detailed just how poor some parents’ experiences of contact with social workers can be, especially where there is an overemphasis on family weaknesses rather than on strengths (see Ghaffer et al., 2012; Smithson, 2015). It may surprise some that there were so many parents that felt they had not been listened to or offered the services they needed to make changes in their lives when this is the antipathy of a SofS approach. The approach is intended to work with the strengths and resources that exist within families to keep children safe who have suffered or are at risk of suffering significant harm. But in some cases, the approach was insufficient to act as a counterweight to the continuing emphasis on assessing risk, where less attention has been paid to supporting families who, in turn, have little alternative but to cooperate with child protection processes (Bilson & Martin, 2017). There were parents who felt disregarded at CPCs where a SofS model was applied. The expectation that danger statements, safety plans and scaling questions – important elements of SoS – would be developed with and shared with families prior to the conference did not always happen. Observations of conferences showed that while some chairs were skilled in making SoS conferences happen, in too many instances, a SoS informed format involving the three columns (what professionals were worried about, what was working well and what needed to happen) was superimposed on a traditional conference model.

Munro (2011) argued that the emphasis should be on building strong relationships with children and families, and that the nature of the child protection system continues to marginalise direct work with families. As a result, Devine and Parker (2015) found there is often a failure to recognise the stress caused to families. Many of the experiences families reported in this study would remain hidden from CSC for fear that to do otherwise might bring negative consequences. While there has been increasing canvassing of parental feedback by LAs, sometimes to produce evidence to meet key performance indicators (KPIs) and inform inspections by The Office for Standards in Education, Children’s Services and Skills (Ofsted), it may be timely to question whether the people responsible for delivering services are the correct people to be doing this.

Many of the negative experiences that were reported reflected the pressures on CSC and the absence of an infrastructure of support around families (Edwards et al., 2021; Hood et al., 2020). The progress made towards prevention in the early years of this century was halted by several factors. In part it was the reaction to high-profile child deaths, notably that of Peter Connolly in 2007, which became highly politicised (Jones, 2014) and led to a massive increase in the number of referrals to CSC and subsequent investigations. At the same time, the austerity economics of the Coalition Government elected in 2010 resulted in the closure of many services operating in the
community including Sure Start centres which had not only been a harbour for families, but also somewhere where professionals could refer families (Purcell, 2020).

In Rogowski’s (2012) view, social workers are required to focus ‘on getting the current job done’ and in so doing fail to build on ‘their professional uniqueness and style of intervention’ (p. 929). While there has been a resurgence of interest in relationship-based social work, there is evidence that it is being drowned out by the everyday pressures that accompany high levels of referrals and investigations, most of which led to no further action or support for families (Bilson & Martin, 2017). The shift from prevention to statutory intervention has meant that the potential benefits of innovations such as SoS and other strengths-based approaches have largely not been realised, in part because of the rising level of demand and pressures on the workforce which in turn leads to high turnover across the CSC workforce (McFadden et al., 2015) and a high proportion of newly or relatively recently qualified social workers. In a report on the second wave of their longitudinal study of 3,302 LA social workers in England, Johnson et al. (2020) found that of their sample of social workers 56% were stressed by their jobs, 55% considered they were being asked to fulfil too many roles in their job and 54% thought that their workload was too high. This can only intensify retention problems and there is evidence that this has been further aggravated by the COVID-19 pandemic (McFadden et al., 2021; Samuel, 2020). Consequently, there will be more social workers in post without the time or experience to engage in direct work with families.

This very damaging cycle requires a response that goes beyond enticing more high calibre candidates into the profession. The interim report of CSC review team (2021) makes clear that this continues to be the headline policy in relation to recruitment, but it is unlikely to succeed in achieving better outcomes for children and their families unless equal, if not more, attention is paid to retaining experienced staff.

Limitations of the study

There are challenges in conducting an evaluation of this nature. We were dependent on social workers approaching families to seek their permission for their contact details to be passed to the research team. The importance of gatekeepers who are able to control access to research participants should not be underestimated (McFadyen & Rankin, 2016). No doubt some social workers did not want to participate, and others decided that they did not want certain families to be approached. However, given the severity and diversity of circumstances across the sample of families, many social workers had not been over-selective, and we were extremely grateful for that.

It is possible that as some parents recalled events they may have reconstructed their experiences. However, it is incumbent upon a researcher to accept them as representing ‘the social reality of the narrator’ (Etherington, 2004, p. 81). In so doing, it allows the researchers to hear how parents and carers had constructed meaning. While it would be possible to challenge the authenticity of recollections on the basis that they are selectively remembered to present a particular version of events, which is a possibility in any research interview and in any context. Unlike most interviews, some of the facts around the case could be cross-checked against the case records and in most cases, the written evidence either collaborated the
parents’ accounts or in some cases the absence of information did so. There were aspects of the methodology where it was possible to compare the views of parents and social workers, such as where both groups completed standardised instruments, but it was not possible to do so with these data which were collected under a guarantee of confidentiality.

Conclusions

The parents we interviewed wanted the opportunity to share their experiences. Many were very appreciative of the changes brought about by their contact with CSC, but nearly half of our families reported aspects of contact that had not gone well. Some things could be easily corrected, such as telling a family in advance of a change of social worker, where not to do so could lead to parents feeling mistrustful and disregarded. The problems that occurred in the relationship between families and CSC were not always associated with poor outcomes for children, but on occasions, they appeared to contribute to them.

The feedback highlighted the challenges faced in introducing an approach such as Sofs which is predicated on working closely with families and their networks. The size of social workers’ caseloads was one of the factors limiting the contact that they had with families. Families expected that social workers would work with them and where this amounted to brief visits to check a child was safe, they questioned the purpose of CSC’s involvement. Interventions to address the problems which families described requires time but also skills, experience and consistency, all of which are challenged by the continuing recruitment and retention problems faced by CSC.

Many of the difficulties were associated with a failure to provide the most appropriate service when it was needed which created problems for families, but in the long term also for CSC as it increases the chances of the families returning to their attention. Similarly, where an intervention was identified to address a specific problem, a family’s expectation was that it would be available, but this was not always the case. Again, resources were part of the problem but so was an apparent insufficient oversight of cases, which could not be corrected solely by adopting SofS.

Ethics

Ethical approval for this project was given by King’s College London’s Research Ethics Committee Reference HR-14/15-0739.

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