What social workers do in performing child protection work: evidence from research into face-to-face practice

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ABSTRACT

Little research has been done into what social workers do in everyday child protection practice. This paper outlines the broad findings from an ethnographic study of face-to-face encounters between social workers, children and families, especially on home visits. The social work practice was found to be deeply investigative. Children's bedrooms were routinely inspected and were the most common place where they were seen alone. A high proportion of children were not seen on their own because they were too young and the majority of the time was spent working with parents and children together. Small amounts of time were spent with children on their own and some first encounters were so rushed that social workers did not even introduce themselves to the child. This arose from two key factors: firstly, organisational pressures from high workloads and the short timescales that social workers were expected to adhere to by managers and Government; secondly, practitioners had varying levels of communication skills, playfulness and comfort with getting close to children and skills at family work. Where these skills and relational capacities were present, social workers were found to have developed deep and meaningful relationships with some children and families, for whom it was apparent that therapeutic change had occurred.

INTRODUCTION

Despite the extensive literature that exists on child protection and over 40 years of criticism of social workers in cases where children have died, little research knowledge exists about what happens in face-to-face encounters between practitioners, children, parents and other adults. Such evidence about the nature of everyday face-to-face practice is crucial to developing understanding of the dynamics of practice and the theoretical knowledge and skills required to achieve effective social work (Broadhurst & Mason 2012). The aim of this paper is to contribute to filling this gap in the literature by outlining the findings from research that studied face-to-face social work practice in cases where there were child protection concerns. The study involved observing and interviewing social workers in the office, the street and in the car, and observations and audio recordings of their encounters with children and families, most of them on home visits. The paper presents a broad outline of the findings, as it is beyond its scope to provide an analysis of worker–service user interactions in detail, a task I have begun elsewhere (Ferguson 2011a). My aim is to present a picture of what social workers did, how they related to children and parents, the factors that enabled and constrained practice, and to analyse the broad implications of these findings for policy, practice, education and training.

THE CONTEXT FOR THE RESEARCH STUDY

It is increasingly recognised that empirical research which illuminates what social workers actually do when present with children and families in real time has barely begun (Forrester et al. 2008a; Hall & Slembrouck 2009). Research into child protection
practice has been predominantly focused on what goes on in the office and how professionals talk about and ‘construct’ their cases (Pithouse 1998; Scourfield 2003) and the impact of decision-making tools, bureaucracy and performance management on how the work gets done (Gillingham & Humphreys 2010; Broadhurst et al. 2010). Few research studies have given systematic attention to studying what goes on when social workers are face-to-face with children and parents, especially on home visits. Dingwall et al. (1983) did follow social workers and health visitors into the family home but they did not analyse systematically the encounters between the professionals, children and parents. A study by Slembrouck & Hall (2011) analysed the talk that goes on between practitioners and parents by gathering audio recordings of their communication on home visits. Their focus produced some valuable insights into the nature of conversations between social workers and parents. However, their recordings were gathered in a fixed room in the home and did not involve the researcher being present throughout and observing the encounters and following the workers and service users wherever they went around the home or beyond it. Adapting a mobile research approach is crucial to capturing how people act and move as well as talk and the flow of encounters where, typically, children are seen in places as diverse as bedrooms, offices and cars (Ferguson 2008). Research into how social workers talk to parents has begun but is limited by the fact that the ‘parents’ were ‘simulated clients’ played by actors (Forrester et al. 2008b). There is also a valuable growing literature concerning communication skills with children (Jones 2003; Lefevre 2010; Winter 2011), but again this work needs to be developed through research that examines the dynamics that occur on actual child protection interventions. Government guidance in England (Department for Children, Families and Schools [DFES] 2010; Department for Education 2013) requires social workers to see children who are suspected to be at risk of harm on their own. Yet no empirical evidence exists about where and how social workers see children and where the safest place is for such contact with children.

The importance of filling this gap in research and knowledge is clear from child death reviews, which show that social workers invariably had difficult relationships with parents and that they did not get close enough to children to see, hear and touch them and to know the truth of their experience or to engage them in the kinds of ‘intimate’ ways that are necessary to keeping them safe (Ferguson 2009, 2011a). Surprisingly little is known about how social workers generally behave on home visits, whether they move around the house to inspect it, whether or how they interact with children, interview, touch or examine them, and how they talk to parents.

My research took place in a context where media and political criticism of social workers for failure to protect children had reached new depths. Cases like Victoria Climbie (Laming 2003) and ‘Baby Peter’ Connelly (Haringey 2009) and government reviews of child protection highlighted familiar concerns about poor inter-agency communication, but also sharpened the focus on practice issues such as working with ‘resistant and deceitful parents’ (Laming 2009) and the need for more assertive uses of authority by social workers (Tuck 2013). Broadhurst et al.’s (2010) research showed that social workers were spending a great deal of time at their computers completing bureaucratic tasks so as to comply with performance management goals and processes, limiting the time spent with children and families. This finding was supported by a major review of child protection that recommended systemic changes to provide social workers with greater discretion to use professional judgement and develop as expert practitioners (Munro 2011). The dominant depiction of child protection work at the outset of this research, not only in England but internationally (Lonne et al. 2009), was of social workers whose work is micro-managed and constrained by bureaucratic systems, who have limited time and skills to do quality work and develop meaningful therapeutic relationships that are helpful to children and families, and who tend not to use authority enough or to use it effectively.

THE RESEARCH STUDY

While this shows the high concern about what social workers apparently cannot do because of shortages in time, what is not known is how the time social workers do have is actually spent in face-to-face work with children and families. The research questions were concerned with how social workers perform child protection, primarily on home visits, because it is the place where the bulk of the work is done, and how they interact with parents and children. Do social workers see children alone and, if so, where and how do they relate to them to assess their safety? What are social workers’ lived experiences of doing the work and what enables and constrains practice that keeps children safe?
The research design adopted a mixture of qualitative approaches drawn from ethnography and mobile research methods (Ferguson 2011b). I conducted all the fieldwork myself and went along with the social workers on their journeys from the office to see service users, interviewing the workers about their plans and feelings, usually in the car. Where parents gave consent, I followed the worker into the family home and observed and audio-recorded their practice encounters with children, parents and others present. I then travelled with the social worker back to the office or on to the next visit and interviewed them about their experience of the visit. I also hung out in the social work office, interviewing social workers and managers about their practices in general and about the shadowed cases. The research was based in two local authorities in England and involved social work teams who did short-term duty/investigative/assessment work and also longer term work with children and families. I based myself for 3 months in each local authority, where I spent 2–3 days a week. In total, 24 social workers were observed and audio-recorded, most were shadowed more than once. The research involved a total of 87 practice encounters, of which 71 were on home visits, nine were interviews with children in schools and seven were office interviews. The research was granted ethical approval by the departmental ethics committee at my university. It was also granted ethical approval by the two local authorities involved. Only social workers and service users who consented were included. The data were analysed using thematic and narrative methods. In almost a third of the cases, the children were viewed by social workers as lacking the verbal capacity and understanding to be seen on their own. This meant that while the audio recordings of the practice encounters provided for vital analysis of how practitioners, parents and children talked to one another, observation was crucial to drawing out what was in the room in terms of objects like toys, and how social workers used their bodies and the presence or absence of gestures, touch and play in interactions with children.

**INITIAL ASSESSMENTS: SOCIAL WORK AS AN INVESTIGATIVE PRACTICE**

Becoming a ‘case’ begins with social work receiving a report from the general public or other professionals expressing concern for a child. Once referrals in the study reached the threshold for intervention, the commitment to seeing children was high. Children were seen by social workers in a variety of places: most commonly in their homes, and depending on the needs of the situations, in social work offices, cars, schools, hospitals or clinics, in children’s or family centres and police interview suites. The vast majority of the face-to-face work is done by social workers on their own, which is questionable because of the difficult and sometimes dangerous situations they have to deal with.

The detail of how social work is done depends a great deal on what stage the case is at in the child protection process. First responses or visits were known as ‘initial assessments’, which within government guidance were meant to be completed within 10 days. A systematic way in which initial assessments were done across both the research sites emerged from the data. Concerns about children were put to the parents, most often on home visits, and information was gathered about children’s health and development, parents’ histories and sources of family support, housing and the involvement of other professionals. In part, the commonality of the approach reflected the influence of the national assessment framework (Department of Health 2000).

The centrality of the home visit meant that the practice was highly mobile as it required making a journey from the office, walking the streets to locate the right address and considerable movement once inside family homes (Ferguson 2008). For instance, in assessing the standard of care provided, social workers routinely inspected children’s bedrooms. Some also inspected parents’ bedrooms, while some workers felt this to be a step too far. In many cases, especially those involving suspected neglect, kitchens, cupboards and fridges were also inspected to check for standards of cleanliness and food provision – or to ensure that drugs or alcohol were not being purchased rather than milk and food for the children. One local authority area in the study formalised its inspection practices in a checklist of tasks that were expected to be carried out as part of every assessment, which also included checking for the pedigree of dogs living in the house in case they were of a ‘dangerous’ breed.

Social workers were generally concerned to achieve what was referred to as ‘proportionality’ by not intruding on families any more than was necessary, as defined in accordance with the level and nature of concerns for children. In the area that had formalised a list of inspection tasks as a policy, workers felt that proportionality was sometimes difficult to achieve. In the location where it was not formalised, some discretion was used and on occasion inspections were not undertaken. But for the most part, although challenging,
inspection role was accepted by social workers as ethical and necessary in order to find out what children’s lives are really like. Some workers told stories about not checking upstairs in some homes that looked okay downstairs only to subsequently find very neglectful conditions in bedrooms.

This new data on inspection practices shows that where there are child protection concerns, the social work practice adopted today in England is very investigative and involves an authoritative element that goes into the depths of families’ most private spaces and intimate lives. This could easily feed a caricature of social workers as abusing power by invading the privacy of their predominantly poor service users and imposing middle class values. Child protection work today is intrusive. The question is: to what extent is such intrusion justified and ethical? In some of the cases observed in the research, it was obvious parents did not want or like social workers inspecting their homes or seeing their children on their own. Different views clearly existed about what constituted ethical uses of power. I did not systematically explore family members’ views with them but what social workers said and did showed their interest in seeing families’ most private spaces was not simply to check standards of care of the home and children. Bedrooms were the most popular place for social workers to see children alone and a crucial reason for this was that they contained a lot of children’s personal things. A minority avoided bedrooms for fear of allegations and worries about the lack of privacy if parents were in the house, preferring instead to see children outside the home. But many social workers were attracted to using bedrooms because of the availability of the toys, photographs and so on that could be used as aids to communication. Being there was regarded as essential to experiencing the child’s inner world and preferable to the formality of, say, sitting with a child at a dining room table. Viewed through the lens of Miller’s work on ‘material culture’, social workers have a keen interest in how people develop relationships of love and care through the acquisition of objects and everyday things: ‘stuff’ (Miller 2008, 2010). Social workers then use those same objects – toys, photos, bedrooms themselves – as ways to communicate their care and develop relationships with children.

**HOW CHILDREN WERE SEEN**

In recent years, policies and procedures have made explicit an expectation that where there are child protection concerns, children should be seen on their own by social workers to establish their experiences and level of safety (Department for Children, Families and Schools [DFES] 2010; Department for Education 2013). In the standardised assessment forms used in England, workers and managers have to account for whether children have been seen alone or not. It is a key target. Where and how children are related to alone was a key research question. The nine school visits in the study were expressly so that children (or those aged 4 and over at least) could be seen on their own, away from the potential lack of privacy and interruptions in the home. Of the 71 observed home visits, children were present at 63 visits and in nine visits parents only were at home. Of the 63 home visits where children were present, in 15 they were seen alone in the home by the social worker. This means that in 47 of those 63 visits where children were present, they were not seen alone but seen with parents or other adults for the duration of the home visit (Table 1).

As already stated, the child’s bedroom was the most popular place where children were seen alone in the home, with sitting rooms the next popular (see Table 2). As Table 2 shows, nine of the 15 visits where children were seen on their own in the home involved first contacts with children and parents. Some children were seen together. Two were the fourth visit to the family as part of an ongoing in-depth (‘core’) assessment, while four visits were to children in long-term cases who were well known to the social worker after several months and in some instances, years of involvement.

The shortest amount of time spent alone with a child was 2 minutes. Having initially given permission for the contact, the child’s mother decided to end it. The longest was 58 minutes, which occurred in a long-term case involving two teenagers who were seen together. A total of 3 hours 54 minutes was spent alone with children on these 15 visits. Almost 10 hours were also spent relating to parents/adults and children

**Table 1 How children were seen on home visits**

<table>
<thead>
<tr>
<th>How children were seen</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits where children were seen on their own in the home</td>
<td>15</td>
</tr>
<tr>
<td>Children not present during home visit. Parents only were present</td>
<td>9</td>
</tr>
<tr>
<td>Children not seen alone but seen with parents on home visit</td>
<td>47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>71</td>
</tr>
</tbody>
</table>
Table 2 Where and for how long children were seen on their own on home visits

<table>
<thead>
<tr>
<th>Gender and age</th>
<th>Nature of the case</th>
<th>What visit</th>
<th>Where children were seen alone</th>
<th>Length of visit (minutes)</th>
<th>Time alone with children (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Boy, 10</td>
<td>Alcohol misuse/neglect</td>
<td>1st</td>
<td>Separately in bedroom</td>
<td>51</td>
<td>11</td>
</tr>
<tr>
<td>2 Boy, 6</td>
<td>Alcohol misuse/neglect</td>
<td>1st</td>
<td>Her bedroom</td>
<td>73</td>
<td>6</td>
</tr>
<tr>
<td>3 Boy, 8</td>
<td>Physical abuse/discipline</td>
<td>1st</td>
<td>His bedroom</td>
<td>42</td>
<td>10</td>
</tr>
<tr>
<td>4 Girl, 6; boy, 6; girl, 9</td>
<td>Father is a risk/custody</td>
<td>1st</td>
<td>Together in bedroom</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>5 Girl, 13</td>
<td>Alleged rapist/domestic violence (DV)</td>
<td>1st</td>
<td>Sitting room &amp; bedroom</td>
<td>65</td>
<td>16</td>
</tr>
<tr>
<td>6 Boy, 10</td>
<td>Physical abuse by teacher</td>
<td>1st</td>
<td>Sitting room</td>
<td>56</td>
<td>7</td>
</tr>
<tr>
<td>7 Boy, 10</td>
<td>Physical abuse by teacher</td>
<td>1st</td>
<td>Sitting room</td>
<td>53</td>
<td>8</td>
</tr>
<tr>
<td>8 Boy, 5; girl, 7</td>
<td>Physical, emotional abuse /neglect</td>
<td>1st</td>
<td>Bedroom, bathroom</td>
<td>61</td>
<td>5</td>
</tr>
<tr>
<td>9 Boy, 11</td>
<td>Emotional harm/neglect</td>
<td>2nd</td>
<td>Separately in sitting room</td>
<td>83</td>
<td>27</td>
</tr>
<tr>
<td>10 Boy, 9</td>
<td>Physical abuse/DV</td>
<td>4th</td>
<td>Together in bedroom</td>
<td>46</td>
<td>13</td>
</tr>
<tr>
<td>11 Girl, 7; boy, 5</td>
<td>Emotional harm/not coping</td>
<td>4th</td>
<td>Together in dining room</td>
<td>54</td>
<td>20</td>
</tr>
<tr>
<td>12 Male, 12; female, 15</td>
<td>DV/emotional harm</td>
<td>Long term</td>
<td>Sitting room &amp; bedrooms</td>
<td>64</td>
<td>58</td>
</tr>
<tr>
<td>13 Female, 11; male, 12</td>
<td>Neglect</td>
<td>Long term</td>
<td>12-year-old only, in garden</td>
<td>86</td>
<td>11</td>
</tr>
<tr>
<td>14 Male, 15</td>
<td>Alcohol misuse/DV</td>
<td>Long term</td>
<td>Sitting room</td>
<td>32</td>
<td>3</td>
</tr>
<tr>
<td>15 Girls, 11, 3; boy, 9</td>
<td>Father is a sex offender</td>
<td>Long term</td>
<td>Bedrooms &amp; garden</td>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>818</strong></td>
<td><strong>234</strong></td>
</tr>
</tbody>
</table>

(13 hours 38 minute) (3 hours 54 minutes)
together (see Table 2). If the exceptional case where the 58 minutes was spent is not included, the overall proportion of the visit time spent alone with children was 23%. So when children are seen on their own during a home visit, it usually constitutes only a part of the overall encounter, most of which is spent with parents and children together. On the first and early visits, a distinct pattern emerged with social workers seeing children alone for between 5 and 16 minutes. Given what is known about the process that needs to be gone through to communicate meaningfully with children, this constitutes a short amount of time to spend alone with a child, even allowing for the fact it was complimented by information gained from parents and observation of parent–child interactions.

On a case-by-case basis, the duration of social worker–children encounters was influenced by several factors: parental cooperation or resistance; the child’s readiness and willingness to communicate; organisational pressures; the amount of time social workers had available and worker’s level of knowledge, skill and confidence. Some encounters were terminated and cut short by parental resistance and obstruction. They did this by initially giving their permission for the worker to see their child alone and then walking into the room or by making a noise nearby to signal that enough was enough. Resistance was so great in a couple of instances that for the worker to have managed to spend any time alone with the child in the home was a testament to their skills and persistence. These findings show how talking alone with children in the home when parents are in the building can be deeply problematic.

Children’s readiness and willingness or not to spend time alone with the social worker was another key factor, and there were some children who refused (see Table 3). Of those children who did agree to being seen alone, in some instances workers felt that the short time spent was appropriate as they had gone as far as they could in holding the active child’s attention on that occasion.

Organisational issues such as tight timescales for the completion of assessments and the managerial drive to achieve such targets were very influential in limiting the time social workers had to relate to children. The essence of this was captured by a social worker in the car after a 46-minute visit, her fourth to the family. This visit was investigating concerns about neglect and the fact that the father who had been in prison for domestic abuse was thought to be back living in the house. In a highly mobile piece of work, the social worker spent 13 minutes alone with the children in the bedroom, while also seeing the mother and father separately in different rooms and later together.

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Why children were not seen alone on home visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>Visits</td>
</tr>
<tr>
<td>Children regarded as too young – aged 4 or under</td>
<td>29</td>
</tr>
<tr>
<td>Child(ren) were old enough but recently seen alone prior to this visit</td>
<td>4</td>
</tr>
<tr>
<td>Resistant children/young people</td>
<td>3</td>
</tr>
<tr>
<td>Resistant parent</td>
<td>1</td>
</tr>
<tr>
<td>Family party in progress</td>
<td>1</td>
</tr>
<tr>
<td>Visit was to close the case</td>
<td>1</td>
</tr>
<tr>
<td>Talked to teenagers with mother present</td>
<td>1</td>
</tr>
<tr>
<td>Case transfer, planned to see children alone next time</td>
<td>1</td>
</tr>
<tr>
<td>Young children present, planned to see teenager alone in school</td>
<td>1</td>
</tr>
<tr>
<td>Crisis situation focused on mother’s addiction, poor child care</td>
<td>1</td>
</tr>
<tr>
<td>No rational reason for not seeing children alone</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
</tr>
</tbody>
</table>

HF: Well you got through a lot there didn’t you?

SW: Yes. Well that was my, well you have to don’t you? I mean if you think about the reality of the job, timescales, caseloads, you have to. It’s quite task-centred at times and lots of people argue that it shouldn’t be that way, but in the reality of the job I mean – Jesus.

The worker spoke of how she would use more time if she had it:

I would rather have half a day where I could talk to mum and dad separately, then talk to them together, then take the kids out to the park, have a nice hour chat with them, play with them, get to know them, bring them back home. But that’s not real is it? We don’t get to do that, you have to work with what you’ve got and because it’s short you have to, you have to have a plan.

While apt, this depiction of the work as ‘task-centred’ should not be interpreted to mean that all such practice is simply functional and devoid of meaning, emotion and impact. It means rather that to have any chance of achieving depth, the work has to be, as the worker above says, planned and implemented with great skill and presence. Every last possibility has to be squeezed out of the scarce time that is available. On some visits, some social workers felt satisfied with even the small amount of time they gave to children alone because they felt they gained enough information to be able to assess the children’s safety and well-being and do work that helped them. In some cases, where more intensive ‘core’ assessments took place and
families were transferred to long-term social work, as I show below, this led to some demonstrably positive work for children and parents.

However, a system which produces a form of practice where so little time is spent with children is deeply problematic and dangerous. It results in contact with the child that consists of brief exploration of the presenting issue and denies the opportunity for the worker to explore in depth the range of issues that are key to the child’s life, safety and well-being. At its most basic, it leads to interviews with children that do not conform to good practice. Studies of interviews with children show that creating the best conditions for enabling the child to talk openly about their life involves moving them through several stages in individual encounters and in relationship-building over time (Bannister 2001; Jones 2003; Lefevre 2010; Winter 2011). The process begins with introductions and building rapport and then making an agreement with the child concerning what parents and possible others will be told, and clarification of the worker’s role and methods of communication. The worker should seek to create a safe space through using empathy and responding to the information the child gives by reassuring, clarifying and moving on, containing in a therapeutic way the child’s fears, traumas and worry. The final stage is managing the ending of the encounter and covering any consequences of what has gone on.

In some cases in this research study, rapport-building and agreement-making with children on their own was absent. Instead, there was a tendency for workers to go straight into asking direct questions about specific incidents they were there to investigate. On two of the nine first visits where social workers saw children on their own, they did not merely skip the rapport-building stage but they also failed to introduce themselves to children and explain their role. In these situations, the children would not have understood who was asking them questions and what the possible implications of their answers could be. Whatever understanding they may have had was likely to have come from what parents had told them prior to the visit, which we know tends to depict social workers as a threat – as someone wanting to take them into care. This lack of clarity runs completely counter to good practice which, as Winter’s research (2011, p. 3) highlights, needs to be based on an appreciation of the ‘competencies and capacities of young children to engage in relationships with adults’.

Relatively short sessions with children could be productive, but their appropriateness depends heavily upon their frequency. Real problems emerged when, under the pressure of high workloads and tight timescales, workers did not have enough time to keep going back for as long as it might take to build rapport and a relationship. As a result, they had to cram work that should have been given more time into brief encounters. One of the most troubling illustrations of this problem occurred on a visit where, ironically, the social worker spent what, within the parameters of this study, was a relatively long period of 27 minutes alone in the sitting room with an 11-year-old boy and another 16 minutes talking separately to his brother, discussing concerns about their care and emotional needs. The worker introduced herself and explained her role in a clear, accessible way. However, she then pushed the 11-year-old to talk about highly personal issues, such as the fact that he allegedly soils himself. Clearly embarrassed and agitated, he simply refused to discuss the matter. Interviewed in the car straight afterwards, the worker said she felt forced into this position by the agency requirement to have the initial assessment completed and written up within 10 days. She had to gather as much information as possible because she knew she would not be able to go back and it was imperative to make an assessment of whether long-term intervention was needed, which she felt it was. System needs triumphed over achieving work with children that was paced compassionately and skilfully to meet their needs. At worst, children end up distressed.

Yet the length and quality of practice was not simply determined by organisations, micro-management, parental attitudes and children’s willingness and capacity to engage. Worker’s skills in communication, play and what I will call their overall ‘relational styles’ also mattered. In the last mentioned case, for instance, at the outset of their time together the 11-year-old was playing with a handheld electronic game device, but instead of taking the opportunity to connect with him by getting involved in the game the worker instead tried to stop him using it so that she could get on with the talk-based interview. The worker was impatient and seemed to lack skills at playfulness and using objects to build rapport. In marked contrast, there were other workers who creatively used talk, play, toys, pens and paper, charisma and humane presence to communicate with children skilfully and productively in the time available. A striking example was when a social worker entered the bedroom of an 8-year-old boy she was meeting for the first time to speak to him away from his parents. The boy immediately produced a hand puppet through which he spoke and the social work practice in child protection H Ferguson
worker responded creatively by welcoming it and communicating with him through the puppet for the entire interview.

**RELATIONSHIP-BASED SOCIAL WORK PRACTICE AND THERAPEUTIC CHANGE**

Longer term workers did not have to work to such strict timescales as their colleagues doing assessments, but paper work, deadlines for extensive court reports and workloads meant that these practitioners struggled to find the time to be as intensively involved with all the children and families on their caseloads as they would like. A great deal of the long-term work in the study involved neglect/multi-problem cases where social workers defined their role as needing to assertively use their authority in an attempt to monitor the intimate corners of the family’s life: regularly checking their bathrooms, toilets, bedrooms to try to get families to achieve what was regarded as an acceptable standard of child care. There were usually other services involved, providing intensive family support and the social worker’s role included coordination of the professionals involved.

Yet social workers’ relationships with many of these families had real depth. These relationships were not shallow or superficial in the manner so often presented in critiques of the impact of managerialism and bureaucracy on social work practice referred to earlier. This does not mean that deep and meaningful long-term relationships were always cooperative in character. Social workers felt – and were given the message – that they were unwanted by some families. An 11-minute interview that a social worker conducted in the garden with a 12-year-old boy who was being prepared to be received into care because of neglect elicited little more than monosyllabic replies. The social worker explained afterwards that this was typical of her encounters with this boy, whose silence expressed his loyalty to his parents and family home.

On the other hand, some of the long-term work in the study was welcomed, wanted and clearly deeply valued by families. As shown in Table 1, in 47 of the 71 home visits that were observed, children were seen by the social worker for the entire duration of the visit while in the company of at least one parent or other adult. At first sight this seems like a high number of cases where good practice and guidance about the need for children to be seen alone were not followed, but that was mostly not the case. On 18 of these 47 home visits, the children were present in the home and were considered old enough by the social worker to be seen alone but this did not happen on the observed visit (see...
In four of these cases, they had recently been seen alone by the social worker and it was not regarded as necessary or appropriate to see them again so soon. In three cases, children resisted being seen alone and in the fourth it was a mother who, in a very heated doorstep encounter, refused to allow the social worker into the home. On four visits, there was no apparent or rational reason for social workers not seeing the children alone. They were old enough but the data suggests that the presence of resistant, angry parents and family friends created tense atmospheres that placed high emotional demands on workers causing them to lose their focus. This finding relates to the research question concerning social worker’s lived experiences of home visiting and what blocks or enables effective practice, and the cases show that an important strand of explanation for avoidant practice lies in psychosocial theories that provide for understanding the role of the unconscious and anxiety in creating irrational professional behaviour (Froggett 2012). It is beyond the scope of this paper to address these cases any further and they will be analysed in detail in future publications.

Age was by far the biggest factor in children not being seen alone (Table 3). In 29 out of the 47 visits where children were seen on visits only in the company of adults, all of the children were aged 4 or under and considered too young by the social workers to have the understanding or communicative capability to be seen alone. With the exception of a 3-year-old who was seen together with his two older siblings, all of the children who were seen on their own in the home were aged 5 and above. The oldest was 15. There was no evidence of a written or unwritten rule about children under 5 not being capable of being seen alone. Social workers spoke of cases where they had done this but none were observed in the research. The matter rested on how social workers defined childhood and their perceptions of individual children’s capabilities. This finding mirrors other data on the demographics of child protection. Figures for children on child protection plans in England (at 31 March 2012) show that 42% of all children on plans (17 940 children) were aged 4 and under. Children aged 1–4 years are the largest single category of children on child protection plans, representing 31% of all children on plans (Department for Education 2012).

Two crucial implications flow from the young age profile of children and the finding discussed above that even in cases where children were seen on their own workers spent as much as three times longer with them and their parents on visits. The first implication is that social workers need to be knowledgeable and skilled at working with children and parents together. This may seem obvious but it is much less so when seen in the light of how procedures and much of the literature frames the work. Much greater acknowledgement needs to be given to the high proportions of children who cannot be seen on their own because they are too young. This finding supports Morris’s argument that the context for what social workers do is family work. They intervene into and work with ‘family practices’ and notions of child protection must not be allowed to result in the group work and other relational skills required to conduct effective family work being ignored (Morris 2013; see also, Saltiel 2013). Research observations showed a significant pattern of workers talking with parents about their lives, relationships and parenting issues, while children were interacting, sometimes with their parents and sometimes with the social workers. The challenge for workers was to find ways of dividing up issues and their attention between parents and children, which took real skill. A consistent problem when children were seen only with parents was when the latter dominated the discussion and the child’s experience was ignored or inadequately explored. The views of some children who had verbal capacity and understanding were not heard because parents spoke for them.

The second implication of the youthful age profile is that social workers need to be skilled at relating to young children in their own right through play and other methods, whether on their own or in the company of parents or other adults. The commonly expressed notion of ‘communicating with children’ has to explicitly incorporate being skilled at more than talk. This may at first sight seem obvious, but despite recognition in some of the literature of the need for creative work with young children (Jones 2003; Lefevre 2010; Winter 2011), I am arguing that the scale of the work involved and the skills required have not been fully recognised in writing about social work or child protection, in training, policy and probably in practice. Some social workers felt they were lacking in confidence and expertise at using more sophisticated methods of working with children by incorporating play. Some felt the agency had not assisted them enough through training and mentoring to develop these skills. A powerful indicator of the gap in child-centred practice was how common it was for some social workers to never or rarely bring with them on visits any toys or communication resources, such as pens and paper, to use with children. Yet some workers and managers knew this to be problematic and often...
reflected to planning to get around to correcting this oversight by acquiring play resource materials. In the time frame of the study, this did not happen because, as one manager put it, it was ‘early days’. It was not obvious what they were waiting for.

Handley and Doyle’s survey of 70 child care practitioners found that at qualifying level only 30% had training in communicating with young children, 16% in ascertaining children’s wishes and feelings, and 66% in child development, (Handley and Doyle, 2012). In my study, the extent to which workers achieved close engagements with infants and young children did not rely only upon their preparedness to respond to the child’s approaches or to initiate engagement with the child through play. It also depended on their level of comfort with getting physically close to children and using ‘professional touch’ (Ferguson 2011a), or being touched by them, for instance by being climbed on. On three observed home visits, social workers physically examined children’s bodies for signs of harm. Some workers were very uncomfortable with physical closeness and using touch and avoided it. A common reason cited was fear of sexual abuse allegations. For some others, it emerged that being physically avoidant is part of who they are and their default position not simply as professionals but as people. The risks involved when practitioners have relational styles that are avoidant were typified by a high-risk case where during 4 months of involvement the six months old infant had never been picked up, examined, touched or played with by the social worker. Nor had this detached, non-intimate practice been challenged by managers. Reflective supervision that explores workers’ self-awareness about their relational styles and probes about their playfulness and actual hands-on relating to children, or its absence, is crucial to ensuring safe child-centred practice (Green & Day 2013).

**CONCLUSION**

Despite over four decades of advanced recognition of child abuse, this is the first study of its kind to observe and audio-record face-to-face social work where there are child protection concerns. Although it included quite a large amount of fieldwork for a qualitative study, the sample of two local authorities and the number of workers and practice encounters involved is small enough for caution to be needed in generalising from the findings to all practice. That said, the use of participant observation and mobile methods and detailed analysis of the dynamics of interactions, homes and atmospheres have provided original insights into the nature of social work practice in child protection.

In all of the activity of child protection work, by far the most time and effort is spent relating to parents and children together at the same time and I have argued that this insight, quite banal as it seems, has very significant implications for training and practice. Where children are seen on their own, the paper has shown that the amount of time spent alone with children is often inadequate, a finding that is supported by other research, which has shown how lack of time and compliance cultures can produce risks to children (Broadhurst et al. 2010; Gillingham & Humphreys 2010; Lonne et al. 2009; Munro 2011). The culture of practice in child protection needs to become more organised around children’s worlds, experiences of time and playfulness and prepare workers to truly get down to children’s level. Some social workers were secure and confident in their abilities to relate to children – and parents – while some others who did have some such skills wished for more training to develop their capacities to communicate and help therapeutically still further. However, in some of the social work practice the basic skills to relate effectively to children were lacking. As well as time and skills, workers need clear models and knowledge of how to take children through all the stages of single encounters and relationships, from doing introductions, rapport-building, to endings. The findings fully support Lefevre’s (2013) argument that social work education and post-qualifying training need to focus much more rigorously not only on the ‘doing’ of communication with children in terms of techniques and skills, but enable deep learning of the ethical commitments and personal qualities needed.

Concerns about social work today not using authority enough are not borne out by this study. In a minority of cases, children were completely lost sight of and parents were not challenged, but these situations involved resistant parents and intense emotional experiences which seemed to immobilise the workers. In general, the level of complexity of the work is very high and a range of factors have been shown to influence the nature and quality of how practice is performed on particular occasions. A great deal of the work seems too difficult to be done by individual social workers visiting homes alone, which is how most of it is delivered. Greater critical attention also needs to be given to identifying the best and safest places in which to see children alone. The most popular location is the home, and within it
bedrooms, but because parents are usually present it can be a very problematic site for children to be open about their experience. Also, social workers need a location where they too can feel at ease and are not interrupted by parents or made over-anxious by their close proximity in the home. Social work needs to expand its conception of space and its geographical imagination to create and incorporate other places where safe, effective work could go on (Jeyasingham 2013). The increasing use of open-plan, hot-desking, agile working arrangements appears not to be conducive to creating safe, private office spaces for creative social work.

I have also argued that the research evidence shows that worker’s individual characteristics, relational styles and capacities to act creatively – or not – are significant. It is clear from the study that there are social workers who manage to practise in ways that keep children safe and have significant therapeutic value for those children and their parents. While there is crucial work to be done in reforming child protection systems, deepening understanding of the character and qualities social workers have as individuals and how these can be developed is just as important.

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