

Polling results report: 9th June 2020

This report

This report covers the period between the 27th May and 8th June 2020. Participants during this period were asked to comment on our top 10 research priorities and share views on their experience of training.

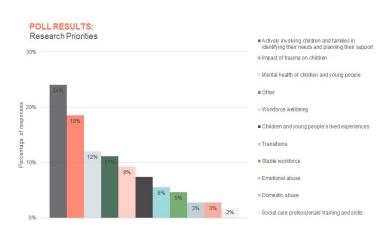
108 Social Workers replied to this poll, with 11 social workers giving additional qualitative information in relation to training.

Top ten research priorities

Participants were provided with the list of our top ten priorities, asked to choose one and explain why. The table in Fig 1 shows their responses. 24% of participants chose "actively involving children and families in identifying their needs and planning support", followed by "impact of trauma on children" with 19%. At the other end of the scale only 2% chose "social care professional training and skills". This lack of prioritisation for training echoes the results of a previous Delphi study where it did not feature in the top ten for CSC staff. https://whatworks-csc.org.uk/research/res earch-priorities/

This counter - intuitive response may benefit from further exploration to understand better why social workers do not prioritise it when other groups have, particularly when they have identified an interest in areas of direct work with children and families which may require additional training.

Fig 1



Research into Family Group Conferencing (FGC), a model aimed at involving families in making their own decisions regarding their needs and support, has shown signs of promise but low levels of evidence. As a result, research was commissioned by WW-CSC to further evaluate their potential at the pre-proceedings stage. For further information see links below.

https://whatworks-csc.org.uk/evidence/evi dence-store/intervention/family-group-conf erencing/.

https://whatworks-csc.org.uk/research-proj ect/evaluation-of-family-group-conference s-at-pre-proceedings-stage/

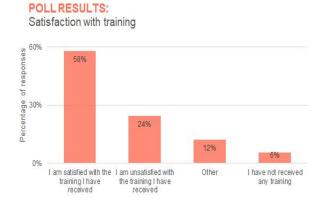
Training

Participants were asked their views on their experience of training and its quality. Please see the table below in Fig.2. Over half (58%) of participants are satisfied with their training. This might explain why it was not a popular choice as a priority in the previous graph.

However, 24% were unhappy with their training and disappointedly 6% had not received any training at all. The 'other' are



those who chose to comment on their training and suggest areas of development in this area. Themes are covered later in this report. *Fig 2*



Themes

Experience of current training:

One practitioner felt that training is repetitive, and after a couple of years, you have 'exhausted all the training opportunities...and there is often not anything new'. Another shared that there is an abundance of training for newly qualified staff in their ASYE, however the availability of training opportunities decreases with experience: 'the higher you progress the less training there seems to be available'. One participant said they have sought training opportunities themselves, possibly due to a lack of training, (provided by their employer), that is of interest or importance to the individual.

How training could be enhanced:

Practitioners shared some consensus on bringing clarity and emphasis to training for professionals in CSC. For example, the frequency and scope of training should be clear, e.g. 'at least one day's training a month'. Having protected time for training, attending courses with accreditation, and having the opportunity to specialise in a particular area (e.g. in systemic practice), were also suggested as ways training could be enhanced.

In addition, the need to evaluate the effectiveness of training to find out *'what works'* was suggested.

Therapeutic ways of working

There was general consensus on wanting training in therapeutic ways of working. For example, for all social workers working in children's services to be trained in 'therapeutic parenting'. Training Dyadic developmental opportunities in psychotherapy (DDP) training and the PACE model were also requested. Finally, one staff member shared that they would like training in 'creative methods of *communication and engagement*', such as in 'storytelling, use of media (photography), and circus skills'. This worker expressed that they see social work as an 'art', and such creativity could 'enhance the quality of working relationships and assessments'. Finally, one participant stated.

'We need to be trained to think more about holding uncertainty safely and less about framing children as 'at risk'.

Implications

Respondents have shared specifics on how training could be enhanced, e.g. by having protected time and wanting more clarity emphasis and on training requirements for CSC professionals. The idea of having 'protected time' for training purposes suggests social workers often have competing demands and training may get de-prioritised. Practitioners also expressed a clear interest in wanting training in therapeutic ways of working. Furthermore, training opportunities should be available to all CSC professionals, regardless of their level of experience. On a final note, robust evaluation is important, in understanding what works in the context of training for CSC professionals.



About WW-CSC Polling

What Works for Children's Social Care runs regular polls with social workers who have registered with us. Social workers are currently employed in a range of organisations and we canvas their opinions about our current and future research agenda as well as topics impacting on social work practice. There are 814 social workers currently registered to participate.