



What Works for
Children's
Social Care

WHAT MATTERS FOR WHAT WORKS?

SETTING RESEARCH PRIORITIES FOR
WHAT WORKS FOR CHILDREN'S SOCIAL CARE

APRIL 2020



What Works for Children's Social Care

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Authors

Louise Jones

Charlotte Scholten

Ella Whelan

Vicky Clayton

Michael Sanders

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

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INTRODUCTION

The evidence base for ‘what works’ in children’s social care is sparse, and more limited still if we consider only evidence on impact generated within the context of England. So when faced with decisions around what research we should focus on next, the question is less ‘where are the gaps?’, and more ‘where do we start?’

Children’s social care (CSC) is complex and wide-reaching, working with families from the point of referral through to permanence, and including adoption, care-leaver support and targeted early help. Numerous professionals are involved, from social workers and senior decision makers in CSC, to private providers and the third sector, to multi-agency partners including teachers, police and health professionals, plus many others. Every family comes with a different set of experiences and needs. This results in a plethora of different perspectives and views on where research is most needed and where it’s not.

Whilst our ambition is to improve evidence in children’s social care across the board, we recognise that it is not sensible - or possible - to approach this from every angle at once. Instead, we set out to establish a core set of research priorities, which highlight the topics considered most important by those closest to it, with the hope that this ensures that the evidence we produce next is as useful and impactful as possible.

What Works for Children’s Social Care (WWCSC) - and the children’s social care sector as a whole - is then faced with the challenge of how best to distill the complexity of the sector into a set of research priorities. Given the diversity of views, WWCSC opted to launch a research prioritisation exercise, between January and March of 2020,

based on a modified version of the Delphi method (more commonly used for forecasting)¹. This was designed to help build consensus, whilst also retaining the ‘voice’ of each stakeholder group throughout the process. A summary of this is depicted in Figure 1 (p6) and more detail will be given in the methods section.

The overarching aim of this process was to produce a list of research priorities for the organisation to direct its attention, time, and funding towards. This report aims to provide a transparent guide to the process we went through to reach these.



1 Iqbal, S. & Pison-Young, L. (2009). The Delphi method. *The Psycholo*



METHODS

Setting the scope and compiling an initial priority list

The scope of this priority-setting exercise included any topics, ideas, outcomes, needs, issues or practice deemed relevant to children's social care broadly, and which might meet WWCS's aim to improve evidence for better outcomes for children, young people and families with a social worker. This included areas directly relevant to children and families, as well as topics related to the system, workforce and organisation of children's social care.

An initial list of relevant terms was compiled by systematically combing through the Rees Centre, University of Oxford's outcomes framework² (which examined whether children's social care services make a difference) and CASCADE, Cardiff University's systematic scoping review³ (mapping the evidence about what works to safely reduce the number of children and young people in statutory care). These reports were chosen as they were recent reviews that had expertly taken stock of the children's social care landscape, and clearly identified any gaps and inconsistencies in the existing evidence. Potential topics for research were extracted by focusing on the main areas discussed and categorised in the outcomes framework, and on the intervention activities identified through the systematic scoping review.

This collated list of topics was then used as an initial point of reference in consultations with various stakeholder groups: the potential topics were presented for feedback in workshops with WWCS's Stakeholder Advisory Group (SAG), Young Advisors (YA), and with key stakeholders

within the Department for Education (DfE). Comments regarding how research is conducted at WWCS, specific methodologies, how the centre is organised, and the general purpose and mission of the centre were deemed to be outside the scope of the exercise. These sessions were used as an additional way to source topics, and also to seek approval from these key stakeholders and ensure that the presented topics were appropriate, acceptable and valid. At each stage of the process, we tended towards including more topics, to ensure that no important area of research was missed.

The initial priority list (see Appendix 1) comprised 81 research topics, ranging from caseloads to parental mental health, to criminal exploitation.

Modified Delphi method

The 'standard' Delphi method⁴ involves experts answering multiple rounds of surveys to forecast phenomena. Each round involves presenting 'feedback' from the previous round (often summaries of the responses) to allow the

2 La Valle, I., Hart, D., Holmes, L. & Pinto, V. (2019). How do we know if children's social care services make a difference? Development of an outcomes framework. Retrieved from: <http://www.education.ox.ac.uk/wp-content/uploads/2019/07/CSCS-Outcomes-Framework-July-2019.pdf>

3 Brand, S.L. et al. (2018). Mapping the evidence about what works to safely reduce the number of children and young people in statutory care: a systematic scoping review. London: What Works Centre for Children's Social Care. https://whatworks-csc.org.uk/wp-content/uploads/Reducing_the_number_of_children_in_statutory_care_a_systematic_scoping_review.pdf

4 Iqbal, S. & Pison-Young, L. (2009). The Delphi method. *The Psychologist*, 22, 598-601.

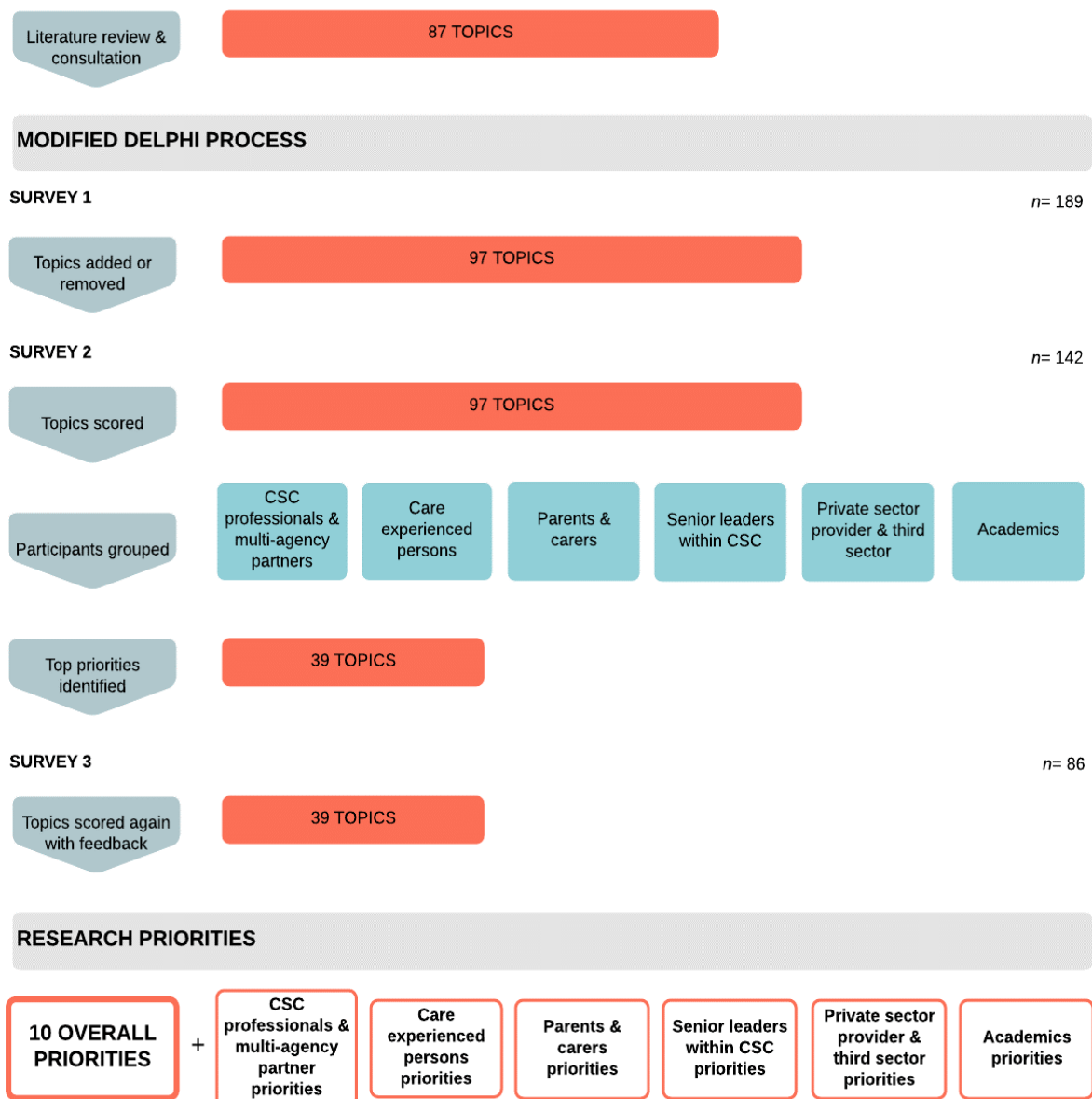


respondent to update their opinions based on the responses of others.

The aim of WWCSC's version of this process was not to forecast, but instead to move towards a consensus on which areas we should prioritise for research - whilst also recognising that it would be important to capture the differing priorities of our various stakeholders. To achieve

this, we modified the 'standard' Delphi method, and invited respondents from key stakeholder groups to participate in up to three surveys. Each of these three surveys served a different purpose, but combined aimed to: consolidate the topic list for consideration, allocate priority scores to the topics and to build consensus on which topics should be considered highest priority.

Figure 1: Diagram outlining the process undertaken by WWCSC to determine its research priorities





Survey 1: Adding or removing topics

Aim

The purpose of the first survey was twofold: to ascertain if there were any further topics that participants felt should be included on the 'longlist' of potential research priorities, and to identify any topics considered to be inappropriate or out of remit.

Survey 1 instructions

At the beginning of the survey each participant was asked to input some personal details, including their email address, first and last names, and to select the stakeholder category they most closely identified with from: academic, care experienced person, carer, children's social

care professional, children's social care senior leader, parent, private sector provider, third sector, young person, or 'other', which included a free-text option. Some follow-up demographic questions were asked (e.g. what organisation participants worked for; what their role is; in which team a social care professional worked; whether a young person had been in care). Participants were also given an introduction to the modified Delphi process and the aims of the exercise.

Survey participants were then presented with the list of topics. To make the long list more manageable, topics were divided into the four categories outlined in Table 1 below, and participants were asked to choose which categories they would like to review.

Table 1: Categorisation of topics for presentation in Survey 1

| Category name | Number of topics |
|---|------------------|
| Children and Young People - Characteristics, Needs and Outcomes ('Child') | 37 |
| Family - Characteristics, Needs and Outcomes ('Family') | 15 |
| Workforce & Organisational Practice | 11 |
| | 29 |

Note: Although only 81 unique topics were included, 11 of these topics were presented in more than one category. For example, 'Foster Care' was included in both the 'Child' and 'Family' categories. (Please see Appendix 2 for a full list of topics).

Definitions were provided for each topic to ensure all participants were assessing topics based on a shared understanding of the terms. Where terms were extracted from the aforementioned University of Oxford's outcomes framework and Cardiff University's scoping review, the original definitions were copied from these reports. Where terms were sourced from the additional consultation exercises, definitions were sourced from statutory guidance documents, and relevant established sources (e.g. NSPCC). Following further internal discussions and consultation with our Young Advisors, some changes to

these definitions were made to ensure that the language used was accessible.

Participants were able to 'click to remove' items from the list which they felt should not be researched. They were also given the opportunity to leave 'free text' comments and encouraged to add topics which they felt were missing from the list; this enabled participants to share their reasoning for topics' inclusion or exclusion.

This first survey was created using the survey platform Survey Gizmo and was open for a



period of 16 days in January and February, 2020. The survey was emailed directly to a list of participants who had expressed an interest in participating in the prioritisation process, and was also promoted on the WWCS blog and Twitter account. Individual staff members forwarded the survey to their contacts, and further emails were also sent to organisations or individuals from target stakeholder groups, particularly to try to encourage young people to participate. Young people were also recruited via a previous survey created in partnership between WWCS and 'Mind of My Own'. Young people who completed this first survey were asked whether they wanted to be contacted about the upcoming prioritisation exercise, and were also offered to be entered in a £200 cash prize draw following their participation in the process.

Participants

Survey 1 was completed by 189 participants, self-selected as identifying with a range of stakeholder categories, as described in Table 2.

Table 2: Number of respondents in Survey 1

| Stakeholder category | <i>n</i> |
|--|----------|
| Academics | 12 |
| Care Experienced People | 17 |
| Carers | 31 |
| Children's Social Care Professionals | 37 |
| Other | 27 |
| Parents | 20 |
| Private Sector Providers | 5 |
| Senior Leaders within Children's Social Care | 13 |
| Third Sector | 22 |
| Young Person | 4 |
| NA | 1 |
| Total | 189 |

Amendments to topic list

Of the items that participants suggested to remove, none were flagged by a large enough proportion of respondents overall to warrant removal from the list. The item that was most often ticked for removal was 'Radicalisation', however only 7% of participants (n=14) indicated that this should be removed. As a result, all items in the initial priority list remained in future surveys.

We received 208 suggestions for additional research topics. All suggestions were considered, and the vast majority were incorporated into the list for Survey 2 - either by adding new topics or amending existing topic titles or definitions. These changes resulted in adding 18 new topics, combining 2 topics in existing definitions, and amending a further 32 topics. The total number of potential research topics included in Survey 2 was 97.

Relatively few responses included suggestions for topics that could not be practically translated into viable research priorities. The reinvention of the CSC system for example, was considered to be too broad. Similarly, few suggestions focussed on WWCS research methods or ways of working, these were also considered out of scope and not included.

A summary of the topics identified in the comments, and an indication of the frequency of these is provided in Appendix 2. A full list of topics included in Surveys 1 and 2, and any amendments made, are listed in Appendix 1.



Survey 2: Scoring topics

Aim

The second survey was used to collect initial priority scores for each topic from each participant. Responses were also analysed to confirm how participants would be grouped for feedback for the final survey.

Survey 2 instructions

For the second survey, participants were asked to score the potential research items using a sliding scale from 'Not a Priority' (0) to 'Highest Priority' (10). The slider was set in the middle at '5' and participants were also given the option to tick a 'No Opinion' box. Following the amendments to the initial priority list, the resulting 97 topics were divided as follows: 33 topics were included in the 'Child' category; 18 in 'Family'; 33 in 'Practice'; and 13 in 'Workforce & Organisational'. No duplicates were repeated in more than one category. As in Survey 1, each topic was presented with a corresponding definition.

All participants were again asked to enter some personal details. If participants indicated that they had completed Survey 1, they were not asked for the full range of personal details, but rather were just asked to re-enter their email address and select again the stakeholder category they most closely identified with. Ensuring that the survey could be as short and concise as possible was important to reduce survey fatigue; especially when considering the number of research topics for review in both Surveys 1 and 2. This survey was created using the survey platform Qualtrics and was open for a period of 18 days over February and March, 2020.⁵ As with Survey 1, the survey was sent directly to all those that had expressed an interest in the prioritisation process, as well as all the Survey 1 respondents.

Analysis

In order to present feedback from Survey 2 in Survey 3, we needed to make several analytical decisions:

- How to identify which participants (e.g. those identifying as parents, CSC professionals, young people) to pool together to present a score for each topic by stakeholder group in Survey 3;
- How to summarise how the participants scored each topic;
- How to choose a threshold above which topics must score to be included in Survey 3.

Identifying which participants to pool together into groups

It was considered important to represent how different stakeholders prioritise each of the topics, given that the way in which they have been involved in CSC may influence the way they prioritise the topics. For this purpose, we needed to pool together respondents in Surveys 1 and 2 into a small number of stakeholder groups, containing a larger number of members. Whilst it was important for participants to recognise themselves in the options in Surveys 1 and 2, and hence maintain a larger list of detailed stakeholder categories, the small number of participants selecting each category meant that feedback with aggregated scores using these categories would be influenced a great deal by individual scores. Pooling these groups together made the summary statistics representing the resulting group's scoring of a topic more robust to small changes in the composition of the group.

We compared the scores for each topic aggregated by the original stakeholder categories to understand whether their population mean and population mean ranks differed using the

5 While the survey was live it became apparent that there was a formatting issue with the sliders, 'gridlines' appeared on either end of the sliders in the survey. This was due to a technical issue and could not be resolved by WWCSC or Qualtrics Support. This may have caused some uncertainty as to which topic the slider related to (the topic above or below), one participant did leave a comment reflecting this potential for misunderstanding.



t-test and Wilcoxon rank test. We considered the p-values from these tests (with high p-values indicating that there is a low likelihood that the population mean and population mean ranks differ) alongside whether the groupings would make intuitive sense. Based on these inputs, we identified the following groupings:

- Academics
- Care Experienced Persons (including young people)
- Children's Social Care Professionals and Multi-Agency Partners
- Parents & Carers
- Private Sector Providers & Third Sector
- Senior Leaders within Children's Social Care

It is worth noting that early in the process, we consulted our Stakeholder Advisory Group on potential groupings and they recommended checking for differences between participants identifying as parents and carers, and as private sector providers and third sector organisations. However, ultimately, we combined the private sector providers and third sector participants together as well as parents and carers, despite the t-tests and Wilcoxon tests confirming that these groups look somewhat different because the participant numbers in each individual category was small, and these provided the most intuitive combinations. If we were to run this exercise again in future years on a larger scale, we would consider retaining these categories as individual groups. 'Multiagency Partners' was not an option provided in the survey and consisted of those who selected 'Other' and self-identified as working in education or health. Where a respondent identified themselves as a member of multiple groups in "Other", we assigned them to the first group they mentioned.

Summarising the topic scores

Percentages, medians, interquartile ranges, means and standard deviations are common choices for presenting feedback in the Delphi process.⁶ Our choice of summary statistic needed to:

- Be a single number to summarise the score for each topic (given the number of topics, we considered that presenting multiple numbers to summarise the data would be overwhelming, ruling out percentage of participants choosing each score 1,2,3 etc and means with +/- standard deviations);
- Take into account that different numbers of participants may score each topic (ruling out summing the scores);
- Take into account the extremes of opinion expressed (ruling out the median);
- Take into account the dispersion around the central tendency given the potentially small number of participants scoring that topic for that group.

These requirements led us to settle on the lower 95% confidence interval⁷ which summarises the scores (of any number of scores greater than two) in a single number using the mean (taking into account extremes of opinions) and the standard deviation (taking into account the dispersion around the mean). The 95% lower confidence interval answers the question: "Given the scores I have, there is a 95% chance that the 'real' score is at least what?"

Choosing a threshold above which topics must score to be included in Survey 3

Survey 2 included 97 topics across a broad range of possible research areas. The list was deliberately inclusive to allow participants to consider the topics identified by stakeholders.

6 Iqbal, S. & Pison-Young, L. (2009). The Delphi method. *The Psychologist*, 22, 598-601.

7 95% lower confidence interval = mean - (1.96 x standard deviation / \sqrt{N})



However, given that 97 topics are many more topics than WWCS would be able to research in a year, and that topics which participants scored as low priority in Survey 2 are unlikely to become high priority in Survey 3, we decided to provide a shorter list for scoring in Survey 3. This has the advantage of reducing the time requested from participants whilst not losing much information.

Having transformed the scores given by each participant into an aggregate score per topic (by calculating the 95% lower confidence interval for each topic), we needed to choose a threshold above which topics must score to be included in Survey 3. Several options were considered and rejected for the following reasons:

- **A score (e.g. 5, 6, 7):** dropping scores of below 5 was considered because 5 was the default, and a score of 5 or below indicated at best indifference. However, this method kept too many topics. Choosing a higher value as a threshold felt arbitrary - plotting a histogram of the scores did not show any clear discontinuities in the scores above 5.
- **A measure of central tendency of the data (mean, median):** given that we are interested in the highest priority topics, including topics scoring in the top "half" intuitively felt not enough of a concentration on the highest priority topics and also kept too many topics.
- **A partitioning of the scores into two clusters:** a k-means clustering algorithm was used to partition the data into clusters. This does not require a choice of threshold per se, but partitions the data by minimising the within-cluster variances. Not needing to make an explicit choice about the threshold was attractive but again this method kept too many topics.

We settled on keeping the topics whose scores were in the top 25% of scores as this reflected the nature of the prioritisation exercise. The top 25% is somewhat arbitrary but the choice gave us a number of topics to include in Survey 3 that we felt was manageable for participants to thoroughly review (particularly for those who had already

completed Surveys 1 and 2), without losing topics likely to be scored as highest priority. As well as including the top 25% of topics when their lower confidence interval scores were calculated using all participants' scores, we also included the top 10% of topics for each group's scores. There was considerable, but not perfect overlap in the topics identified by the different groups, and we considered it important to include the highest priority topics for all stakeholder groups. This final list consisted of 39 topics.





Survey 3: Re-scoring topics following feedback

Aim

The final survey aimed to engender consensus amongst the different stakeholder groups on what should be the highest priority research topics.

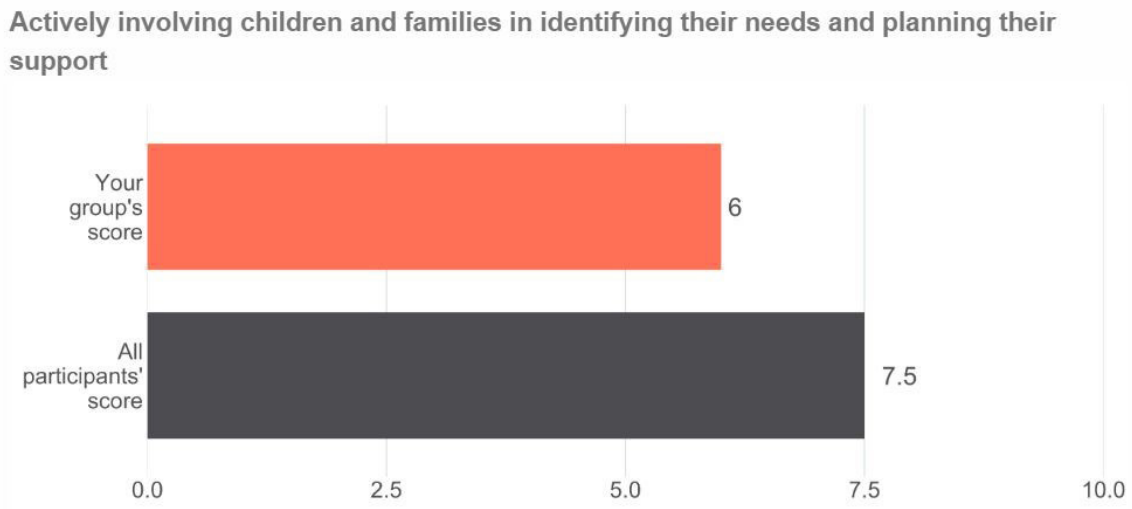
Survey 3 instructions

Of the 39 topics, 14 topics were included in the 'Child' category; 6 in 'Family'; 12 in 'Practice'; and

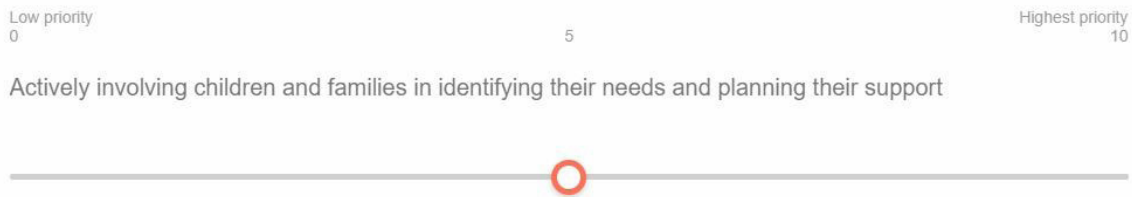
7 in 'Workforce & Organisational' for the final survey (topics are listed in Appendix 1).

Each topic was presented with feedback on its score from Survey 2 (in the form of the lower confidence interval) for all participants *in addition* to the score given by the individual's group. We presented this information in the form of a graph; an example is provided in Figure 2 below.

Figure 2: Example of the feedback graphs presented in Survey 3. This example was presented to academics on the topic of "Actively involving children and families in identifying their needs and planning their support".



You have the option to adjust the score in the slider below:



The slider allowed participants to adjust their score, based on the new information on how participants scored the topic, and also how those belonging to the same group scored. This process of re-scoring following feedback is key to the Delphi method of consensus building.

Seven versions of the final survey were created, one for each of the corresponding groups and

one for newcomers (i.e. individuals who had not taken part in either of the prior surveys). Different versions of the 'survey text' (introductions and explanations) were written for each survey, and graphs unique to each group were presented (i.e. the 'Parents and Carers' group saw how their specific group's scores compared with the overall score). There was also a final comment box at the end of the survey where participants



could add any final thoughts or reflections on the process.

As with Survey 2, this third and final survey was created using Qualtrics, and was open for a period of 19 days in March 2020. The survey was emailed directly to all those that had expressed an interest in the prioritisation process, as well as all the respondents to Surveys 1 and/or 2. Individual links were distributed to ensure the correct survey was received and completed (according to each person's self-identified group). These links also ensured that prior participants did not have to re-enter any personal data. All young people were again reminded of the £200 cash prize draw following their participation in the surveys.

Analysis

As with Survey 2, we calculated the 95% lower confidence interval for each topic including all participants' scores and also by group.

It is important that WWCS's research priorities reflect the priorities identified overall by the participants but also to take into account that different stakeholder groups may have different priorities. To this end, we identified the topics whose scores were in the top 25% of scores in Survey 3, to form an overall priority list, and in addition to this, identified the topics whose scores were in the top 25% of each group's scores in Survey 3. This happened to provide a 'top ten', so for the remainder of the report we refer to them as such for ease. These are described in the Findings section.





FINDINGS

Participation

Table 3: Number of participants by group

| Group | <i>n</i> Survey 1 | <i>n</i> Survey 2 | <i>n</i> Survey 3 |
|--|----------------------|----------------------|----------------------|
| Academics | 13 | 13 | 8 |
| Care Experienced People | 22 | 24 | 17 ⁸ |
| Senior Leaders within Children's Social Care | 17 | 18 | 11 |
| Parents & Carers | 54 | 22 | 10 |
| Children's Social Care Professionals and Multi-Agency Partners | 55 | 40 | 24 |
| Private Sector Providers & Third Sector | 28 | 25 | 16 |
| Total | 189 | 142 | 86 |

There were 53 new participants for Survey 2, and of the 86 participants who completed Survey 3, 10 had not completed Survey(s) 1 and/or 2.

Of those who participated in Survey 3, there was a good spread of responses across all age ranges. However, fewer young people (aged 24 or younger) took part in this survey than we might have hoped.

Table 4: Number of participants by age group in Surveys 1, 2 and 3

| Age | <i>n</i> Survey 1 | <i>n</i> Survey 2 | <i>n</i> Survey 3 |
|--------------|----------------------|----------------------|----------------------|
| 16 to 24 | 14 | 9 | 7 |
| 25 to 34 | 42 | 23 | 16 |
| 35 to 44 | 32 | 22 | 9 |
| 45 to 54 | 54 | 34 | 20 |
| 55 to 64 | 41 | 25 | 17 |
| 65 to 74 | 5 | 4 | 0 |
| Missing | 1 | 25 | 17 |
| Total | 189 | 142 | 86 |

8 One of the participants who had identified themselves as a CSC Senior Leader in Survey 1 and participated in Survey 2 emailed WWCS to explain that she was completing the survey on behalf of care experienced persons. To remedy this concern she was sent the CEP survey in Survey 3 to complete instead of the CSC Senior Leaders survey. Her responses were included in the Survey 2 analysis of CSC Senior Leaders, which was presented as feedback in Survey 3; however, the inclusion did not change the topics that would have been chosen for Survey 3 had her group been reassigned.



Scoring

Table 5: Summary statistics of scores from all participants in Surveys 2 and 3

| | Survey 2 Participant scores | Survey 3 Participant scores |
|--------------------------------------|-----------------------------|-----------------------------|
| Mean | 7.32 | 7.02 |
| Lower 95% confidence interval | 7.27 | 6.95 |
| Median | 8 | 7 |
| Standard Deviation | 2.23 | 1.94 |
| Interquartile Range | 4 | 3.5 |

Note: participant scores are calculated as the 95% lower confidence interval

Participants were asked to score the topics on a sliding scale from 'Not a Priority' (0) to 'Highest Priority' (10). The slider was set at 5 by default. The mean of 7.02 indicates that participants

thought that the topics under consideration were high priority overall. The middle 50% of the data lies above the default value (between 5.25 and 8.75).

Table 6: Summary statistics of scores by group in Survey 3

| Group | Participant scores |
|--|--------------------|
| Senior Leaders within Children's Social Care | 6.10 |
| Academics | 6.26 |
| Private Sector Providers & Third Sector | 6.60 |
| Children's Social Care Professionals and Multi-Agency Partners | 6.80 |
| Care Experienced People | 7.63 |
| Parents & Carers | 7.64 |

Note: participant scores are calculated as the 95% lower confidence interval

Certain groups seemed to, on average, score the presented topics as a higher priority, whereas other groups were more conservative in their scoring. As can be seen in the box plots in Figure 3, 'parents and carers' as well as 'care experienced people' tended to score topics more highly than other groups (shown by the box being high up on the graph). They are also the groups with some outlier values (marked by

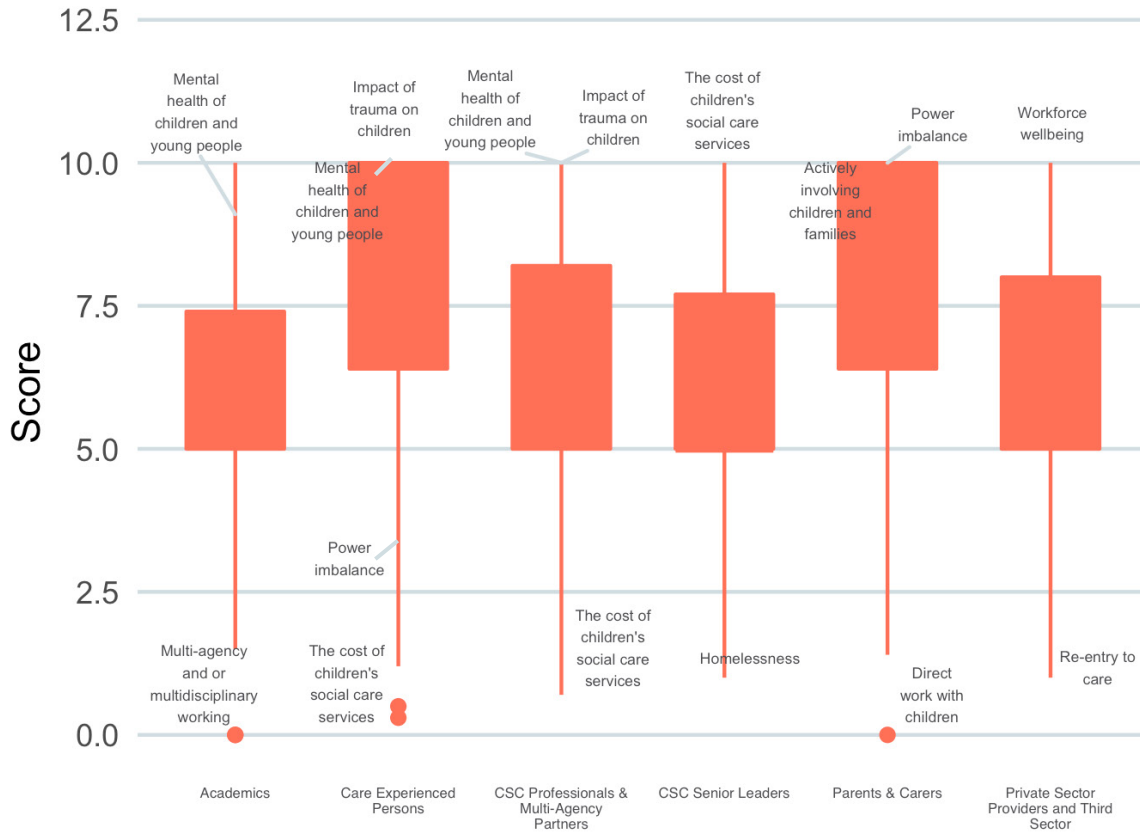
the dots), indicating that although these groups generally gave high priority scores, there was still considerable diversity of opinion. Amongst 'academics', on the other hand, there appeared to be less of a diversity of scores (the middle proportion of the data covers a smaller range of values for academics than other groups shown by a shorter box).



Figure 3: Box plot illustrating the spread of scores and the highest and lowest scoring topics for each stakeholder group⁹

BOX PLOTS BY GROUP

Priority score where 0 is lowest priority and 10 is the highest priority (raw scores). Labels are the topics which score the highest and lowest when the raw scores are aggregated by group



Source: WWCS Delphi Process 2020

Change in scores between Surveys 2 and 3

Most topics were scored as less of a priority in Survey 3 than Survey 2. The average absolute percentage change in the aggregated score was 5.7%. Including just the topics selected for Survey 3, the mean of the aggregated scores of the 39 topics was 6.94 in Survey 2 but 6.58 in Survey 3. The scores for these 39 topics were significantly different at the 95% significance level according to a two-tailed paired t-test. The lower scores in Survey 3 perhaps reflect a recalibration of

the participants' scoring as the topics scored as lower priorities were dropped.

The topics with notable decreases in scores include: permanence (7.09 to 6.51), families' lived experience (6.85 to 6.21) and the cost of children's social care services (6.57 to 5.7). The topics with notable increases include: power imbalance (5.91 to 6.28) and models of practice (5.91 to 6.27). Please see Table 23 in Appendix 6 for the full comparison.

⁹ The labels are positioned at the highest / lowest raw value for the topic that has the highest / lowest score when the topic scores are aggregated by group.



Figure 4: Top research priorities overall

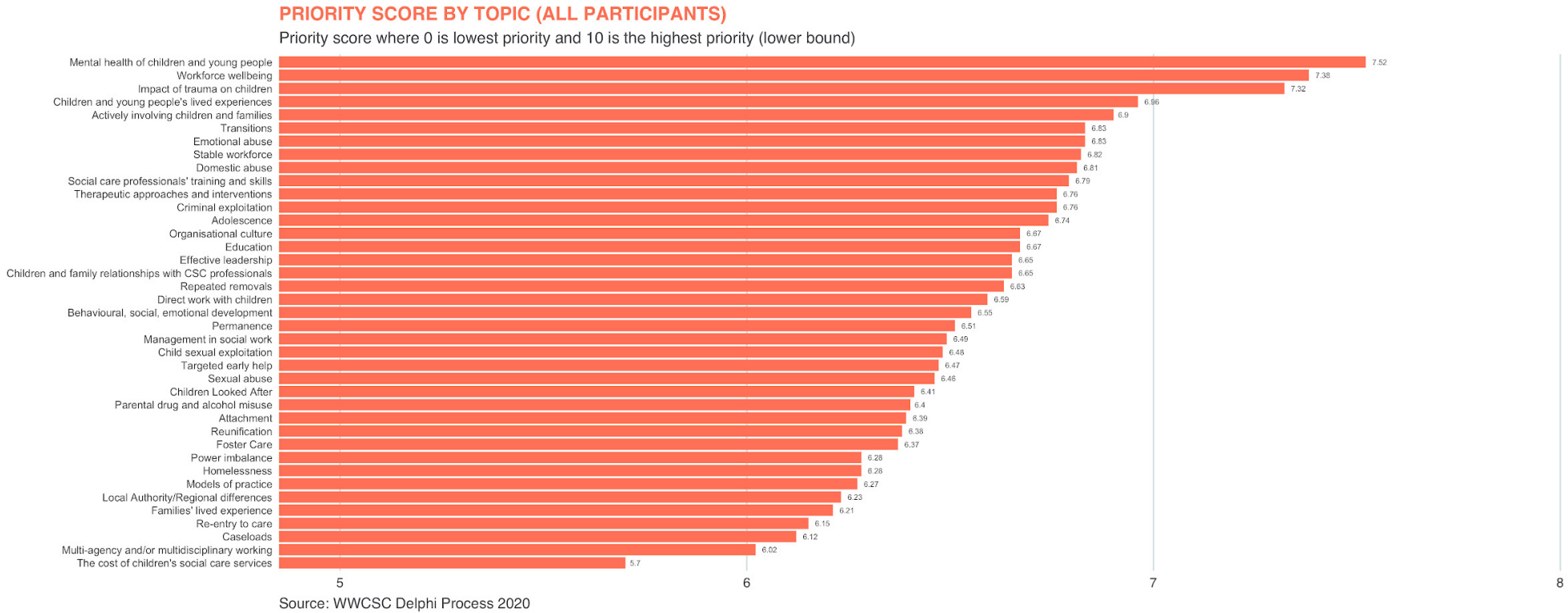
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Note: As discussed, priorities were selected as belonging to the top 25% of overall participants' scores based on the 95% lower confidence interval. However, as this happened to provide a 'top ten' we refer to them as such for ease.



Figure 5: Overall participants' scores for the 39 topics presented in Survey 3



Note: scores based on the 95% lower confidence interval



This exercise resulted in ten research priorities with the highest overall scores; these touch on many different aspects of CSC. There is a clear emphasis on psychological factors in the final list, particularly for children and young people: 'mental health of children and young people', 'impact of trauma on children' and 'emotional abuse' all feature as priorities.

Three of the top ten research priorities are also workforce focused: 'workforce wellbeing', 'stable workforce' and 'social care professionals' training and skills.' A further priority, 'actively involving children and families in identifying their needs and planning their support' also suggests more research is needed to explore how professionals can undertake their statutory duties in a way that best involves children and their families. 'Children and young people's lived experiences', 'domestic abuse' and 'transitions' comprise the remaining three top ten research priorities.

Top research priorities for each group

The aim of using a modified Delphi process was to reach a consensus, taking into account the views of the full range of our stakeholder groups to point us towards an overall set of priorities. However, we also recognise the importance of understanding differences in groups. To this aim, for each of the overall top ten priorities, we also explored how scores varied between groups, depicted in Appendix 5 and, in a subsequent section, discuss the topics which resulted in the greatest consensus or debate between groups.

More substantially, we also identified the top priorities for each group, these are listed in tables 7 - 12.

Tables 7 - 12: Top priorities for each group, all scores calculated as 95% lower confidence interval

| Table 7: Private sector providers & third sector priorities (n=16) | |
|--|-------|
| Topic | Score |
| Workforce wellbeing | 7.18 |
| Adolescence | 6.64 |
| Criminal exploitation | 6.54 |
| Effective leadership | 6.49 |
| Mental health of children and young people | 6.45 |
| Actively involving children and families in identifying their needs and planning their support | 6.41 |
| Models of practice | 6.37 |
| Education | 6.29 |
| Children and young peoples lived experiences | 6.26 |
| Social care professionals' training and skills | 6.11 |

| Table 8: CSC professionals and multi-agency partners priorities (n=24) | |
|--|-------|
| Topic | Score |
| Impact of trauma on children | 7.09 |
| Mental health of children and young people | 7.06 |
| Workforce wellbeing | 6.91 |
| Emotional abuse | 6.57 |
| Actively involving children and families in identifying their needs and planning their support | 6.54 |
| Children and family relationships with children's social care professionals | 6.51 |
| Reunification | 6.47 |
| Repeated removals | 6.46 |
| Stable workforce | 6.43 |
| Children and young people's lived experiences | 6.4 |



Table 9: Parents & carers priorities (n=10)

| Topic | Score |
|--|-------|
| Actively involving children and families in identifying their needs and planning their support | 9.06 |
| Power imbalance | 9.06 |
| Children and family relationships with children's social care professionals | 8.31 |
| Mental health of children and young people | 7.97 |
| Permanence | 7.29 |
| Adolescence | 7.27 |
| Children Looked After | 7.09 |
| Local Authority/regional differences | 7.06 |
| Social care professionals' training and skills | 7.06 |
| Attachment | 6.97 |

| | |
|---|------|
| The cost of children's social care services | 6.08 |
| Direct work with children | 6.01 |
| Organisational culture | 6 |
| Local Authority/regional differences | 5.86 |
| Education | 5.86 |
| Social care professionals' training and skills | 5.8 |
| Repeated removals | 5.78 |
| Children and family relationships with children's social care professionals | 5.77 |
| Therapeutic approaches and interventions | 5.63 |
| Stable workforce | 5.48 |
| Workforce wellbeing ¹⁰ | - |

Table 11: Care Experienced Peoples' priorities¹¹ (n=17)

| Topic | Score |
|--|-------|
| Mental health of children and young people | 8.54 |
| Impact of trauma on children | 8.46 |
| Emotional abuse | 8.27 |
| Children and young people's lived experiences | 7.87 |
| Adolescence | 7.72 |
| Sexual abuse | 7.62 |
| Social care professionals' training and skills | 7.56 |
| Domestic abuse | 7.41 |
| Child sexual exploitation | 7.38 |
| Homelessness | 7.37 |

Table 12: Academics priorities¹² (n=8)

| Topic | Score |
|---|-------|
| Mental health of children and young people | 6.66 |
| Organisational culture | 6.57 |
| Direct work with children | 6.37 |
| Social care professionals' training and skills | 6.23 |
| Workforce wellbeing | 6.22 |
| Children and family relationships with children's social care professionals | 6.16 |
| Domestic abuse | 6.06 |
| Criminal exploitation | 5.96 |
| Transitions | 5.93 |
| Repeated removals | 5.91 |

10 'Workforce wellbeing' was omitted in error from the final survey for CSC senior leaders. Taking the group score from Survey 2 and adjusting for the higher mean and standard deviation of scores in Survey 2, our best estimate is that the group score would have been 6.31, which qualifies its inclusion in the priority list for CSC senior leaders.

11 'Models of practice' was omitted in error from the final survey for care experienced persons, based on adjusted scores from Survey 2 it is unlikely this topic would have appeared in the priority list for this group

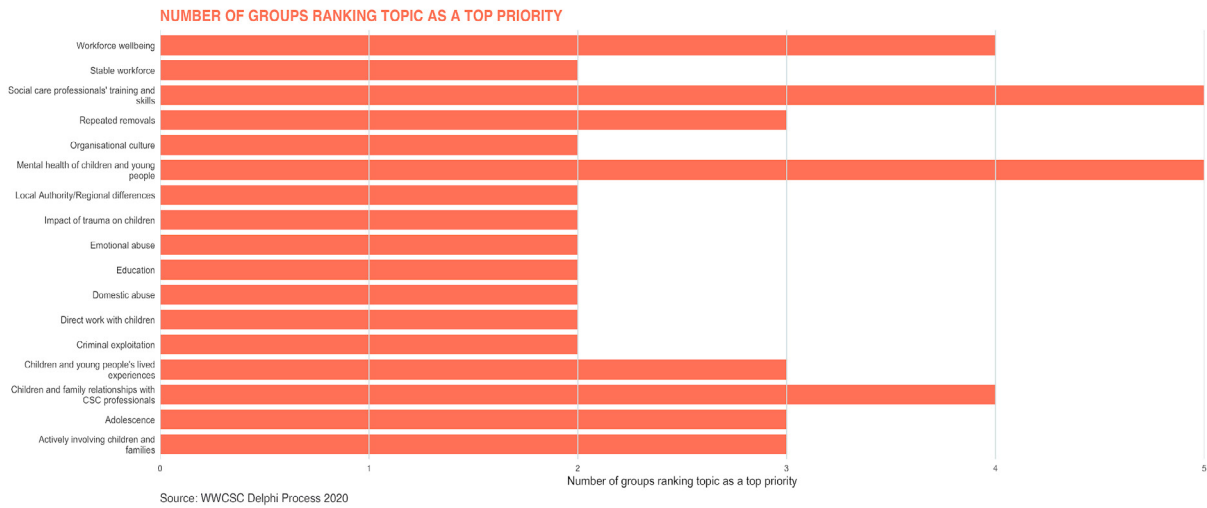
12 'Behavioural, social, emotional development' was omitted in error from the final survey for academics, based on adjusted scores from Survey 2 it is unlikely this topic would have appeared in the priority list for this group



There is considerable overlap between the overall priorities and the priorities of individual groups - 48% of the topics listed in the stakeholder

groups' priority lists also appear in the overall top ten. Figure 6 illustrates topics which appear in the priority lists for multiple groups.

Figure 6: Graph depicting topics appearing in the priority lists of multiple groups



In total, 30 of the possible 39 topics presented in Survey 3 appear across the six groups' priority lists. However, 13 of these appear in just one group's priority lists (listed in table 13), indicating that these topics are particularly

important to specific stakeholder groups, but less so for others - it will be important for us to understand further the reasons for this, and to consider these alongside the overall priorities.

Table 13: Topics appearing in only one group's priority list

| Topic | Group |
|---|---|
| Sexual abuse | Care experienced people |
| Child sexual exploitation | Care experienced people |
| Homelessness | Care experienced people |
| Reunification | CSC professionals and multi-agency partners |
| The cost of children's social care services | CSC senior leaders |
| Therapeutic approaches and interventions | CSC senior leaders |
| Power imbalance | Parents and carers |
| Permanence | Parents and carers |
| Children Looked After | Parents and carers |
| Attachment | Parents and carers |
| Effective leadership | Private sector providers and third sector |
| Models of practice | Private sector providers and third sector |
| Transitions | Academics |

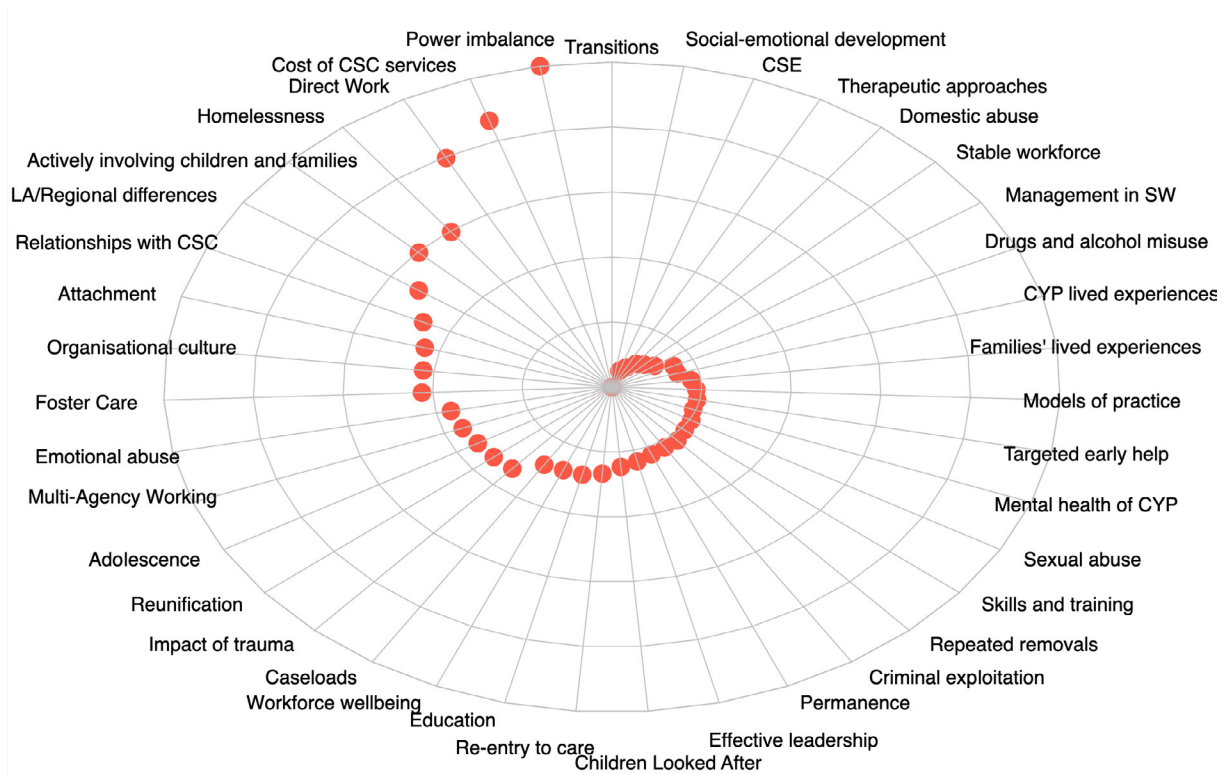


Consensus topics and topics of debate

Whilst we have taken into account that the priorities of different groups may be different, by including the top priority topics for each group, it is also instructive to understand which topics the groups scored most similarly and differently. Topics which scored similarly could have similarly low scores, and topics which were scored most

differently by group were not prevented from reaching the top ten overall priority list. Topics that have scored highly and where there is consensus between the groups are prime candidates for WWCS research. When conducting research into topics that have been scored highly overall but quite differently by different groups, we need to be particularly vigilant about seeking different perspectives.

Figure 7: Diagram illustrating level of consensus between groups' scores for topics. Topics with points closest to the centre achieved greatest consensus, whereas topics with points closest to the outer edge of the diagram were subject to greatest debate between groups.



Note: average pairwise Euclidean distance of the standardised 95% lower confidence interval by group. The distances are averaged to account for there not being a lower confidence interval score for each group for all topics. The scores were standardised by group to take into account that the distribution of topic scores is different by group. The average pairwise distance ranged from 0.38 to 1.19 but is difficult to interpret and so here we focus on the relative ranking instead of the value.



Of the above topics where there were high levels of consensus between groups, many also appear in the overall top ten priorities. It is encouraging to see that there are good levels of agreement particularly for 'transitions', 'domestic abuse', 'stable workforce' and 'children and young people's lived experience' - and for these topics, scored highly and with good agreement between stakeholder groups, we can be confident that these are areas where our research efforts ought to be focussed.

Many of the topics considered to be the top priorities for only one group also appear here as 'topics of debate' and achieved quite different scores between groups. It is important to note, however, that of the items in the overall top ten priorities list, only 'actively involving children and families in identifying their needs and planning their support' achieved notably different scores between groups. The topics which achieved the greatest consensus and were of greatest debate are summarised in Appendix 6.

In further analysis we found that the average pairwise distance between groups was lower in survey 3 than in survey 2 and between surveys 2 and 3. The average pairwise distance between groups decreased for 27 out of the 39 topics (please see table 22 in Appendix 6). In other words, the groups scored the topics more similarly in survey 3 suggesting movement towards a consensus, a key aim of the modified Delphi process. Furthermore, the interquartile range and the standard deviation are both smaller for survey 3 than survey 2 (see Table 5), again indicating a smaller spread of topic scores by participants in survey 3.





DISCUSSION

In total, over 250 individuals participated in the prioritisation process which, we hope, has helped to capture the views of an array of stakeholder groups. This provides us with an overall set of priorities to focus our research, in addition to more detailed information about the priorities for individual stakeholder groups.

However, we acknowledge there were limitations to our approach. Many participants took the time to provide insightful thoughts on the process, personal stories, and passionate comments about their experience with CSC generally, which were ultimately reduced to concepts that could be chunked into distinct and definable topics for scoring. It will be important to ensure that the insight provided in these comments is revisited as part of our next steps, as they provide the crucial backdrop for the research that WWCS conducts.

Despite investing considerable time in providing definitions for each of the topics, we acknowledge they were not always completely accessible or easy to understand concepts, and to participate in the surveys required a certain level of computer literacy. As you would expect, the numbers of respondents also declined between rounds of surveys and, particularly for the final survey, numbers in some individual groups were small and unlikely to be representative. We would particularly have liked to have had higher numbers of young people, and parents and carers participate.

Having said this, we are pleased with the overall engagement with this process, and the number of voices we have been able to hear. It is also

encouraging to see that we already have research, or other work programmes, underway in some of the overall top ten research priority areas.

Three priorities have a clear focus on the workforce, including: 'workforce wellbeing,' 'stable workforce' and 'social care professionals' training and skills'. We are currently evaluating a suite of light-touch interventions under our Happier, Healthier Professionals programme to test their impact on social worker wellbeing and staff turnover. A randomised controlled trial (RCT) of Schwartz Rounds, a structured forum where all staff can discuss the emotional toll of their work, is also underway in 11 local authorities. This RCT aims to test whether an intervention that is more commonly applied in healthcare settings can increase the wellbeing of social care professionals. Of course, with social worker turnover at critically high levels (16% in the year October 2018 to September 2019¹³), there is much more to be done in this area.

Relating to social care professionals' training and skills, we are developing training focused on bringing evidence and the skills to assess whether evidence is good-quality, into social worker education. We have also conducted online research aimed at improving social worker

13 Department for Education. (2020). Official statistics: *Children and family social work workforce in England, year ending 30 September 2019*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868384/CSWW_2018-19_Text.pdf



decision-making and are now taking this into the next phase.

A further priority, 'actively involving children and families in identifying their needs and planning their support', indicates a need for more evidence to help professionals best include children and families in statutory work. A randomised controlled trial of family group conferences (FGC), underway in over 20 local authorities, aims to evaluate how successful FGCs are at involving families in planning, and ultimately keeping them together.

For many of the other overall research priorities: the 'impact of trauma on children', 'mental health of children and young people', 'transitions', 'children and young people's lived experiences', 'emotional abuse' and 'domestic abuse', we do not currently have substantive research programmes underway. This is something that we will aim to address in the next twelve months, through our own research and in partnership with others.

The main aim for conducting the modified Delphi process was to make sense of stakeholder group differences and help us move us towards a consensus, but in the process of doing so we have also learned a great deal about these differences. While there is considerable overlap in the overall top ten priorities and those of individual groups, many topics were scored as a high priority by only one or two groups. Not all priorities included in our overall top ten achieved high levels of consensus between groups, this is true particularly of 'actively involving children and families in identifying their needs and planning their support' (with final group scores ranging from 4.2 to 9.1), indicating that stakeholder groups have quite different views on how much of a priority this should be for our research. It is important that we do not allow the broad consensus to mask the passionate and important views of the minority, and we will be considering as many of these areas as we can alongside the overall priorities in the coming year.





NEXT STEPS

Our first step will be to do a more in-depth assessment of the research priorities flagged through this exercise. Each is at a different stage of development. For some, we already have projects in the field, but for others, we will need to lay more groundwork, and further consult to determine how we can have an impact in the area - as well as to understand the reasons for disagreement between groups.

For other priorities, we have already summarised relevant existing evidence, as is the case for child mental illness prevention, or interventions for women parenting in the context of intimate partner violence, for example¹⁴. This provides a helpful initial first step in understanding what evidence already exists and where further primary research can be most helpful. However, we recognise that existing reviews of the evidence will not always cover the full range of interventions that could fall under these topics. For domestic abuse, for example, it is not enough to exclusively consider parenting interventions for women, and we need to also think about alternative approaches, such as perpetrator programmes. Where we identify these gaps, we will consider commissioning such reviews ourselves, or encouraging others to do so.

In some cases, the absence of existing research, or a need to expand the existing research base will lead us to commission new studies to test the efficacy of particular interventions. Depending on the nature of the topic and of the evidence gap, this might include qualitative studies, pilot studies, quasi-experimental evaluations or randomised controlled trials.

The list of priorities is certainly not exhaustive - we will of course continue to work with partner local authorities, our fellow What Works Centres, third sector groups, and the Department for Education to understand what additional research might be valuable and help to serve the goal of improving outcomes for young people and their families.

We also recognise that we could easily devote all of our resources to any one of these research areas, and hence there will be a need to further prioritise - meaning that we may not get to all areas this year. However, we will continue to be attuned to opportunities to expand our research programmes, or to contribute to others', in a way that allows us to cover as many as possible.

The 'research priorities list' generated by this process is designed to be a springboard for future research. Therefore, we hope that those who have engaged with us so far - and those that have yet to do so - will be a part of shaping that future work as well, giving us the best possible chance at ensuring that our research is both useful for the sector and achieves the greatest possible impact for the children and families it aims to serve.

14 These can be found online in the WWCS Evidence Store - <https://whatworks-csc.org.uk/evidence-store/>



APPENDICES

Appendix 1

Table 14: Full topics table

| Survey 1 Topic | Survey 1 Topic description | Original / amended / added for Survey 2 | Survey 2 Topic | Survey 2 Topic description | Survey 3 Topic |
|---|--|---|---|--|----------------|
| Behavioural, emotional and social development | Meeting expected goals for development. | Original | Behavioural, emotional and social development | Meeting expected goals for development. | Yes |
| Care leavers | A young person aged 18 or over who has spent time in care prior to their 18th birthday. | Original | Care leavers | A young person aged 18 or over who has spent time in care prior to their 18th birthday. | |
| Children with disabilities | | Original | Children with disabilities | | |
| Criminal exploitation | An individual or group takes advantage of an imbalance of power to 'use' a child for criminal activity, including gang affiliation and county lines. | Original | Criminal exploitation | An individual or group takes advantage of an imbalance of power to 'use' a child for criminal activity, including gang affiliation and county lines. | Yes |
| Mental health of children and young people | A person's state of mind or emotional, social and psychological health. | Original | Mental health of children and young people | A person's state of mind or emotional, social and psychological health. | Yes |
| Neglect | An ongoing failure to meet a child's basic needs. | Original | Neglect | An ongoing failure to meet a child's basic needs. | |



| | | | | | |
|------------------------|---|----------|------------------------|---|-----|
| Out-of-area placements | A child in care is placed away from their home area. | Original | Out-of-area placements | A child in care is placed away from their home area. | |
| Permanence | Planning long term homes for children and young people. | Original | Permanence | Planning long term homes for children and young people. | Yes |
| Physical abuse | Someone physically hurting or harming a child on purpose. | Original | Physical abuse | Someone physically hurting or harming a child on purpose. | |
| Radicalisation | The process by which a young person comes to support extremist beliefs associated with terrorist groups. | Original | Radicalisation | The process by which a young person comes to support extremist beliefs associated with terrorist groups. | |
| Re-entry to care | Leaving and then returning to statutory care. | Original | Re-entry to care | Leaving and then returning to statutory care. | Yes |
| Safety | Are we keeping children safe at home, in their placements or in the community? | Original | Safety | Are we keeping children safe at home, in their placements or in the community? | |
| Sexual abuse | Forced/non consensual sexual activity which can include non contact e.g. online grooming. | Original | Sexual abuse | Forced/non consensual sexual activity which can include non contact e.g. online grooming. | Yes |
| Under 5's | This includes infants, babies, toddlers, and children who are not yet school age. | Original | Under 5's | This includes infants, babies, toddlers, and children who are not yet school-aged. | |
| At-birth removals | Where there are significant and ongoing concerns about a mother or a family's ability to care for a child (e.g. serious drug misuse), a baby might be removed as soon as he/she is born and placed in care. | Original | At-birth removals | Where there are significant and ongoing concerns about a mother or a family's ability to care for a child (e.g. serious drug misuse), a baby might be removed as soon as he/she is born and placed in care. | |



| | | | | | |
|--|---|----------|--|---|-----|
| Domestic abuse | Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. | Original | Domestic abuse | Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. | Yes |
| Financial support for families | The financial aid available for families in contact with children's services. | Original | Financial support for families | The financial aid available for families in contact with children's services. | |
| Homelessness | Living without a home, including temporary or unsuitable accommodation. | Original | Homelessness | Living without a home, including temporary or unsuitable accommodation. | Yes |
| Parental drug and alcohol misuse | Parents who misuse, or are addicted to drugs and/or alcohol. | Original | Parental drug and alcohol misuse | Parents who misuse, or are addicted to drugs and/or alcohol. | Yes |
| Parental mental health | Parents who suffer with poor mental health. | Original | Parental mental health | Parents who suffer with poor mental health. | |
| Reunification | Resuming living with family after a period in care. | Original | Reunification | Resuming living with family after a period in care. | Yes |
| Socio-economic background of families | Details about a family's income, education and occupation. | Original | Socio-economic background of families | Details about a family's income, education and occupation. | |
| Actively involving children and families in identifying their needs and planning their support | | Original | Actively involving children and families in identifying their needs and planning their support | | Yes |
| Advocacy | Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voices heard on issues that matter to them, defend and safeguard their rights, and have their views considered when decisions are being made about their lives. | Original | Advocacy | Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voices heard on issues that matter to them, defend and safeguard their rights, and have their views considered when decisions are being made about their lives. | |



| | | | | | |
|-----------------------------------|---|----------|-----------------------------------|---|-----|
| Assessment | Social services have to assess the needs of children who are referred to them. | Original | Assessment | Social services have to assess the needs of children who are referred to them. | |
| Care proceedings | The legal process that decides whether a child should be in the care of the local authority. | Original | Care Proceedings | The legal process that decides whether a child should be in the care of the local authority. | |
| Caseloads | The number of children and families that a social worker sees, and holds responsibility for, at any one time. | Original | Caseloads | The number of children and families that a social worker sees, and holds responsibility for, at any one time. | Yes |
| Child Protection plans | Child Protection plan aims to make sure that a child is safe from harm, and supports the family to safeguard and promote the welfare of their child. | Original | Child Protection plans | Child Protection plan aims to make sure that a child is safe from harm, and supports the family to safeguard and promote the welfare of their child. | |
| Children Looked After Reviews | A regular meeting between professionals, family, and looked after children, to discuss care plans and review progress. | Original | Children Looked After Reviews | A regular meeting between professionals, family, and looked after children, to discuss care plans and review progress. | |
| Direct work with children | Does the direct work that social care professionals carry out with families achieve the desired outcomes? | Original | Direct work with children | Does the direct work that social care professionals carry out with families achieve the desired outcomes? | Yes |
| Edge of Care services | Additional services provided by the local authority to families where there is a high level of concern that a child may be taken into care. | Original | Edge of Care services | Additional services provided by the local authority to families where there is a high level of concern that a child may be taken into care. | |
| Emergency Protection Orders (EPO) | An EPO is granted if it is believed that a child is likely to suffer significant harm, and this will happen unless immediate action is taken to remove the child from the home. | Original | Emergency Protection Orders (EPO) | An EPO is granted if it is believed that a child is likely to suffer significant harm, and this will happen unless immediate action is taken to remove the child from the home. | |



| | | | | | |
|---|---|----------|---|---|-----|
| Front door | How children's social care services respond to incoming safeguarding referrals. Often called a Multi-Agency Safeguarding Hub (MASH). | Original | Front door | How children's social care services respond to incoming safeguarding referrals. Often called a Multi-Agency Safeguarding Hub (MASH). | |
| Interaction between social work professionals and the family courts | Differing opinions between social workers and courts about decisions, causing a strain in relationships. | Original | Interaction between social work professionals and the family courts | Differing opinions between social workers and courts about decisions, causing a strain in relationships. | |
| Regional differences / LA differences | Differences in services offered, effectiveness, and outcomes for children. | Original | Local Authority/ regional differences | Differences in services offered, effectiveness, and outcomes for children. | Yes |
| Mentors | A trusted and experienced person who can provide advice, coaching and training to children and/or families. | Original | Mentors | A trusted and experienced person who can provide advice, coaching and training to children and/or families. | |
| Multi-agency and/ or multidisciplinary working | Partner agencies (e.g. social care, police, health, education) routinely working together to improve services for children and families. | Original | Multi-agency and/ or multidisciplinary working | Partner agencies (e.g. social care, police, health, education) routinely working together to improve services for children and families. | Yes |
| Power imbalance | Systemic and relational imbalances in power between children, families and professionals. | Original | Power imbalance | Systemic and relational imbalances in power between children, families and professionals. | Yes |
| Referrals | A referral, in the context of child protection, is when someone contacts Children's Services because they have concerns about the safety and well-being of a child. | Original | Referrals | A referral, in the context of child protection, is when someone contacts Children's Services because they have concerns about the safety and well-being of a child. | |
| Reflective practice | Practitioners making a conscious effort to think about their own work, and the impact it might have on their working relationships and decisions. Commitment to continuing to develop and improve their practice. | Original | Reflective practice | Practitioners making a conscious effort to think about their own work, and the impact it might have on their working relationships and decisions. Commitment to continuing to develop and improve their practice. | |



| | | | | | |
|---|---|----------|---|---|-----|
| Serious case reviews | Investigation into the serious injury or death of a child by an independent organisation. | Original | Serious case reviews | Investigation into the serious injury or death of a child by an independent organisation. | |
| Targeted Early Help | Support or intervention provided as soon as (or even before) an issue arises with a child or family. | Original | Targeted Early Help | Support or intervention provided as soon as (or even before) an issue arises with a child or family. | Yes |
| Commissioning | Commissioning is the process of planning, agreeing and monitoring services. | Original | Commissioning | Commissioning is the process of planning, agreeing and monitoring services. | |
| Effective leadership | Commitment to the values of children's social care and positive organisational culture. | Original | Effective leadership | Commitment to the values of children's social care and positive organisational culture. | Yes |
| Ofsted: rating and inspections | Organisation responsible for inspecting children's social care services and care providers to ensure quality of service provision and safeguarding standards. | Original | Ofsted: rating and inspections | Organisation responsible for inspecting children's social care services and care providers to ensure quality of service provision and safeguarding standards. | |
| Organisational culture | The values and beliefs that contribute to the way of working and environment in an organisation. | Original | Organisational culture | The values and beliefs that contribute to the way of working and environment in an organisation. | Yes |
| Stable workforce | Low turnover or vacancy rate of staff at all levels in the organisation. | Original | Stable workforce | Low turnover or vacancy rate of staff at all levels in the organisation. | Yes |
| Supervision of social workers | The process by which a manager provides support and guidance to social workers. | Original | Supervision of social workers | The process by which a manager provides support and guidance to social workers. | |
| The cost of children's social care services | | Original | The cost of children's social care services | | Yes |



| | | | | | |
|---|--|--|---|--|-----|
| Physical Health | | Amended - this topic was incorporated into a number of other topics, including Parental disability, Workforce wellbeing and Children with disabilities | | | |
| Adolescents | The stage between childhood and adulthood, sometimes defined as aged between 10 and 19. | Amended | Adolescence | The stage between childhood and adulthood, roughly between the ages of 10 and 19. This involves entering care as an adolescent (late entry to care), and the issues that might then arise. | Yes |
| Adoption | Adoption is permanent and the adoptive parents have the legal rights and responsibilities the same as biological parents, the process also removes these rights from the biological parents. | Amended | Adoption | Adoption is a legal process which transfers parental responsibility from the child's birth parents to their adoptive parents. | |
| Sexual exploitation | When children are 'used' for sexual activity, often in exchange for gifts, status, drugs and/or affection | Amended | Child Sexual Exploitation (CSE) | When children are sexually abused in exchange for gifts, status, drugs and/or affection. | Yes |
| Therapeutic approaches and interventions | Additional support, such as different types of therapy that aim to actively reduce distress and improve psychological wellbeing. | Amended | Therapeutic approaches and support | Additional support, such as different types of therapy that aim to actively reduce distress and improve psychological wellbeing. | Yes |
| Understanding and listening to young people's lived experiences | | Amended | Children and young people's lived experiences | Exploring the experiences of young people who have had contact with children's social care. This includes young people's wellbeing. | Yes |
| School exclusions | A child is not allowed to attend school, often due to behaviour, this can either be for a few days or permanently. | Amended - this was incorporated into the more broad 'Education' topic | Education | Considering educational attainment, types of educational provision, school place, exclusions, off-rolling, internal exclusion, missing education and home-educated. | |



| | | | | | |
|--|---|---------|------------------------------|--|-----|
| Education | Including attainment, school place, all types of educational establishments. | Amended | Education | Considering educational attainment, types of educational provision, school place, exclusions, off-rolling, internal exclusion, missing education and home-educated. | Yes |
| Emotional abuse | Emotional abuse can involve deliberately trying to scare, humiliate, isolate, upset or ignore someone. | Amended | Emotional abuse | Emotional abuse can involve deliberately trying to scare, humiliate, isolate, upset or ignore someone, this could also include coercive control. | Yes |
| Foster care | A child lives with carers who have been identified by social services, either on a short or long term basis. | Amended | Foster care | A child living with carers who have been identified by social services, and the impact this has on the young person. | Yes |
| Identity | Importance of life story work and how identity changes / is shaped for children in care. | Amended | Identity | Understanding how identity is shaped for children in care, the effect of stigma and perception, and the importance of life story work. | |
| Impact of trauma on children and families | Trauma is the exposure to extraordinary experiences that have a lasting, and often damaging psychological impact on a person. Services using a 'trauma-informed care approach' means integrating this knowledge and understanding into policy and practice. | Amended | Impact of trauma on children | Trauma is the exposure to experiences that have a lasting, and often damaging psychological impact on a person. This includes developmental trauma, complex trauma and intergenerational trauma. | Yes |
| Unaccompanied Asylum Seeking Children (UASC) | Children under 18 from across the world who travel on their own to the UK to seek safety here. | Amended | Migrant children | Children who travel across political or geographical borders to seek safety in the UK. This includes Unaccompanied Asylum Seeking Children, who have arrived in the UK without parents or legal guardians. | |
| Children missing from care | A child looked after who is not at their placement or the place they are expected to be (e.g. school) and their whereabouts is not known. | Amended | Missing children | Children and young people that are missing from home, from school, or from care, or when their whereabouts are not known. | |



| | | | | | |
|---|---|---------|---|--|-----|
| Residential care | A home for a number of young people who cannot live with their families. | Amended | Residential care | A home for young people who cannot live with their families. This includes regulation and quality of these placements. | |
| Resilience | The ability to bounce back from adversity and cope with challenges and hardship. | Amended | Resilience | The ability to overcome adversity and cope with challenges and hardship. | |
| Youth offending | Crime committed by people under 18. | Amended | Youth Offending | Crimes committed by young people under 18, including violent offences, knife crime and the criminalisation of vulnerable young people. | |
| Contact | When children and young people in care spend time with one or both birth parents and other family members. | Amended | Contact | When children in care spend time with one or both birth parents and other family members. This can take the form of supervised, telephone, or letterbox contact, and might also be considered for adopted children. Includes children's rights to contact. | |
| Fathers | Their role in the narrative around children's social care and their engagement with services. | Amended | Fathers and male carers | Biological fathers, step-fathers, male carers and father figures. Understanding their role in the narrative around children's social care and their engagement with services. | |
| Kinship care | Children who cannot live with their parents are cared for by other family members. | Amended | Kinship care and carers | Children who live with alternative family members when they cannot live with their own parents. This includes support available for kinship carers. | |
| Children and family relationships with children's social care professionals | Creating positive relationships between social workers, young people and families - i.e. relationships which are trusting, stable and supportive. | Amended | Children and family relationships with children's social care professionals | Creating positive relationships between social workers, young people and families - i.e. relationships which are trusting, stable and supportive. Taking into account the external perception of children's services. | Yes |



| | | | | | |
|--|--|---------|--|---|-----|
| Children in Need | A legal term to define a child who is either disabled, or is unlikely to have the opportunity to achieve or maintain a reasonable standard of health, development or potential without the provision of additional services by the local authority | Amended | Children in Need | A legal term to define a child who is either disabled, or unlikely to have the opportunity to achieve or maintain a reasonable standard of health, development or potential without the provision of services by the local authority. | |
| Children Looked After | A child who has been in the care of the Local Authority for more than 24 hours. | Amended | Children Looked After | A child who has been in the care of the Local Authority for more than 24 hours, including their journey through care from entry to adulthood. | Yes |
| Diversity | Recognising differences in the children and families social workers work with (e.g. Social GRRRAAACCEEESSS) | Amended | Discrimination and marginalised groups | Recognition of the diversity of children and families and how this impacts access to services and ways of working e.g. working with BAME families, intersectionality, LGBTQ | |
| Engaging 'hard to reach' families | How social services reach out and provide care to families who might be reluctant or unable to have contact with services. | Amended | Engaging 'hard to reach' families and young people | How social services reach out to and provide care to families who might be hesitant or unable to have contact with services. Includes access to relevant support | |
| Parenting interventions | These focus on making changes to communication and relationships within the family. | Amended | Parenting interventions | Working with parents to make changes to communication and relationships within the family, e.g. psychoeducation. | |
| Sensitive child and family data: What is recorded and how? | | Amended | Sensitive child and family data | What is recorded and how? How service users gain access to their social care records and data. | |
| Performance management in social work | The way in which social workers are managed to meet expected goals / targets. | Amended | Management in social work | The way in which social workers are managed to best meet expected targets. This includes considering the training of team managers to effectively supervise teams under stress and pressure. | Yes |



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|-------------------------------|--|---------|--|--|-----|
| Workforce training and skills | Social workers and other relevant professionals have the appropriate qualifications and knowledge to carry out their work effectively. | Amended | Social care professionals' training and skills | Professionals have the appropriate qualifications, knowledge and support to carry out their work effectively. Including access to different pathways to accreditation or qualification, and access to continuing professional development. | Yes |
| Workforce motivation | Satisfaction with different aspects of the job e.g. able to spend enough time with children; their intervention has improved children's outcomes | Amended | Workforce motivation | The internal drive, energy and commitment to complete work at a high standard. | |
| Workforce wellbeing | The physical and mental wellbeing of social workers. | Amended | Workforce wellbeing | The physical and mental wellbeing of social workers. This includes considering the impact of secondary trauma and burnout on frontline workers. | Yes |
| Stability | Including, placement moves, school moves and changes of social worker | Amended | Transitions | Broadly this includes a wide spectrum of transitions for children and young people. For example, pathway plans, transitioning between social workers, placements, schools, to adult services and more. | Yes |
| | | Added | Online safety | How to keep young people safe online, and how professionals keep families' information secure. | |
| | | Added | Secure accommodation | When a young person is placed in a residential unit, which they are not permitted to leave, in order to keep them safe. | |
| | | Added | Sexually harmful behaviour | A young person who displays inappropriate sexual behaviour. | |



| | | | | |
|--|-------|---|---|-----|
| | Added | Young carers | When a young person is the main carer for a parent, relative or sibling, and how this impacts them and what support is available. | |
| | Added | Child to Parent Violence and Aggression | This includes support for parents and families. | |
| | Added | Families' lived experience | Exploring the experiences of families (including parents, siblings and extended family members) who come into contact with children's services. | Yes |
| | Added | Foster carer lived experience | Exploring the experiences of foster carers. | |
| | Added | Lived experiences of adoptive families | Exploring the experiences of adoptive families, including adoption breakdown and support available. | |
| | Added | Parental disability | Parents with physical and learning disabilities, and how these influence support and services received. | |
| | Added | Repeated removals | Women or parents who have had multiple children removed from them at different times. | Yes |
| | Added | Skills, training, support and supervision provided to Foster Carers | | |



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|--|-------|---|---|-----|
| | Added | Attachment | The impact of early relationships on a child's development, behaviour and future relationships. | Yes |
| | Added | Contextual safeguarding | An approach to safeguarding that takes into consideration the relationships and environment outside of the family. | |
| | Added | Family networks | The role of extended family, family network meetings, core group meetings, family group conferences, and the role of community support. | |
| | Added | Language used within children's social care, and in communication with families | | |
| | Added | Models of practice | Using different models of practice within children's social care, e.g. restorative practice, systemic practice, relational practice, trauma-informed. | Yes |
| | Added | Independent Reviewing Officer (IRO) | An IRO is appointed to every child looked after. They are responsible for advocating for the child's best interest and for chairing CLA Reviews. This includes thinking about the impact of their role. | |
| | Added | Special Guardianship Orders (SGOs) | An adult in the child's extended network is appointed as a child's guardian (with parental responsibility) including support offered to special guardians. | |



Appendix 2

The table below summarises how many times a topic or theme was suggested for inclusion in the comments received from participants in Survey 1.

Table 15: Categorisation and frequency of comments received in Survey 1 by theme

| Topic | Number of times suggested |
|---|---------------------------|
| Models of practice | 9 |
| Social care professionals' training and skills | 9 |
| Impact of trauma on children | 8 |
| Transitions | 8 |
| Children with disabilities | 7 |
| Overall system change | 7 |
| Contact | 6 |
| Families' lived experience | 6 |
| Lived experiences of adoptive families | 6 |
| Children Looked After | 6 |
| Management in social work | 6 |
| Supervision of social workers | 6 |
| Adoption | 5 |
| Mental health of children and young people | 5 |
| Multi-agency and/or multidisciplinary working | 5 |
| Residential Care | 4 |
| Children and family relationships with children's social care professionals | 4 |
| Discrimination and marginalised groups | 4 |



| | |
|---|---|
| Workforce wellbeing | 4 |
| Effective leadership | 4 |
| Organisational culture | 4 |
| The cost of children's social care services | 4 |
| Adolescence | 3 |
| Education | 3 |
| Youth offending | 3 |
| Young carers | 3 |
| Care leavers | 3 |
| Fathers and male carers | 3 |
| Child to parent violence and aggression | 3 |
| Parental disability | 3 |
| Parenting interventions | 3 |
| Therapeutic approaches and interventions | 3 |
| Targeted early help | 3 |
| Independent Reviewing Officer (IRO) | 3 |
| Poverty and austerity | 3 |
| Emotional abuse | 2 |
| Missing children | 2 |
| Online safety | 2 |
| Sexually harmful behaviour | 2 |
| Permanence | 2 |
| Foster Carer lived experience | 2 |



| | |
|---|---|
| Skills, training, support and supervision provided to Foster Carers | 2 |
| Engaging 'hard to reach' families and young people | 2 |
| Sensitive child and family data | 2 |
| Attachment | 2 |
| Family networks | 2 |
| Language used within children's social care, and in communication with families | 2 |
| Assessment | 2 |
| Caseloads | 2 |
| Edge of Care services | 2 |
| Interaction between social work professionals and the family courts | 2 |
| Local Authority/regional differences | 2 |
| Special Guardianship Orders (SGOs) | 2 |
| Commissioning | 2 |
| Stable workforce | 2 |
| Substituted parenting | 2 |
| Sex education and prevention of unwanted pregnancy | 2 |
| Legal rights and compliance | 2 |
| Child Sexual Exploitation | 1 |
| Foster care | 1 |
| Identity | 1 |
| Migrant children | 1 |
| Resilience | 1 |
| Secure accommodation | 1 |



| | |
|--|---|
| Criminal exploitation | 1 |
| Neglect | 1 |
| Sexual abuse | 1 |
| Kinship care and carers | 1 |
| Repeated removals | 1 |
| At-birth removals | 1 |
| Homelessness | 1 |
| Reunification | 1 |
| Contextual safeguarding | 1 |
| Actively involving children and families in identifying their needs and planning their support | 1 |
| Power imbalance | 1 |
| Workforce motivation | 1 |

There were four specific topics that were referenced by participants but which were not included outright in the survey. For instance, 'substituted parenting' was mentioned in two comments. Without further clarity around what was meant, it was decided to exclude this. However, topics that captured parent, foster carer, and adoptive parent support were included in several instances. 'Sex education and prevention of unwanted pregnancy' and 'legal rights and compliance' were also terms that were excluded in their own right as these are beyond the scope of children's social care. Poverty and austerity were not included as individual topics in the survey, however other related topics such as, 'socio-economic background of families', the 'cost of children's social care' and 'financial support for families' were included to ensure the impact of poverty on families was taken into account.

WWCSC received other comments that were not included in the survey. These could be categorised under two broad themes: either the comments were too general, i.e. not specifying a particular topic to be researched, or they centred on the centre's way of working or general approach to research, which was considered out of remit for this exercise.



Appendix 3

Table 16: *p*-values from t-tests comparing the ranking of topics by original self-declared group membership

| Comparison | T-test <i>p</i> -value |
|--|------------------------|
| Academic // Care Experienced Person | <0.001 |
| Academic // Carer | <0.001 |
| Academic // Children's Social Care Professional | <0.001 |
| Academic // Parent | <0.001 |
| Academic // Private Sector Provider | <0.001 |
| Academic // Senior Leader within Children's Social Care | <0.001 |
| Academic // Third Sector | <0.001 |
| Academic // Education | <0.001 |
| Academic // Health | 0.017 |
| Care Experienced Person // Academic | <0.001 |
| Care Experienced Person // Carer | 0.042 |
| Care Experienced Person // Children's Social Care Professional | <0.001 |
| Care Experienced Person // Parent | 0.466 |
| Care Experienced Person // Private Sector Provider | <0.001 |
| Care Experienced Person // Senior Leader within Children's Social Care | <0.001 |
| Care Experienced Person // Third Sector | <0.001 |
| Care Experienced Person // Education | <0.001 |
| Care Experienced Person // Health | 0.009 |
| Carer // Academic | <0.001 |
| Carer // Care Experienced Person | 0.042 |
| Carer // Children's Social Care Professional | <0.001 |
| Carer // Parent | 0.032 |
| Carer // Private Sector Provider | <0.001 |
| Carer // Senior Leader within Children's Social Care | <0.001 |
| Carer // Third Sector | 0.600 |
| Carer // Education | <0.001 |



| | |
|--|--------|
| Carer // Health | 0.013 |
| Children's Social Care Professional // Academic | <0.001 |
| Children's Social Care Professional // Care Experienced Person | <0.001 |
| Children's Social Care Professional // Carer | <0.001 |
| Children's Social Care Professional // Parent | 0.019 |
| Children's Social Care Professional // Private Sector Provider | <0.001 |
| Children's Social Care Professional // Senior Leader within Children's Social Care | <0.001 |
| Children's Social Care Professional // Third Sector | <0.001 |
| Children's Social Care Professional // Education | <0.001 |
| Children's Social Care Professional // Health | 0.002 |
| Parent // Academic | <0.001 |
| Parent // Care Experienced Person | 0.466 |
| Parent // Carer | 0.032 |
| Parent // Children's Social Care Professional | 0.019 |
| Parent // Private Sector Provider | <0.001 |
| Parent // Senior Leader within Children's Social Care | <0.001 |
| Parent // Third Sector | 0.001 |
| Parent // Education | <0.001 |
| Parent // Health | 0.006 |
| Private Sector Provider // Academic | <0.001 |
| Private Sector Provider // Care Experienced Person | <0.001 |
| Private Sector Provider // Carer | <0.001 |
| Private Sector Provider // Children's Social Care Professional | <0.001 |
| Private Sector Provider // Parent | <0.001 |
| Private Sector Provider // Senior Leader within Children's Social Care | <0.001 |
| Private Sector Provider // Third Sector | <0.001 |
| Private Sector Provider // Education | 0.003 |
| Senior Leader within Children's Social Care // Academic | <0.001 |
| Senior Leader within Children's Social Care // Care Experienced Person | <0.001 |
| Senior Leader within Children's Social Care // Carer | <0.001 |



| | |
|--|--------|
| Senior Leader within Children's Social Care // Children's Social Care Professional | <0.001 |
| Senior Leader within Children's Social Care // Parent | <0.001 |
| Senior Leader within Children's Social Care // Private Sector Provider | <0.001 |
| Senior Leader within Children's Social Care // Third Sector | <0.001 |
| Senior Leader within Children's Social Care // Education | <0.001 |
| Senior Leader within Children's Social Care // Health | 0.019 |
| Third Sector // Academic | <0.001 |
| Third Sector // Care Experienced Person | <0.001 |
| Third Sector // Carer | 0.600 |
| Third Sector // Children's Social Care Professional | <0.001 |
| Third Sector // Parent | 0.001 |
| Third Sector // Private Sector Provider | <0.001 |
| Third Sector // Senior Leader within Children's Social Care | <0.001 |
| Third Sector // Education | <0.001 |
| Third Sector // Health | 0.008 |
| Education // Academic | <0.001 |
| Education // Care Experienced Person | <0.001 |
| Education // Carer | <0.001 |
| Education // Children's Social Care Professional | <0.001 |
| Education // Parent | <0.001 |
| Education // Private Sector Provider | 0.003 |
| Education // Senior Leader within Children's Social Care | <0.001 |
| Education // Third Sector | <0.001 |
| Education // Health | 0.074 |
| Health // Academic | 0.017 |
| Health // Care Experienced Person | 0.009 |
| Health // Carer | 0.013 |
| Health // Children's Social Care Professional | 0.002 |
| Health // Parent | 0.006 |
| Health // Senior Leader within Children's Social Care | 0.019 |



| | |
|------------------------|-------|
| Health // Third Sector | 0.008 |
| Health // Education | 0.074 |

Note: The answer options in the survey did not include "Health" or "Education" - these groupings were created from recategorising answers given under "Other". Where a respondent identified themselves as a member of multiple groups in "Other", we assigned them to the first group they mentioned. The highlighted comparisons are the groups which we aggregated. Some groups were combined despite the p-value indicating that these groups had highly significantly different population mean ranks. This was because we required groupings of a reasonable size. We thus considered the p-values from the t-tests and Wilcoxon tests alongside whether the groupings would make intuitive sense. We also consulted our Stakeholder Advisory Group.

Table 17: p-values from Wilcoxon tests comparing the ranking of topics by original self-declared group membership

| Comparison | Wilcoxon Test p-value |
|--|-----------------------|
| Academic // Care Experienced Person | <0.001 |
| Academic // Carer | <0.001 |
| Academic // Children's Social Care Professional | <0.001 |
| Academic // Parent | <0.001 |
| Academic // Private Sector Provider | <0.001 |
| Academic // Senior Leader within Children's Social Care | <0.001 |
| Academic // Third Sector | <0.001 |
| Academic // Education | <0.001 |
| Academic // Health | 0.027 |
| Care Experienced Person // Academic | <0.001 |
| Care Experienced Person // Carer | 0.028 |
| Care Experienced Person // Children's Social Care Professional | <0.001 |
| Care Experienced Person // Parent | 0.648 |
| Care Experienced Person // Private Sector Provider | <0.001 |
| Care Experienced Person // Senior Leader within Children's Social Care | <0.001 |
| Care Experienced Person // Third Sector | <0.001 |
| Care Experienced Person // Education | <0.001 |
| Care Experienced Person // Health | 0.008 |
| Carer // Academic | <0.001 |



| | |
|--|--------|
| Carer // Care Experienced Person | 0.028 |
| Carer // Children's Social Care Professional | <0.001 |
| Carer // Parent | 0.015 |
| Carer // Private Sector Provider | <0.001 |
| Carer // Senior Leader within Children's Social Care | <0.001 |
| Carer // Third Sector | 0.732 |
| Carer // Education | <0.001 |
| Carer // Health | 0.008 |
| Children's Social Care Professional // Academic | <0.001 |
| Children's Social Care Professional // Care Experienced Person | <0.001 |
| Children's Social Care Professional // Carer | <0.001 |
| Children's Social Care Professional // Parent | 0.087 |
| Children's Social Care Professional // Private Sector Provider | <0.001 |
| Children's Social Care Professional // Senior Leader within Children's Social Care | <0.001 |
| Children's Social Care Professional // Third Sector | <0.001 |
| Children's Social Care Professional // Education | <0.001 |
| Children's Social Care Professional // Health | 0.002 |
| Parent // Academic | <0.001 |
| Parent // Care Experienced Person | 0.648 |
| Parent // Carer | 0.015 |
| Parent // Children's Social Care Professional | 0.087 |
| Parent // Private Sector Provider | <0.001 |
| Parent // Senior Leader within Children's Social Care | <0.001 |
| Parent // Third Sector | 0.001 |
| Parent // Education | <0.001 |
| Parent // Health | 0.003 |
| Private Sector Provider // Academic | <0.001 |
| Private Sector Provider // Care Experienced Person | <0.001 |
| Private Sector Provider // Carer | <0.001 |
| Private Sector Provider // Children's Social Care Professional | <0.001 |



| | |
|--|--------|
| Private Sector Provider // Parent | <0.001 |
| Private Sector Provider // Senior Leader within Children's Social Care | <0.001 |
| Private Sector Provider // Third Sector | <0.001 |
| Private Sector Provider // Education | 0.003 |
| Senior Leader within Children's Social Care // Academic | <0.001 |
| Senior Leader within Children's Social Care // Care Experienced Person | <0.001 |
| Senior Leader within Children's Social Care // Carer | <0.001 |
| Senior Leader within Children's Social Care // Children's Social Care Professional | <0.001 |
| Senior Leader within Children's Social Care // Parent | <0.001 |
| Senior Leader within Children's Social Care // Private Sector Provider | <0.001 |
| Senior Leader within Children's Social Care // Third Sector | <0.001 |
| Senior Leader within Children's Social Care // Education | <0.001 |
| Senior Leader within Children's Social Care // Health | 0.021 |
| Third Sector // Academic | <0.001 |
| Third Sector // Care Experienced Person | <0.001 |
| Third Sector // Carer | 0.732 |
| Third Sector // Children's Social Care Professional | <0.001 |
| Third Sector // Parent | 0.001 |
| Third Sector // Private Sector Provider | <0.001 |
| Third Sector // Senior Leader within Children's Social Care | <0.001 |
| Third Sector // Education | <0.001 |
| Third Sector // Health | 0.005 |
| Education // Academic | <0.001 |
| Education // Care Experienced Person | <0.001 |
| Education // Carer | <0.001 |
| Education // Children's Social Care Professional | <0.001 |
| Education // Parent | <0.001 |
| Education // Private Sector Provider | 0.003 |
| Education // Senior Leader within Children's Social Care | <0.001 |
| Education // Third Sector | <0.001 |



| | |
|---|-------|
| Education // Health | 0.216 |
| Health // Academic | 0.027 |
| Health // Care Experienced Person | 0.008 |
| Health // Carer | 0.008 |
| Health // Children's Social Care Professional | 0.002 |
| Health // Parent | 0.003 |
| Health // Senior Leader within Children's Social Care | 0.021 |
| Health // Third Sector | 0.005 |
| Health // Education | 0.216 |

Note: The answer options in the survey did not include "Health" or "Education" - these groupings were created from recategorising answers given under "Other". Where a respondent identified themselves as a member of multiple groups in "Other", we assigned them to the first group they mentioned. The highlighted comparisons are the groups which we aggregated. Some groups were combined despite the p-value indicating that these groups had highly significantly different population mean ranks. This was because we required groupings of a reasonable size. We thus considered the p-values from the t-tests and Wilcoxon tests alongside whether the groupings would make intuitive sense. We also consulted our Stakeholder Advisory Group.



Appendix 4

Table 18: Summary statistics of scores by topic in Survey 2 and whether the topic was in the 25% overall or top 10% by group

| Topic | <i>n</i> | 95% Lower Confidence Interval | Mean | Standard Deviation | Median | Top 25% Topics Overall | Top 10% Topics Academics | Top 10% Topics Care Experienced Persons | Top 10% Topics CSC Professionals and Multi-Agency Partners | Top 10% Topics Parents & Carers | Top 10% Topics Private Sector Providers & Third Sector | Top 10% Topics Senior Leaders within CSC | Present in Survey 3 |
|--|----------|-------------------------------|------|--------------------|--------|------------------------|--------------------------|---|--|---------------------------------|--|--|---------------------|
| Impact of trauma on children | 103 | 8.06 | 8.46 | 2.04 | 9 | Y | N | Y | Y | Y | Y | N | Y |
| Mental health of children and young people | 104 | 8.02 | 8.38 | 1.89 | 9 | Y | Y | Y | Y | N | N | Y | Y |
| Children and young people's lived experiences | 104 | 7.63 | 8.04 | 2.1 | 9 | Y | N | N | N | Y | Y | Y | Y |
| Children and families' relationships with children's social care professionals | 89 | 7.55 | 7.98 | 2.08 | 8 | Y | Y | Y | N | N | N | N | Y |
| Domestic abuse | 91 | 7.53 | 7.95 | 2.02 | 8 | Y | Y | Y | Y | N | N | N | Y |
| Actively involving children and families in identifying their needs and planning support | 92 | 7.53 | 7.96 | 2.1 | 8 | Y | Y | N | N | N | N | N | Y |
| Parental mental health | 91 | 7.48 | 7.86 | 1.82 | 8 | Y | N | N | Y | N | N | N | Y |



| | | | | | | | | | | | | | |
|--|-----|------|------|------|-----|---|---|---|---|---|---|---|---|
| Direct work with children | 95 | 7.47 | 7.91 | 2.15 | 8 | Y | N | Y | N | N | Y | N | Y |
| Workforce wellbeing | 82 | 7.46 | 7.9 | 2.03 | 8 | Y | N | N | Y | N | N | N | Y |
| Emotional abuse | 102 | 7.42 | 7.81 | 2.03 | 8 | Y | N | Y | Y | N | N | N | Y |
| Therapeutic interventions and support | 94 | 7.41 | 7.85 | 2.19 | 8.5 | Y | N | N | N | N | N | Y | Y |
| Repeated removals | 88 | 7.39 | 7.82 | 2.03 | 8 | Y | Y | N | Y | N | N | N | Y |
| Organisational culture | 81 | 7.38 | 7.86 | 2.22 | 8 | Y | Y | N | N | Y | N | Y | Y |
| Permanence | 101 | 7.33 | 7.75 | 2.17 | 8 | Y | N | N | N | N | Y | N | Y |
| Transitions | 103 | 7.31 | 7.67 | 1.85 | 8 | Y | Y | N | N | N | Y | N | Y |
| Social care professionals' training and skills | 82 | 7.28 | 7.72 | 2.05 | 8 | Y | Y | N | N | Y | N | N | Y |
| Stable workforce | 81 | 7.27 | 7.72 | 2.03 | 8 | Y | N | N | Y | N | N | N | Y |
| Management in social work | 80 | 7.27 | 7.72 | 2.06 | 8 | Y | N | N | Y | N | N | Y | Y |
| Families' lived experience | 91 | 7.27 | 7.71 | 2.17 | 8 | Y | N | N | N | N | N | N | Y |
| Effective leadership | 81 | 7.22 | 7.69 | 2.18 | 8 | Y | N | N | N | Y | N | Y | Y |
| Child sexual exploitation | 102 | 7.21 | 7.61 | 2.07 | 8 | Y | N | N | N | Y | N | N | Y |
| Education | 102 | 7.19 | 7.62 | 2.18 | 8 | Y | N | N | N | Y | N | N | Y |
| Sexual abuse | 101 | 7.19 | 7.61 | 2.15 | 8 | Y | N | N | N | N | N | N | Y |



| | | | | | | | | | | | | | |
|---|-----|------|------|------|---|---|---|---|---|---|---|---|---|
| Foster care | 101 | 7.17 | 7.57 | 2.05 | 8 | Y | N | Y | N | N | N | N | Y |
| Adolescence | 100 | 7.16 | 7.57 | 2.1 | 8 | N | N | Y | N | N | N | Y | Y |
| Reflective practice | 87 | 7.13 | 7.56 | 2.07 | 8 | N | N | N | N | N | N | N | N |
| Contact | 89 | 7.13 | 7.57 | 2.15 | 8 | N | N | N | N | N | N | N | N |
| Workforce motivation | 81 | 7.12 | 7.57 | 2.04 | 8 | N | N | N | N | N | N | N | N |
| Criminal exploitation | 102 | 7.11 | 7.53 | 2.18 | 8 | N | N | N | N | N | N | Y | Y |
| Targeted early help | 94 | 7.11 | 7.55 | 2.21 | 8 | N | N | N | N | N | N | Y | Y |
| Re-entry to care | 101 | 7.1 | 7.5 | 2.08 | 8 | N | Y | N | N | N | N | N | Y |
| Care leavers | 98 | 7.09 | 7.54 | 2.25 | 8 | N | N | N | N | N | N | N | N |
| Identity | 100 | 7.09 | 7.53 | 2.24 | 8 | N | N | N | N | N | N | N | N |
| Children Looked After | 91 | 7.09 | 7.56 | 2.3 | 8 | N | N | Y | N | N | Y | N | Y |
| Behavioural, social and emotional development | 99 | 7.07 | 7.52 | 2.24 | 8 | N | N | N | N | Y | N | N | Y |
| Local authority/regional differences | 88 | 7.07 | 7.52 | 2.15 | 8 | N | N | N | N | N | Y | N | Y |
| Sexually harmful behaviour | 100 | 7.06 | 7.44 | 1.93 | 8 | N | N | N | N | N | N | N | N |
| Children with disabilities | 98 | 7.06 | 7.48 | 2.13 | 8 | N | N | N | N | N | N | N | N |
| Caseloads | 85 | 7.05 | 7.54 | 2.3 | 8 | N | N | N | Y | N | N | N | Y |



| | | | | | | | | | | | | | |
|---|-----|------|------|------|-----|---|---|---|---|---|---|---|---|
| Language used within Children's Social Care, and in communication with families | 89 | 7.04 | 7.51 | 2.22 | 8 | N | N | N | N | N | N | N | N |
| Residential care | 98 | 7.04 | 7.45 | 2.06 | 7.5 | N | N | N | N | N | N | N | N |
| Parenting interventions | 91 | 6.99 | 7.44 | 2.19 | 8 | N | N | N | N | N | N | N | N |
| Fathers and male carers | 87 | 6.97 | 7.39 | 1.99 | 8 | N | N | N | N | N | N | N | N |
| Parental drug and alcohol misuse | 88 | 6.94 | 7.43 | 2.35 | 8 | N | Y | N | N | N | N | N | Y |
| Neglect | 104 | 6.93 | 7.38 | 2.32 | 8 | N | N | N | N | N | N | N | N |
| Child protection plans | 89 | 6.93 | 7.42 | 2.35 | 8 | N | N | N | N | N | N | N | N |
| Resilience | 104 | 6.92 | 7.3 | 1.98 | 7 | N | N | N | N | N | N | N | N |
| Homelessness | 87 | 6.88 | 7.33 | 2.17 | 7 | N | N | Y | N | N | N | N | Y |
| Supervision of social workers | 79 | 6.87 | 7.34 | 2.13 | 7 | N | N | N | N | N | N | N | N |
| Assessments | 91 | 6.86 | 7.31 | 2.16 | 7 | N | N | N | N | N | N | N | N |
| At-birth removals | 88 | 6.86 | 7.35 | 2.37 | 8 | N | N | N | N | N | N | N | N |
| Skills, training, and support provided to foster carers | 86 | 6.86 | 7.34 | 2.28 | 8 | N | N | N | N | N | N | N | N |
| Children in need | 89 | 6.85 | 7.34 | 2.36 | 8 | N | N | N | N | N | N | N | N |



| | | | | | | | | | | | | | |
|---|-----|------|------|------|-----|---|---|---|---|---|---|---|---|
| Multi-agency and/or multidisciplinary working | 93 | 6.84 | 7.31 | 2.33 | 8 | N | N | N | N | N | Y | N | Y |
| Missing children | 98 | 6.83 | 7.27 | 2.19 | 7.5 | N | N | N | N | N | N | N | N |
| Contextual safeguarding | 90 | 6.83 | 7.21 | 1.85 | 7 | N | N | N | N | N | N | N | N |
| Edge of care services | 92 | 6.81 | 7.22 | 2 | 7 | N | N | N | N | N | N | N | N |
| Reunification | 88 | 6.8 | 7.25 | 2.16 | 7 | N | N | N | N | N | N | N | N |
| Child to parent violence and aggression | 85 | 6.77 | 7.18 | 1.93 | 7 | N | N | N | N | N | N | N | N |
| Attachment | 88 | 6.75 | 7.27 | 2.5 | 7 | N | N | N | N | N | Y | N | Y |
| Family networks | 92 | 6.75 | 7.16 | 2.04 | 7 | N | N | N | N | N | N | N | N |
| Models of practice | 90 | 6.74 | 7.2 | 2.22 | 7 | N | N | N | N | N | N | Y | Y |
| Safety | 105 | 6.73 | 7.2 | 2.47 | 8 | N | N | N | N | N | N | N | N |
| Power imbalance | 88 | 6.72 | 7.24 | 2.48 | 7 | N | N | N | N | Y | N | N | Y |
| Engaging 'hard to reach' families | 94 | 6.71 | 7.18 | 2.33 | 7.5 | N | N | N | N | N | N | N | N |
| Kinship care and carers | 85 | 6.65 | 7.11 | 2.16 | 7 | N | N | N | N | N | N | N | N |
| Discrimination and marginalised groups | 85 | 6.63 | 7.08 | 2.14 | 7 | N | N | N | N | N | N | N | N |
| Children Looked After reviews | 89 | 6.62 | 7.08 | 2.19 | 7 | N | N | N | N | N | N | N | N |
| Under 5's | 97 | 6.62 | 7.09 | 2.37 | 7 | N | N | N | N | N | N | N | N |



| | | | | | | | | | | | | | |
|--|-----|------|------|------|-----|---|---|---|---|---|---|---|---|
| Physical abuse | 100 | 6.61 | 7.09 | 2.44 | 7 | N | N | N | N | N | N | N | N |
| Commissioning | 78 | 6.61 | 7.1 | 2.23 | 7 | N | N | N | N | N | N | N | N |
| Financial support for families | 86 | 6.6 | 7.02 | 2.02 | 7 | N | N | N | N | N | N | N | N |
| The cost of children's social care services | 80 | 6.57 | 7.04 | 2.15 | 7 | N | N | N | N | N | Y | N | Y |
| Interactions between social work professionals and family courts | 86 | 6.55 | 7.06 | 2.39 | 7 | N | N | N | N | N | N | N | N |
| Care proceedings | 89 | 6.55 | 7 | 2.17 | 6 | N | N | N | N | N | N | N | N |
| Secure accommodation | 95 | 6.54 | 6.99 | 2.22 | 7 | N | N | N | N | N | N | N | N |
| Out-of-area placements | 98 | 6.53 | 6.96 | 2.17 | 7 | N | N | N | N | N | N | N | N |
| Lived experiences of adoptive families | 82 | 6.5 | 6.96 | 2.13 | 7 | N | N | N | N | N | N | N | N |
| Online safety | 103 | 6.48 | 6.91 | 2.26 | 7 | N | N | N | N | N | N | N | N |
| Mentors | 89 | 6.46 | 6.9 | 2.09 | 7 | N | N | N | N | N | N | N | N |
| Advocacy | 88 | 6.46 | 6.98 | 2.46 | 7 | N | N | N | N | N | N | N | N |
| Front door | 87 | 6.44 | 6.92 | 2.28 | 7 | N | N | N | N | N | N | N | N |
| Youth offending | 100 | 6.43 | 6.84 | 2.09 | 7 | N | N | N | N | N | N | N | N |
| Referrals | 90 | 6.41 | 6.88 | 2.27 | 7 | N | N | N | N | N | N | N | N |
| Parental disability | 82 | 6.41 | 6.8 | 1.84 | 6.5 | N | N | N | N | N | N | N | N |



| | | | | | | | | | | | | | |
|---------------------------------------|----|------|------|------|---|---|---|---|---|---|---|---|---|
| Foster carers' lived experiences | 83 | 6.4 | 6.87 | 2.18 | 7 | N | N | N | N | N | N | N | N |
| Migrant children | 92 | 6.35 | 6.84 | 2.36 | 7 | N | N | N | N | N | N | N | N |
| Serious case reviews | 87 | 6.19 | 6.7 | 2.42 | 6 | N | N | N | N | N | N | N | N |
| Independent Reviewing Officer (IRO) | 75 | 6.07 | 6.61 | 2.41 | 7 | N | N | N | N | N | N | N | N |
| Socio-economic background of families | 87 | 6.05 | 6.55 | 2.41 | 7 | N | N | N | N | N | N | N | N |
| Sensitive child and family data | 86 | 6 | 6.56 | 2.65 | 6 | N | N | N | N | N | N | N | N |
| Adoption | 97 | 5.92 | 6.42 | 2.51 | 6 | N | N | N | N | N | N | N | N |
| Special guardianship orders (SGOs) | 72 | 5.92 | 6.4 | 2.08 | 6 | N | N | N | N | N | N | N | N |
| Young carers | 99 | 5.91 | 6.37 | 2.36 | 6 | N | N | N | N | N | N | N | N |
| Radicalisation | 98 | 5.74 | 6.24 | 2.56 | 6 | N | N | N | N | N | N | N | N |
| Ofsted: rating and inspections | 78 | 5.73 | 6.27 | 2.43 | 6 | N | N | N | N | N | N | N | N |
| Emergency protection orders (EPO) | 88 | 5.72 | 6.19 | 2.28 | 6 | N | N | N | N | N | N | N | N |



Table 19: Summary statistics of scores by topic in Survey 3 and whether the topic was in the 25% overall or by group

| Topic | <i>n</i> | 95% Lower Confidence Interval | Mean | Standard Deviation | Median | Top 25% Overall | Top 25% Academics | Top 25% Care Experienced Persons | Top 25% Senior Leaders within CSC | Top 25% Parents & Carers | Top 25% CSC Professionals and Multi-Agency Partners | Top 25% Private Sector Providers & Third Sector | Number of groups that identify topic in top 25% |
|--|----------|-------------------------------|------|--------------------|--------|-----------------|-------------------|----------------------------------|-----------------------------------|--------------------------|---|---|---|
| Mental health of children and young people | 78 | 7.52 | 7.93 | 1.83 | 8.2 | Y | Y | Y | N | Y | Y | Y | 5 |
| Workforce wellbeing | 61 | 7.38 | 7.84 | 1.85 | 8.2 | Y | Y | N | N | N | Y | Y | 3 |
| Impact of trauma on children | 78 | 7.32 | 7.77 | 2.05 | 8.1 | Y | N | Y | N | N | Y | N | 2 |
| Children and young people's lived experiences | 78 | 6.96 | 7.37 | 1.82 | 7.6 | Y | N | Y | N | N | Y | Y | 3 |
| Actively involving children and families in identifying their needs and planning their support | 71 | 6.9 | 7.36 | 1.99 | 7.4 | Y | N | N | N | Y | Y | Y | 3 |
| Transitions | 78 | 6.83 | 7.23 | 1.79 | 7.3 | Y | Y | N | N | N | N | N | 1 |
| Emotional abuse | 78 | 6.83 | 7.26 | 1.94 | 7.5 | Y | N | Y | N | N | Y | N | 2 |



| | | | | | | | | | | | | | |
|---|----|------|------|------|------|---|---|---|---|---|---|---|---|
| Stable workforce | 70 | 6.82 | 7.27 | 1.92 | 7.8 | Y | N | N | Y | N | Y | N | 2 |
| Domestic abuse | 70 | 6.81 | 7.21 | 1.72 | 7.1 | Y | Y | Y | N | N | N | N | 2 |
| Social care professionals' training and skills | 70 | 6.79 | 7.21 | 1.79 | 7.3 | Y | Y | Y | Y | Y | N | Y | 5 |
| Criminal exploitation | 78 | 6.76 | 7.15 | 1.77 | 7.2 | N | Y | N | N | N | N | Y | 2 |
| Therapeutic approaches and interventions | 71 | 6.76 | 7.17 | 1.78 | 7.2 | N | N | N | Y | N | N | N | 1 |
| Adolescence | 78 | 6.74 | 7.14 | 1.83 | 7.2 | N | N | Y | N | Y | N | Y | 3 |
| Education | 78 | 6.67 | 7.07 | 1.8 | 7.15 | N | N | N | Y | N | N | Y | 2 |
| Organisational culture | 70 | 6.67 | 7.14 | 2.02 | 7.4 | N | Y | N | Y | N | N | N | 2 |
| Effective leadership | 70 | 6.65 | 7.09 | 1.9 | 7.35 | N | N | N | N | N | N | Y | 1 |
| Children and family relationships with children's social care professionals | 71 | 6.65 | 7.1 | 1.93 | 7.5 | N | Y | N | Y | Y | Y | N | 4 |
| Repeated removals | 70 | 6.63 | 7.02 | 1.66 | 7.3 | N | Y | N | Y | N | Y | N | 3 |
| Direct work with children | 71 | 6.59 | 7.07 | 2.1 | 7.5 | N | Y | N | Y | N | N | N | 2 |



| | | | | | | | | | | | | | |
|---|----|------|------|------|------|---|---|---|---|---|---|---|---|
| Behavioural, social and emotional development | 70 | 6.55 | 7 | 1.89 | 7.1 | N | N | N | N | N | N | N | 0 |
| Permanence | 78 | 6.51 | 6.97 | 2.1 | 7.3 | N | N | N | N | Y | N | N | 1 |
| Management in social work | 70 | 6.49 | 6.97 | 2.04 | 7 | N | N | N | N | N | N | N | 0 |
| Child sexual exploitation | 78 | 6.48 | 6.9 | 1.89 | 6.85 | N | N | Y | N | N | N | N | 1 |
| Targeted early help | 71 | 6.47 | 6.95 | 2.05 | 7 | N | N | N | N | N | N | N | 0 |
| Sexual abuse | 78 | 6.46 | 6.88 | 1.86 | 6.85 | N | N | Y | N | N | N | N | 1 |
| Children Looked After | 71 | 6.41 | 6.9 | 2.1 | 7 | N | N | N | N | Y | N | N | 1 |
| Parental drug and alcohol misuse | 70 | 6.4 | 6.79 | 1.66 | 6.9 | N | N | N | N | N | N | N | 0 |
| Attachment | 71 | 6.39 | 6.9 | 2.2 | 6.9 | N | N | N | N | Y | N | N | 1 |
| Reunification | 70 | 6.38 | 6.79 | 1.74 | 7 | N | N | N | N | N | Y | N | 1 |
| Foster Care | 78 | 6.37 | 6.81 | 1.94 | 7 | N | N | N | N | N | N | N | 0 |
| Power imbalance | 71 | 6.28 | 6.77 | 2.15 | 7 | N | N | N | N | Y | N | N | 1 |
| Homelessness | 70 | 6.28 | 6.77 | 2.13 | 6.9 | N | N | Y | N | N | N | N | 1 |
| Models of practice | 57 | 6.27 | 6.68 | 1.56 | 6.7 | N | N | N | N | N | N | Y | 1 |



| | | | | | | | | | | | | | |
|--|----|------|------|------|------|---|---|---|---|---|---|---|---|
| Local Authority/ regional differences | 71 | 6.23 | 6.7 | 2.02 | 6.6 | N | N | N | Y | Y | N | N | 2 |
| Families' lived experience | 70 | 6.21 | 6.67 | 2 | 6.2 | N | N | N | N | N | N | N | 0 |
| Re-entry to care | 78 | 6.15 | 6.54 | 1.76 | 6.65 | N | N | N | N | N | N | N | 0 |
| Caseloads | 71 | 6.12 | 6.63 | 2.19 | 6.5 | N | N | N | N | N | N | N | 0 |
| Multi agency and/ or multidisciplinary working | 71 | 6.02 | 6.52 | 2.13 | 6.5 | N | N | N | N | N | N | N | 0 |
| The cost of children's social care services | 70 | 5.7 | 6.14 | 1.87 | 6.4 | N | N | N | Y | N | N | N | 1 |

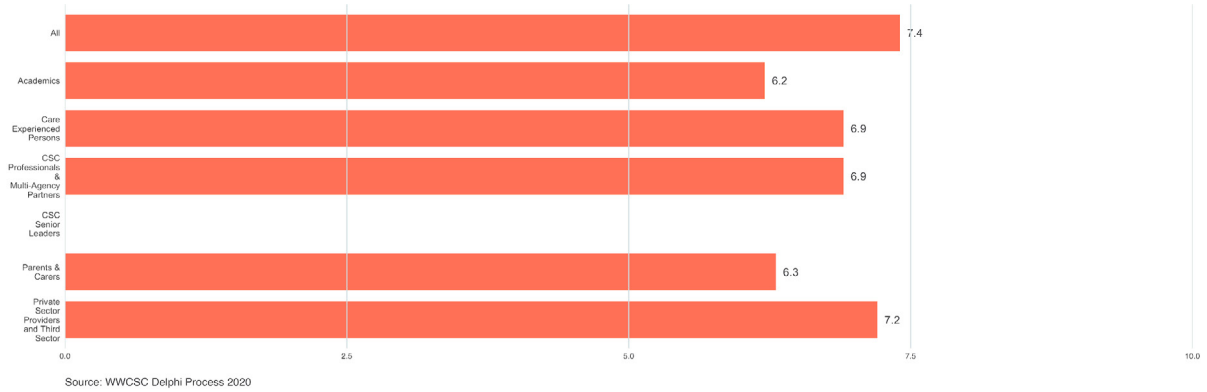


Appendix 5

Figures 8-17: Top overall priorities: participants' scores by groups

WHAT MATTERS FOR WHAT WORKS? / SETTING RESEARCH PRIORITIES FOR WHAT WORKS FOR CHILDREN'S SOCIAL CARE

Figure 8: Workforce Wellbeing, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), $n=61$



Note: Workforce wellbeing was missed from the CSC Senior Leaders' version of survey 3, who were therefore unable to score this item

Figure 9: Stable Workforce, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), $n=70$

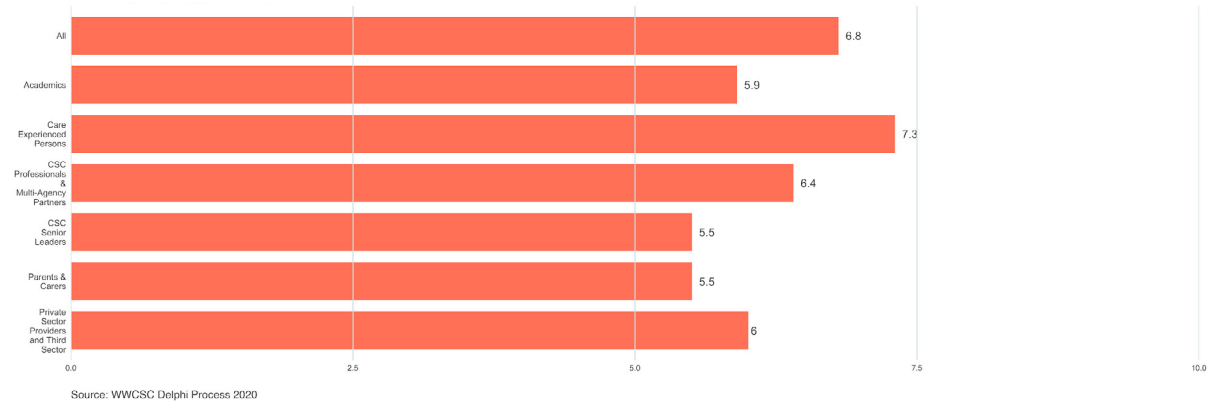


Figure 10: Social Care Professionals Training and Skills, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), $n=70$

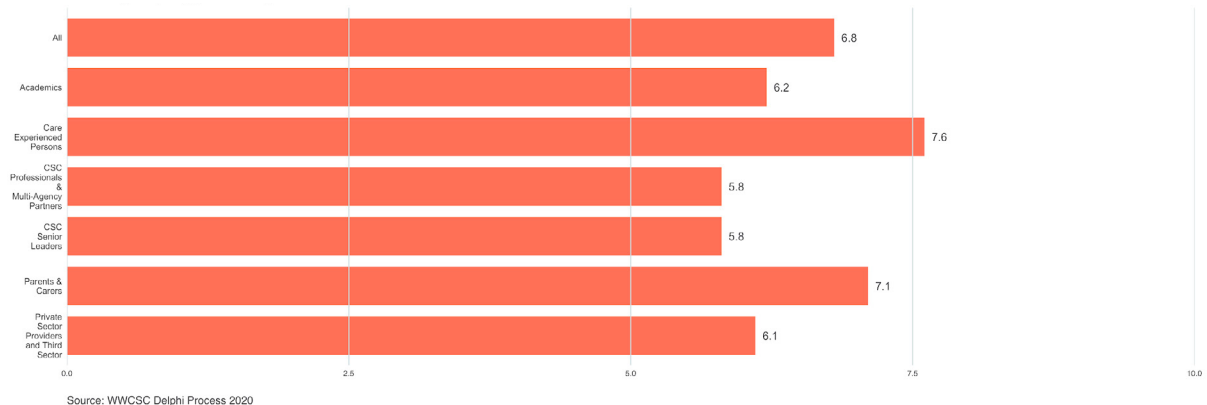




Figure 11: Emotional Abuse, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), $n=78$

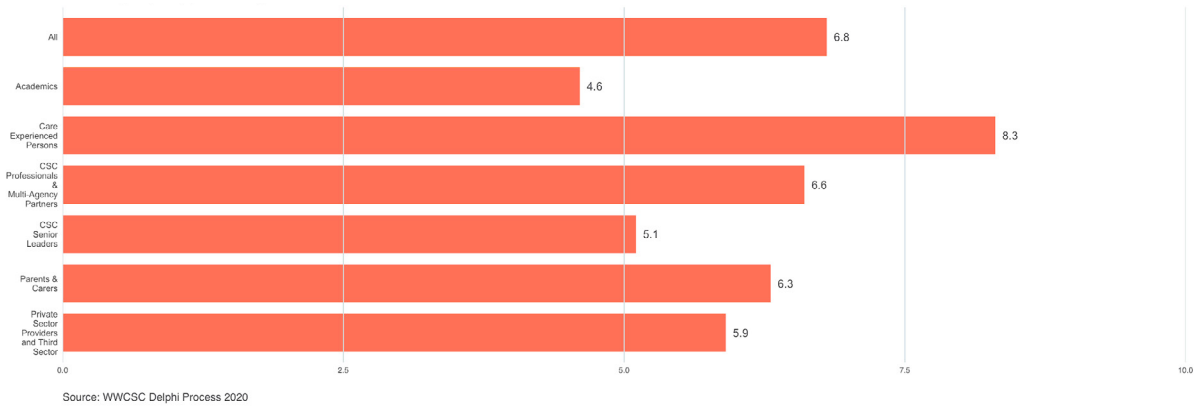


Figure 12: Transitions, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), $n=78$

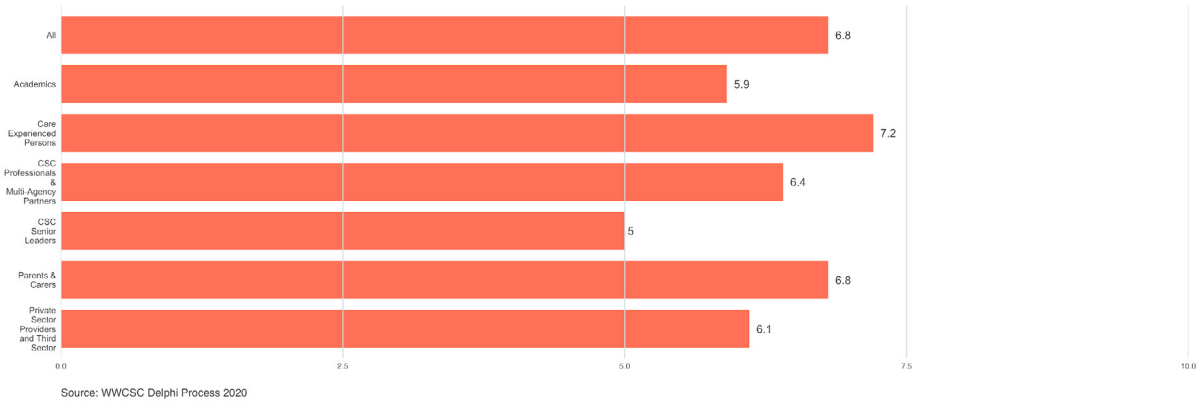


Figure 13: Mental Health of Children and Young People, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), $n=78$

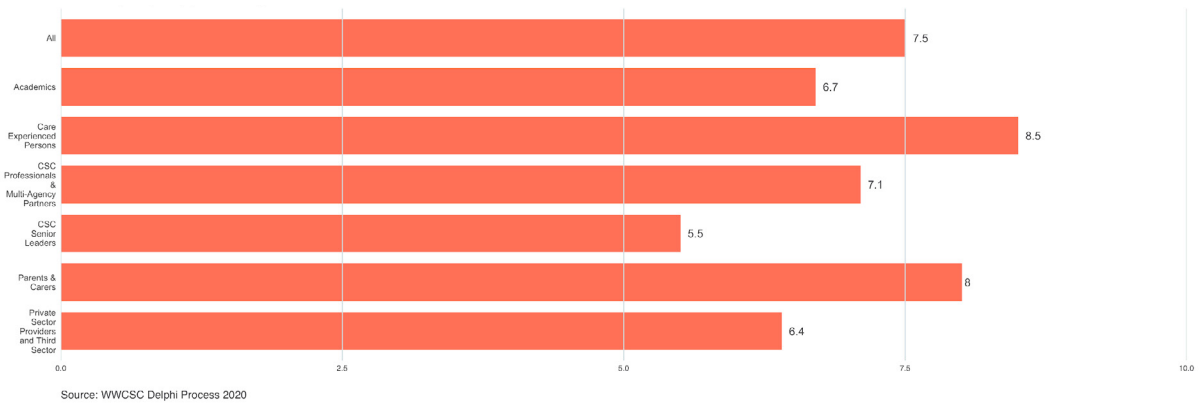




Figure 14: Impact of Trauma on Children, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), n=78

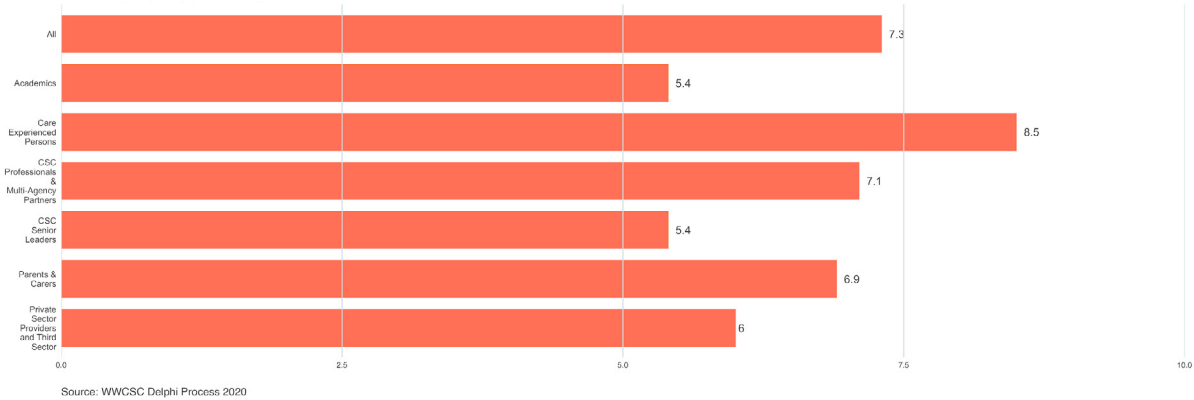


Figure 15: Children and Young People's Lived Experiences, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), n=78

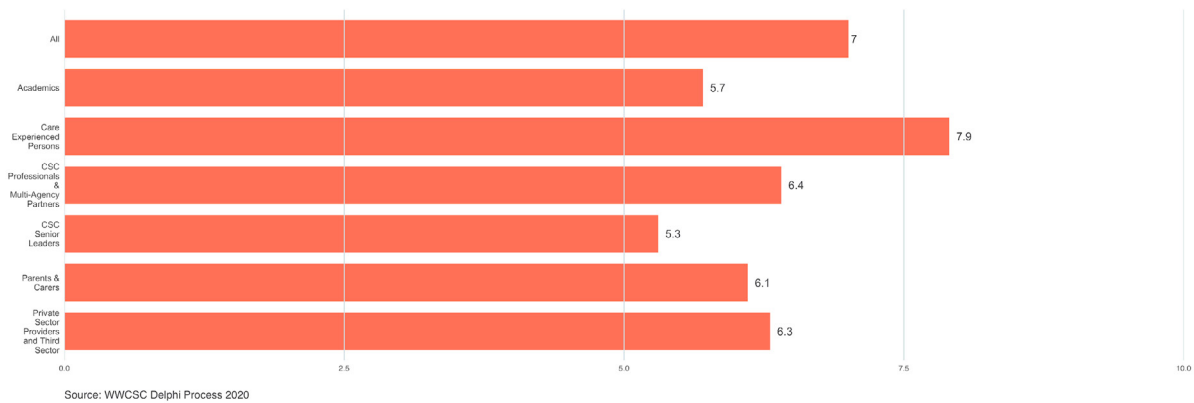


Figure 16: Domestic Abuse, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), n=70

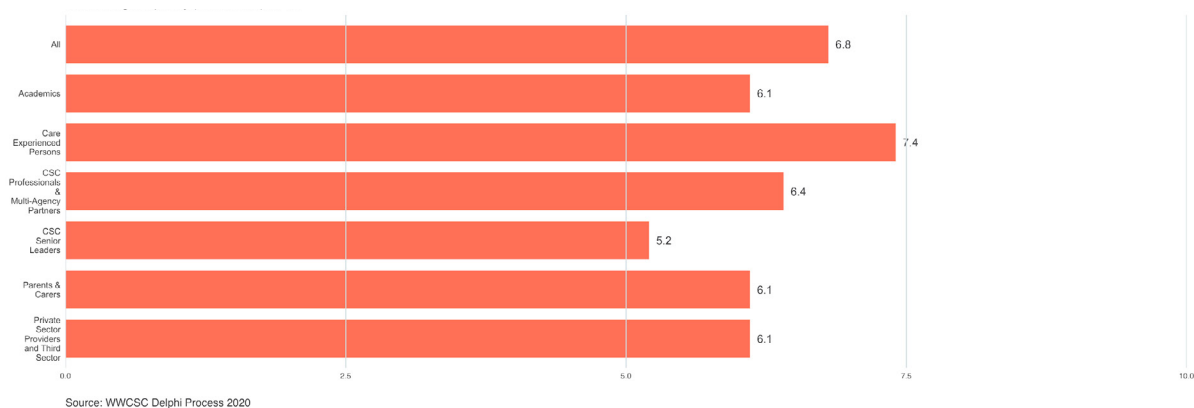
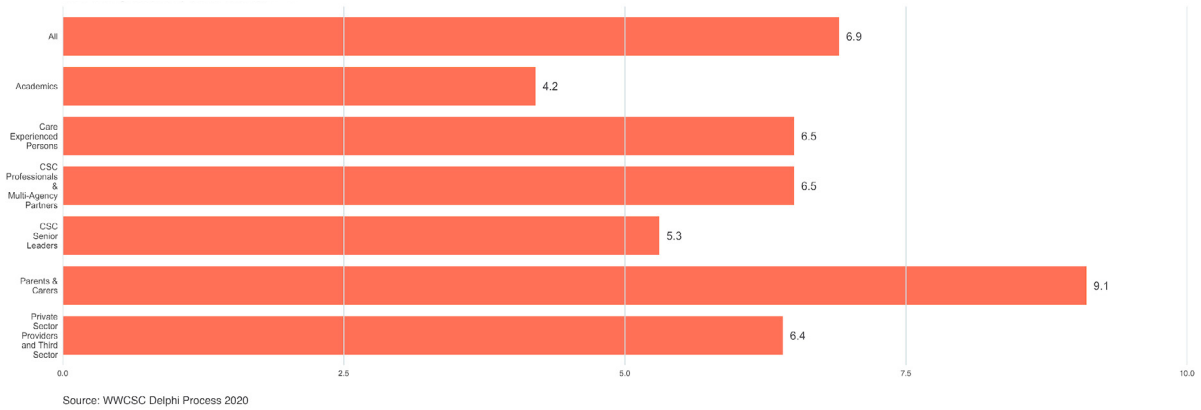




Figure 17: Actively involving Children and Families in Identifying their Needs and Planning their Support, priority score by panel where 0 is lowest priority and 10 is the highest priority (lower bound), $n=71$



WHAT MATTERS FOR WHAT WORKS? / SETTING RESEARCH PRIORITIES FOR WHAT WORKS FOR CHILDREN'S SOCIAL CARE



Appendix 6

Table 20: The ten 'consensus topics' where the scores were most similar between groups

| Topic | Average Pairwise Difference |
|---|-----------------------------|
| Transitions | 0.38 |
| Behavioural, social, emotional development | 0.38 |
| Child sexual exploitation | 0.48 |
| Therapeutic approaches and interventions | 0.51 |
| Domestic abuse | 0.55 |
| Stable workforce | 0.57 |
| Management in social work | 0.6 |
| Parental drug and alcohol misuse | 0.67 |
| Children and young people's lived experiences | 0.67 |
| Families' lived experience | 0.72 |

Note: average pairwise Euclidean distance of the standardised 95% lower confidence interval by group. The distances are averaged to account for there not being a lower confidence interval score for each group for all topics. The scores were standardised by group to take into account that the distribution of topic scores is different by group.

Table 21: The ten 'topics of debate' where the scores were most different between groups

| Topic | Average Pairwise Difference |
|--|-----------------------------|
| Power imbalance | 2.29 |
| The cost of children's social care services | 2.03 |
| Direct work with children | 1.9 |
| Homelessness | 1.52 |
| Actively involving children and families in identifying their needs and planning their support | 1.52 |
| Local Authority/Regional differences | 1.38 |
| Children and family relationships with children's social care professionals | 1.27 |
| Attachment | 1.21 |
| Foster Care | 1.19 |
| Organisational culture | 1.19 |

Note: average pairwise Euclidean distance of the standardised 95% lower confidence interval by group. The distances are averaged to account for there not being a lower confidence interval score for each group for all topics. The scores were standardised by group to take into account that the distribution of topic scores is different by group.



Table 22: Comparing the difference between the scores given by groups in Surveys 2 and 3

WHAT MATTERS FOR WHAT WORKS? / SETTING RESEARCH PRIORITIES FOR WHAT WORKS FOR CHILDREN'S SOCIAL CARE

| Topic | Average | Average | |
|--|---------|---------|---|
| Actively involving children and families | 0.33 | 1.52 | N |
| Adolescence | 1.48 | 1.04 | Y |
| Attachment | 1.72 | 1.21 | Y |
| Behavioural, social, emotional development | 1.61 | 0.38 | Y |
| Caseloads | 1.2 | 0.92 | Y |
| Child sexual exploitation | 0.72 | 0.48 | Y |
| Children and family relationships with CSC professionals | 0.77 | 1.27 | N |
| Children and young people's lived experiences | 1.27 | 0.67 | Y |
| Children Looked After | 1.34 | 0.85 | Y |
| Criminal exploitation | 0.88 | 0.8 | Y |
| Direct work with children | 1 | 1.9 | N |
| Domestic abuse | 1.15 | 0.55 | Y |
| Education | 0.89 | 0.91 | N |
| Effective leadership | 1.13 | 0.83 | Y |
| Emotional abuse | 1.37 | 1.08 | Y |
| Families' lived experience | 0.95 | 0.72 | Y |
| Foster Care | 0.84 | 1.19 | N |
| Homelessness | 0.95 | 1.52 | N |
| Impact of trauma on children | 1.32 | 1.02 | Y |
| Local Authority/regional differences | 0.79 | 1.38 | N |
| Management in social work | 1.16 | 0.6 | Y |
| Mental health of children and young people | 0.72 | 0.75 | N |
| Models of practice | 0.85 | 0.74 | Y |
| Mult-agency and/or multi-disciplinary working | 1.79 | 1.06 | Y |
| Organisational culture | 1.7 | 1.19 | Y |
| Parental drug and alcohol misuse | 1.12 | 0.67 | Y |



| | | | |
|--|------|------|---|
| Permanence | 0.84 | 0.81 | Y |
| Power imbalance | 1.43 | 2.29 | N |
| Re-entry to care | 0.7 | 0.89 | N |
| Repeated removals | 1.09 | 0.8 | Y |
| Reunification | 0.68 | 1.03 | N |
| Sexual abuse | 0.78 | 0.77 | Y |
| Social care professionals' training and skills | 0.97 | 0.78 | Y |
| Stable workforce | 1.22 | 0.57 | Y |
| Targeted early help | 0.97 | 0.75 | Y |
| The cost of children's social care services | 1.23 | 2.03 | N |
| Therapeutic approaches and interventions | 0.8 | 0.51 | Y |
| Transitions | 0.8 | 0.38 | Y |
| Workforce wellbeing | 1.44 | 0.91 | Y |

Note: average pairwise Euclidean distance of the standardised 95% lower confidence interval by group. The distances are averaged to account for there not being a lower confidence interval score for each group for all topics. The scores were standardised by group to take into account that the distribution of topic scores is different by group.

Table 23: Changes in Participants Scores between Surveys 2 and 3

| Topic | Survey 2 N | Survey 3 N | Survey 2 Participants' Scores | Survey 3 Participants' Scores | Difference between Surveys 2 and 3 Score | % Change in Score from Survey 2 to Survey 3 |
|--|------------|------------|-------------------------------|-------------------------------|--|---|
| Mental health of children and young people | 104 | 78 | 8.02 | 7.52 | -0.5 | -6.2% |
| Workforce wellbeing | 102 | 61 | 7.42 | 7.38 | -0.04 | -0.5% |
| Impact of trauma on children | 104 | 78 | 7.63 | 7.32 | -0.31 | -4.1% |
| Children and young people's lived experiences | 92 | 78 | 7.53 | 6.96 | -0.57 | -7.6% |
| Actively involving children and families in identifying their needs and planning their support | 102 | 71 | 7.42 | 6.9 | -0.52 | -7.0% |
| Transitions | 81 | 78 | 7.22 | 6.83 | -0.39 | -5.4% |
| Emotional abuse | 82 | 78 | 7.28 | 6.83 | -0.45 | -6.2% |
| Stable workforce | 101 | 70 | 7.17 | 6.82 | -0.35 | -4.9% |
| Domestic abuse | 81 | 70 | 7.38 | 6.81 | -0.57 | -7.7% |
| Social care professional's training and skills | 100 | 70 | 7.16 | 6.79 | -0.37 | -5.2% |



| | | | | | | |
|---|-----|----|------|------|-------|--------|
| Criminal exploitation | 85 | 78 | 7.05 | 6.76 | -0.29 | -4.1% |
| Therapeutic approaches and interventions | 102 | 71 | 7.19 | 6.76 | -0.43 | -6.0% |
| Adolescence | 100 | 78 | 7.06 | 6.74 | -0.32 | -4.5% |
| Education | 99 | 78 | 7.07 | 6.67 | -0.4 | -5.7% |
| Organisational culture | 89 | 70 | 7.13 | 6.67 | -0.46 | -6.5% |
| Effective leadership | 99 | 70 | 7.07 | 6.65 | -0.42 | -5.9% |
| Children and family relationships with children's social care professionals | 81 | 71 | 7.22 | 6.65 | -0.57 | -7.9% |
| Repeated removals | 102 | 70 | 7.11 | 6.63 | -0.48 | -6.8% |
| Direct work with children | 87 | 71 | 7.13 | 6.59 | -0.54 | -7.6% |
| Behavioural, social and emotional development | 93 | 70 | 6.84 | 6.55 | -0.29 | -4.2% |
| Permanence | 91 | 78 | 7.09 | 6.51 | -0.58 | -8.2% |
| Management in social work | 85 | 70 | 7.05 | 6.49 | -0.56 | -7.9% |
| Child sexual exploitation (CSE) | 87 | 78 | 6.97 | 6.48 | -0.49 | -7.0% |
| Targeted early help | 89 | 71 | 6.85 | 6.47 | -0.38 | -5.5% |
| Sexual abuse | 104 | 78 | 6.92 | 6.46 | -0.46 | -6.6% |
| Children Looked After | 85 | 71 | 6.77 | 6.41 | -0.36 | -5.3% |
| Parental drug and alcohol misuse | 100 | 70 | 6.61 | 6.4 | -0.21 | -3.2% |
| Attachment | 92 | 71 | 6.35 | 6.39 | 0.04 | 0.6% |
| Reunification | 83 | 70 | 6.4 | 6.38 | -0.02 | -0.3% |
| Foster Care | 89 | 78 | 6.85 | 6.37 | -0.48 | -7.0% |
| Power imbalance | 99 | 71 | 5.91 | 6.28 | 0.37 | 6.3% |
| Homelessness | 103 | 70 | 6.48 | 6.28 | -0.2 | -3.1% |
| Models of practice | 99 | 57 | 5.91 | 6.27 | 0.36 | 6.1% |
| Local authority / regional differences | 97 | 71 | 6.62 | 6.23 | -0.39 | -5.9% |
| Families' lived experience | 89 | 70 | 6.85 | 6.21 | -0.64 | -9.3% |
| Re-entry to care | 85 | 78 | 6.65 | 6.15 | -0.5 | -7.5% |
| Caseloads | 89 | 71 | 6.55 | 6.12 | -0.43 | -6.6% |
| Multi-agency and/or multidisciplinary working | 86 | 71 | 6 | 6.02 | 0.02 | 0.3% |
| The cost of children's social care services | 80 | 70 | 6.57 | 5.7 | -0.87 | -13.2% |

Note: participant scores are calculated as the 95% lower confidence interval



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CONTACT

info@whatworks-csc.org.uk

[@whatworksCSC](https://twitter.com/whatworksCSC)

whatworks-csc.org.uk