

The Independent Review of Children's Social Care: Polling Results Report

This report sets out the results from the third in a series of special polls for the Independent Review of Children's Social Care. The poll asked social workers 16 questions, eight of which required them to scale their response out of ten, and five of which asked them for free text responses to allow for more breadth and to gain a deeper understanding. The first, and the final two questions, provided multiple choice answers.

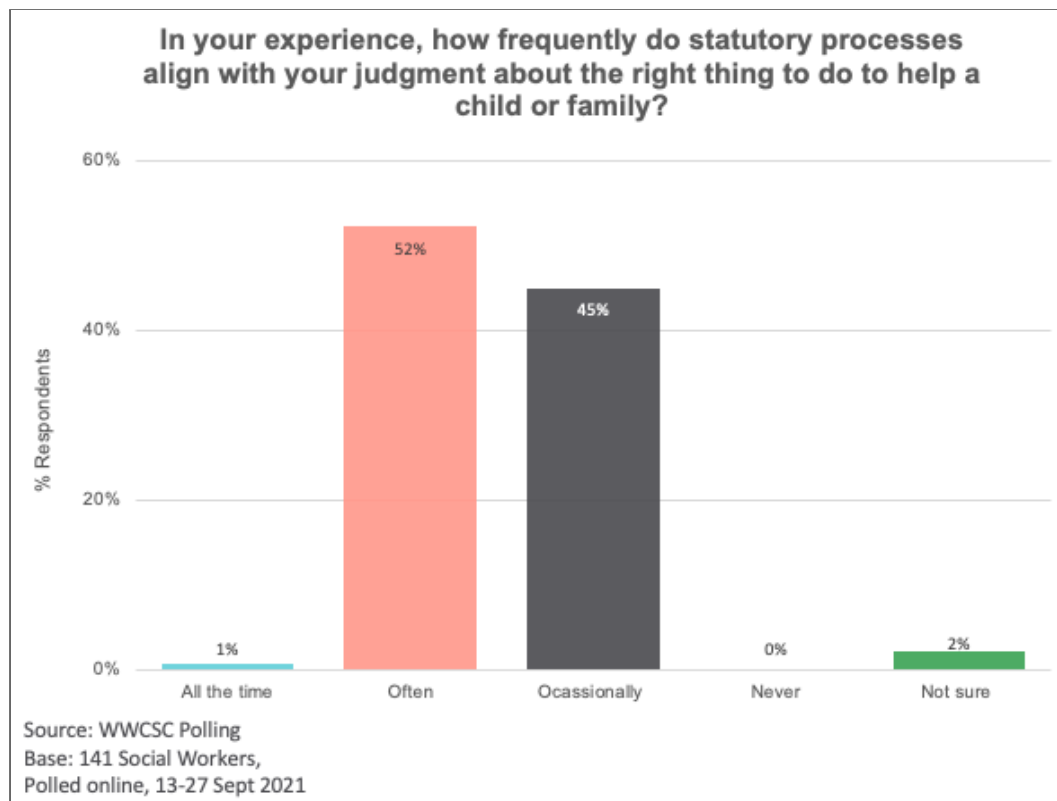
The poll was open for two weeks from the 13th to 27th of September and drew responses from 141 social workers. This makes up fewer participants than the previous two polls in this series (186 and 298 respectively). This may be due to temporary technical difficulties involved in the distribution of the survey (a faulty 'submit' button). We also received a number of out of office emails from polling subscribers due to annual leave.

The poll asked a series of diverse questions, seeking social worker's opinions on statutory processes, reunification, life story work and how well they thought the care system addresses children's voices. It also asked them how well equipped they feel to address the needs of children from minority groups and those in the youth justice system.

1) In your experience, how frequently do statutory processes align with your judgment about the right thing to do to help a child or family? (answered by 138 out of 141 respondents).

Slightly more respondents felt that statutory processes aligned with their judgement about the right thing to do to help a child or family 'often' (52%) than did 'occasionally' (45%) - representing 97% of participants. One percent of the social workers polled felt statutory processes aligned with their decisions all of the time, while none of them felt that they were never aligned. Two percent weren't sure (See Figure 1).

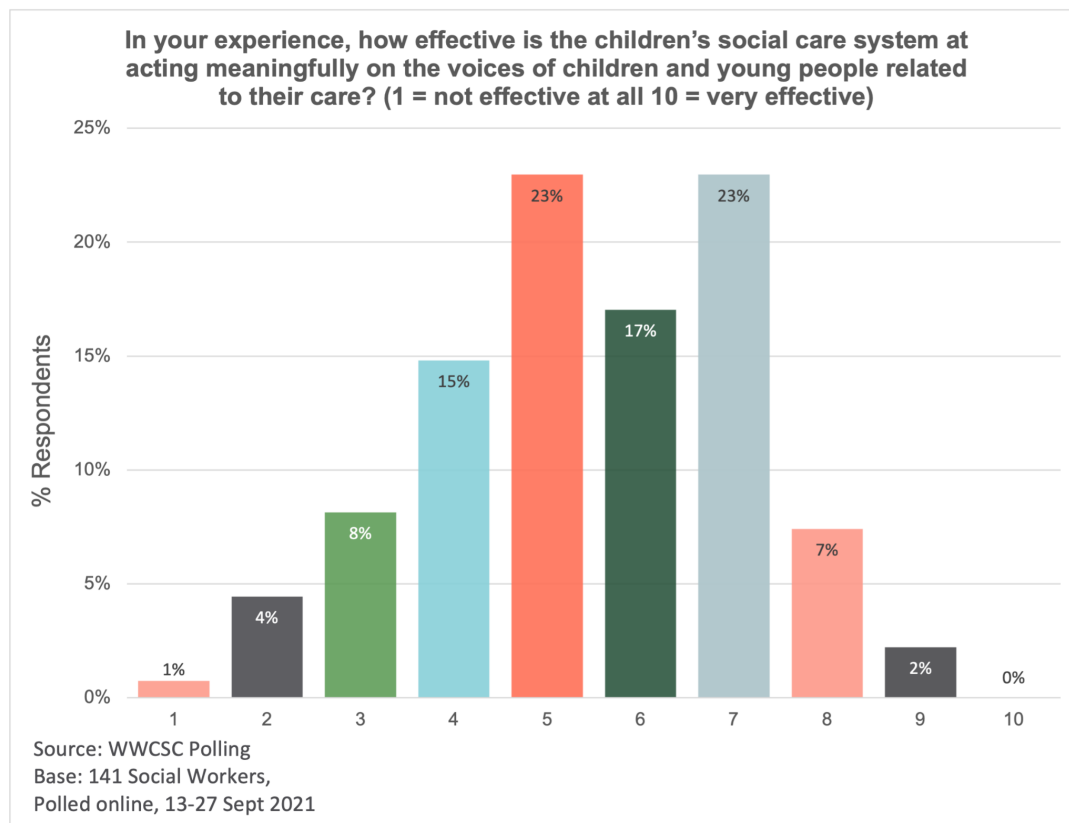
(Figure 1.)



2) In your experience, how effective is the children's social care system at acting meaningfully on the voices of children and young people related to their care? 1 = not effective at all 10 = very effective (answered by 135 out of 141 respondents).

The graph below (see Figure 2) shows the answers cluster around the mean and the distribution is approximately symmetrical on both sides of the mean. In this case, the mean average is 5.5. This suggests that the majority of participants sit in the middle, thinking that the children's social care system is reasonably effective at meaningfully listening to the voices of children and young people, with few believing it is either very effective or not effective. This indicates that most of the social workers we polled consider the system to be performing fairly well in this area, but that there are still improvements needed for it to be very effective.

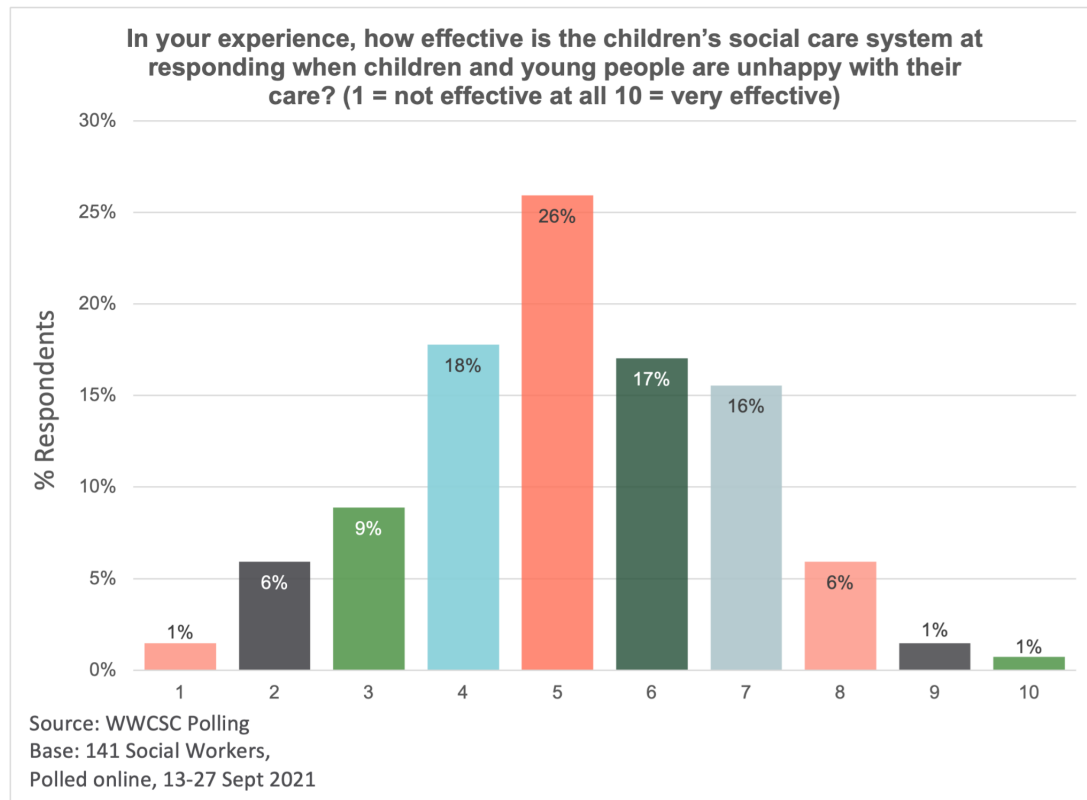
(Figure 2.)



3) In your experience, how effective is the children's social care system at responding when children and young people are unhappy with their care? 1 = not effective at all 10 = very effective (answered by 135 out of 141 respondents).

As with the graph depicting the responses to the previous question, the graph below (see Figure 3) also shows a normal distribution curve. The mean average response for this question was 5.2, meaning that the majority of respondents felt that the children's social care system is fairly effective at responding when children and young people are unhappy with their care. Again, the percentage of participants tapers off towards either end of the scale, meaning only a small number (1%) of respondents think that the care system is not effective at all (1 on the scale) or very effective (10 on the scale) at responding to children when they are unhappy. This suggests that, on average, the social workers we polled believe the system handles children's complaints adequately, but that there is room for improvement.

(Figure 3.)



4) In your experience, what are the biggest barriers/challenges to acting on children's wishes, including when they are unhappy? (Free text response, answered by 129 out of 141 respondents).

For this question, and all the following questions which are indicated as having a 'free text response', participants were provided with a blank text box to write their answers and there were no pre-specified choices. However, when analysing the answers social workers provided, themes emerged and it appeared that responses could be grouped into loose categories. These categories were decided on using an inductive approach, which involves deriving meaning and creating themes from data without any preconceptions. To do this, we took a 'semantic approach', identifying the explicit and surface meanings of the data and clustering responses together depending on the words and phrases used.

We ask the reader to be mindful when interpreting these graphs as they are not presented in the format that the questions were asked. Although there are too many responses to include them all, this method aims to give an idea of the scope of answers, and will be supported by additional written analysis and direct quotations.

Twenty-seven percent of participants mentioned that a lack of resources acted as the biggest barrier for the CSC system to act on children's wishes, the most frequently cited barrier. In the comments section, some social workers didn't specify which resources they referred to, while others wrote about poverty and insufficient spending on public services, particularly at the local authority level and underfunding for children's social care. Participants mentioned a lack of funding for support services, community services, mental health and advocacy services specifically. One wrote:

"The biggest barriers are finances... Finances limit the support that is able to be offered to children and young people and often the only option given to us as Social workers is the cheapest option, not what is necessarily in the best interests of a child."

Related to a lack of resources, the barrier respondents mentioned the second most frequently (22%) was a lack of available placements for looked after children - in particular a lack of appropriate foster carers. Social workers explained that this meant if children are unhappy in their placement, there are few alternative options for them to move to. The free text responses also called for foster carers to be better trained in trauma informed care so that they can be better equipped to meet the needs of children in their care. A number of participants explained that if children are unhappy with their placement, then often the only other option is to be placed out of the borough sometimes hundreds of miles away from home.

Fifteen percent of the social workers polled explained that the biggest barrier to acting on a child's wishes was that they were normally unhappy if they were not with their family, but that this would not always be the safest option. One suggested that life story work was important in helping a child understand why they are being taken into care.

Fourteen percent of respondents explained that social workers have limited time to spend with children creating meaningful bonds and trusting relationships, which acts as a barrier to understanding and acting on their wishes.

"Time. Case loads are very high and this reduces the amount of time that a social worker can spend with a child, properly getting to know them and forming a meaningful relationship."

One comment explained that they don't have time for training in this area either:

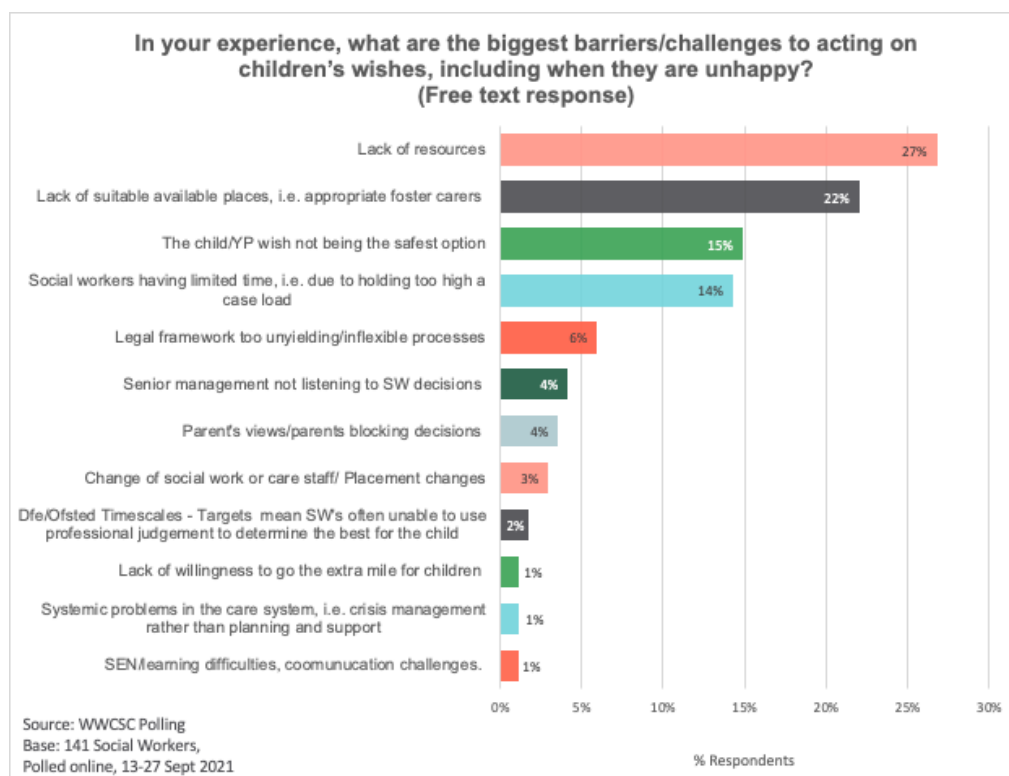
“Social workers don't receive enough training on how to build rapport with children, how to establish trust and follow children's leads. If this doesn't happen, children can't ask for what they need or explore their own wishes.”

The next most frequently mentioned barrier, cited by 6% of participants, was that the legal framework was too unyielding and processes were too inflexible, meaning that social workers were often constrained in their ability to tailor their response to the child. Many respondents mentioned that a high proportion of their time was spent on bureaucratic processes, which meant less time spent with children and families, related to the previous category.

“Performance Indicators and box ticking bureaucracy - you shouldn't have to quantify the quality of relationships. Social workers also need time to spend with children and families, build relationships, encourage and facilitate change in family functioning and listen to children, hear what they are saying, what they want and how to achieve this.”

Other responses to this question were grouped into the categories: senior management not listening to, or overriding the decisions of social workers (4%); the views of parents opposing those of social workers and parents blocking their actions (4%); frequent changes in social worker or placement (3%); tight Ofsted timescales constricting social workers into making quick decisions (2%); lack of willingness from professionals to go the extra mile for a child (1%); systemic problems in the care system - i.e. always stuck in crisis response rather than having a carefully planned approach (1%); and the special educational needs of children creating communication challenges (1%).

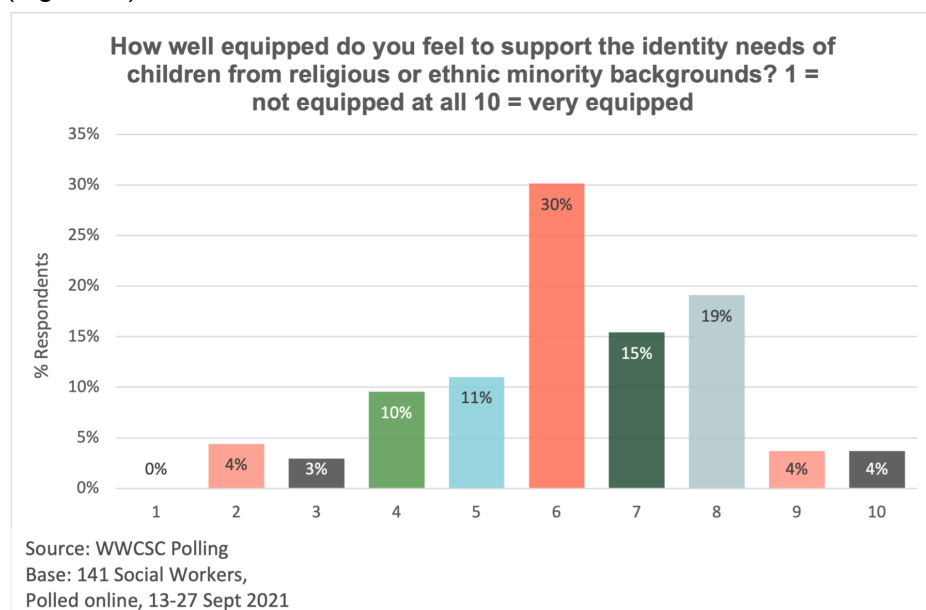
(Figure 4.)



5) How well equipped do you feel to support the identity needs of children from religious or ethnic minority backgrounds? 1 = not at all equipped 10 = very well equipped (answered by 135 out of 141 respondents).

On a scale out of ten, the social workers we polled most frequently rated the level to which they felt equipped to support the identity needs of children from religious or ethnic minority backgrounds as six (30% of respondents). The second most frequently chosen number was eight, which 19% of respondents answered. This was followed by seven (15%), five (11%) and then four (10%). The ratings further towards either end of the scale were all chosen by less than 5% of participants, meaning that a minimal number of the participants believe that they are either not at all equipped or very well equipped to support the identity needs of children from religious or ethnic minority backgrounds. Indeed, none of the respondents chose a rating of one.

(Figure 5.)



6) In your experience, what are the greatest challenges to meeting the needs of children from religious or ethnic minority backgrounds? (Free text response, answered by 129 out of 141 respondents).

Many of the responses explained that areas with a large predominantly White British population were less likely to have the recourse to offer culturally attuned care for the needs of children from ethnic minority backgrounds. This was due to a lack of community organisations or services for members of ethnic minority groups, a lack of foster carers with the same cultural background as the child, or with in-depth knowledge of it, and a lack of understanding from social workers who have little experience caring for children from minority backgrounds. One social worker who lived in a culturally diverse area explained that even in her local authority, there was still a high predominance of White British foster placements. Indeed, close to a third of respondents mentioned a lack of appropriate placements as the biggest barrier to meeting the identity needs of children from a ethnic or religious minority background.

A number of social workers wrote that their preference was to 'match' children with foster carers with a similar ethnic or religious background to themselves, but that this was often not possible. Many explained that there needs to be a deeper understanding of children's cultural heritage, and that their care should incorporate this. Some pointed out that this had to be done on more than a superficial basis.

“For all involved to really understand Black History and the impact. Rather than Foster Carers (who share a different religion/ ethnic background) thinking that needs will be met with the right food and help with hair. i.e what is the significance of hair and what story does it tell?”

Some respondents spoke specifically about refugees and asylum seekers, and a lack of understanding about their background and possible trauma.

“Spending time with the children to understand what their needs are, particularly children that have arrived as refugees often with no family.”

Participants also pointed out that there is much diversity within community groups, and approaches to care should be tailored to the individual and nuanced, rather than a ‘one size fits all’ strategy

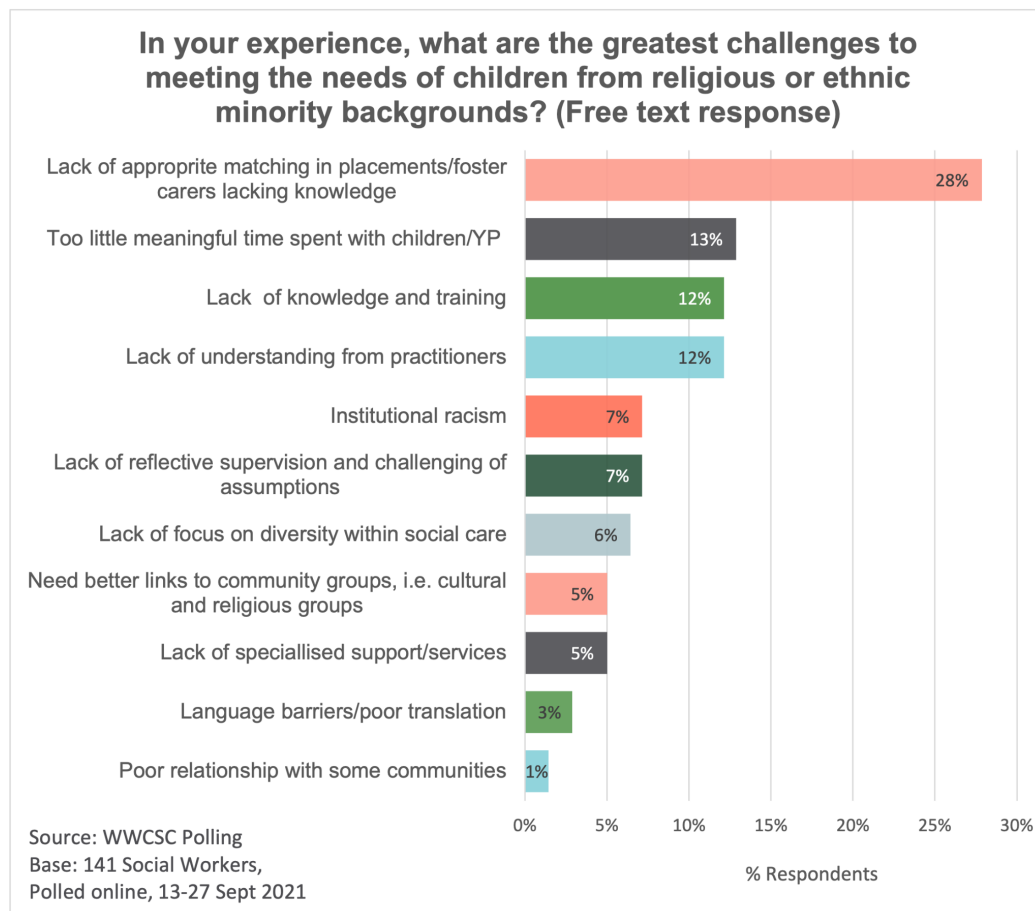
“Understanding the nuances of the lived experiences of individual family religion and culture e.g. each family will have their own way of celebrating Eid/Christmas etc. We all need to be open minded to how religion, ethnic background and identity is lived and experienced by others.”

Some of the barriers mentioned were related to social workers themselves. Twelve percent of respondents mentioned a lack of understanding from practitioners, with the same number explaining that there was a lack of knowledge and training. Seven percent mentioned a lack of reflective supervision and the challenging of assumptions.

Other barriers were concerned with the social care system and society more broadly. These included: a lack of focus on diversity in the social care workforce (6%); a lack of specialised services (5%); and the need for better links to community groups (5%). Seven percent of responses touched on institutional racism:

“Children and families who I have worked with from Black, Asian or Minority Ethnic groups have experienced racism and oppression both in the wider community but also at times from services which impacts on their ability to access support and build trusting relationships and can also impact on their coping capacity due to higher stress levels and lower overall social support.”

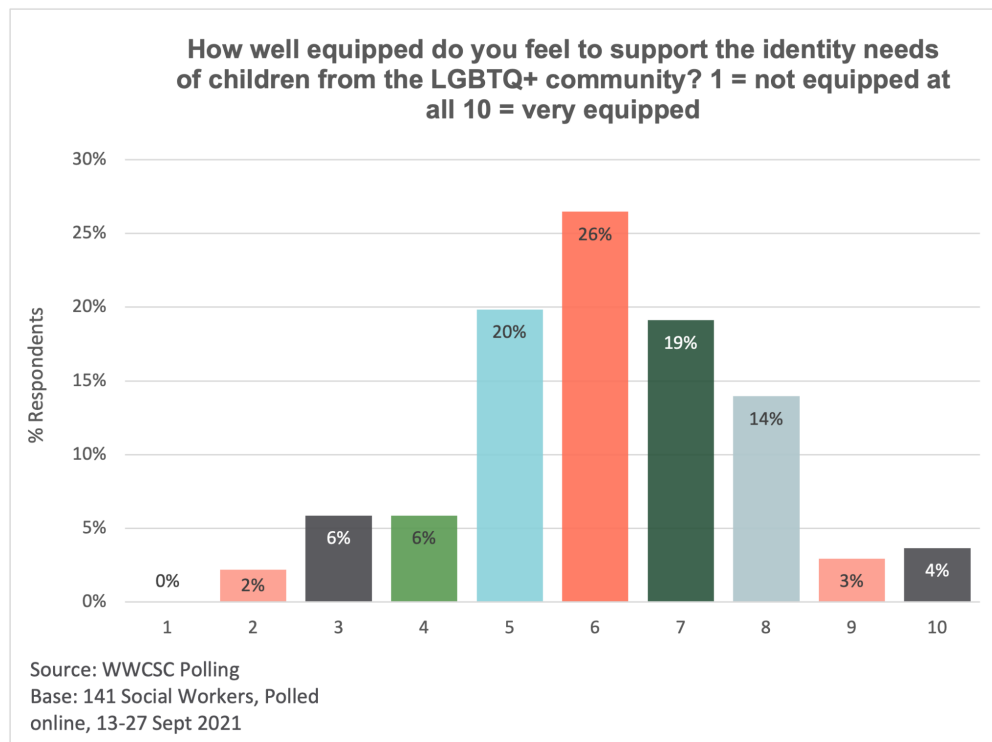
(Figure 6.)



7) How well equipped do you feel to support the identity needs of children from the LGBTQ+ community? 1 = not at all equipped 10 = very well equipped (answered by 136 out of 141 respondents).

As with the previous question on ethnic and religious minority groups, none of the respondents in the poll chose a rating of one for this question, which suggests that none of them feel they are not at all equipped to support the identity needs of children from the LGBTQ+ community. The most common rating was six, chosen by 26% of participants. A relatively large number also answered five (20%), seven (19%) and eight (14%). The fact that most of the responses were clustered in the middle of the scale between five and eight (79% of participants), suggests that the vast majority of social workers we polled feel fairly well equipped to support the identity needs of children from the LGBTQ+ community, but few feel very well equipped - meaning there is some room for improvement. The next question shines some light on the barriers social workers face in supporting children from this community.

(Figure 7.)



8) In your experience, what are the greatest challenges to meeting the needs of children from the LGBTQ+ community? (Free text response, answered by 113 out of 141 respondents).

The most commonly mentioned barrier (24% of participants) was the lack of awareness among social work professionals and also parents, particularly around transgender identity. Respondents explained that social workers can often rely on assumptions and limiting attitudes.

“Professional scepticism. Unbelievably, other professionals struggle with the idea that anyone below 16 can have an LGBTQ+ identity. Families can struggle with this too. It is often for young people struggling to voice emerging identity that this is harder and there are many cultural barriers.”

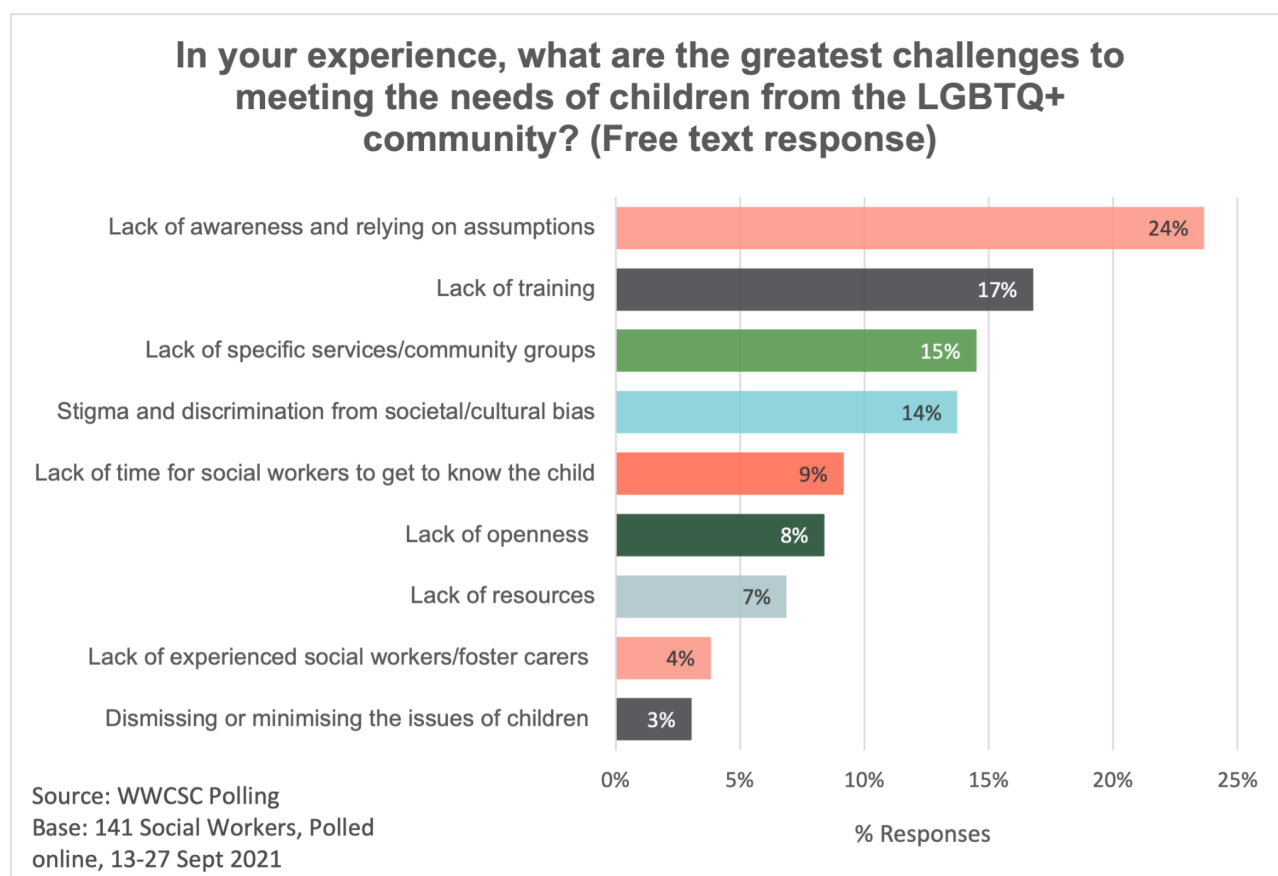
This lack of knowledge and understanding, 17% of participants explained, by a shortfall in training. Many of the participants felt that they didn’t have enough training in this area, and a number mentioned that their local authority did not provide resources to find out more about LGBTQ+ issues, so they had to seek out their own information, often on the internet.

“Workplace does not have a resources reading materials and as a social worker I end up searching the internet for information”

As with the free text question on supporting children from ethnic and religious minority backgrounds, 15% of responses to this question highlighted the lack of services and community groups for LGBTQ+ youth in rural areas. One participant explained that the nearest transgender clinic to them was 150 miles away, and most other resources were in the nearest city - which was difficult to get to for young people. Respondents in both rural and urban areas wrote about a lack of available services, particularly mental health provision - long waiting lists and an underfunded CAMHS.

Other responses wrote about stigma and discrimination in society (14%) and the impact this has on children, especially when their parents are not understanding of their identity and needs. Nine percent of the social workers we polled explained that, due to high caseloads, they lacked time to spend getting to know the children in the care on a meaningful level and this hampered their ability to understand their needs on a deeper level.

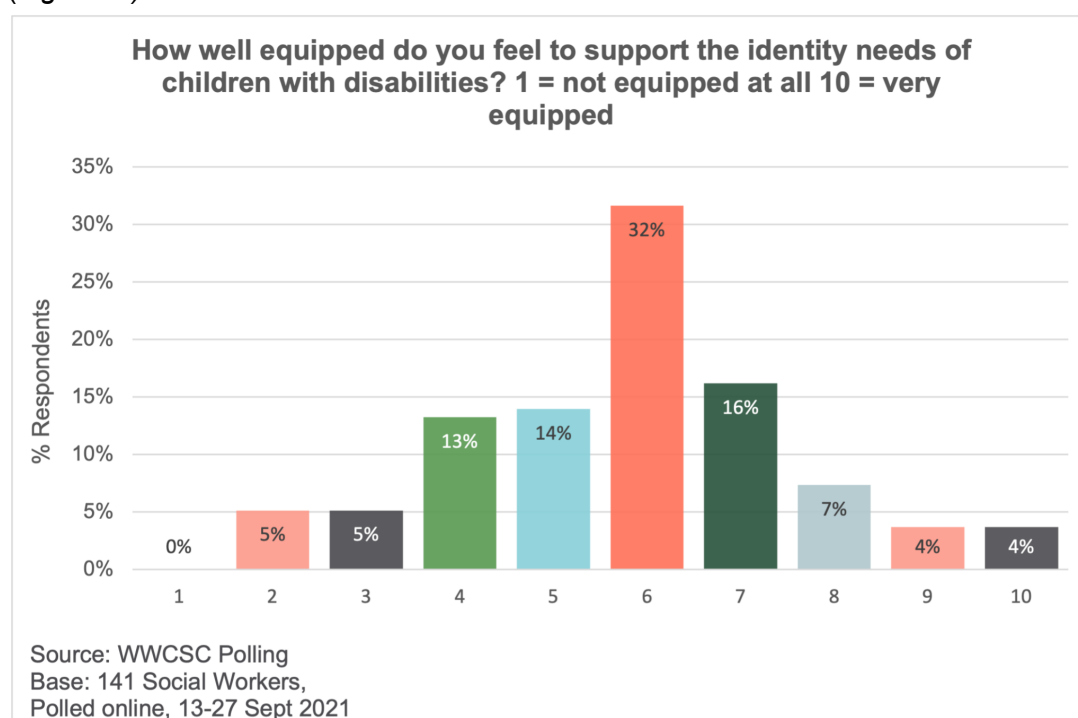
(Figure 8.)



9) How well equipped do you feel to support the identity needs of children with disabilities? 1 = not at all equipped 10 = very equipped (answered by 136 out of 141 respondents).

The majority of respondents rated how well equipped they felt to support the identity needs of children with disabilities as six out of ten. This was chosen by 32% of participants, double as many as answered seven, the next most frequent rating (16%). This was then followed by five (14%), four (13%) and eight (7%). The rest of the ratings were chosen by less than 5% of the social work staff polled, and none of them answered one - suggesting none of them feel not at all equipped to support the identity needs of children with disabilities. The cluster of answers around the middle again suggests that the majority of the social work staff polled believe they are fairly well equipped, but that there is room for improvement.

(Figure 9.)



10) In your experience, what are the greatest challenges to meeting the needs of children with disabilities? (Free text response, answered by 129 out of 141 respondents).

Thirty four percent of respondents wrote about a scarcity of specialist resources which was the most frequent response. Many were not specific about which resources, but others explicitly mentioned: a lack of specialised services such as inclusion services; a lack of

options for suitable housing and a lack of appropriate placements - particularly foster carers that can effectively meet the needs of children with disabilities; and a shortfall in specialised staff. Some explained that there were significant gaps in service provision for children with ADHD (Attention deficit hyperactivity disorder) and ASD (Autism spectrum disorder).

The second most frequently mentioned barrier was a lack of knowledge, understanding and experience (18%). Again, ADHD and ASD were mentioned as areas which need more specific attention.

“Disability is such a spectrum and a lot of looked after children have diagnoses such as ADHD and autism which can get blurred with impact of trauma. We need specialist support in these areas and children with other disabilities usually go to children with disabilities team.”

Indeed, the responses to this question, as with responses on the challenges of meeting the needs of children from the LGBTQ+ community and ethnic/religious minority backgrounds, spoke about a lack of awareness and understanding and a scarcity of specialist services. More respondents to this question wrote about a lack of funding and financial support, mentioned by 10% of participants.

“I think barriers could include getting funding for the support these children and their families need both at home and in their education, these families are more likely to experience poverty due to the high caring commitments impacting ability to work,”

Respondents wrote about the need for greater training in this area, preferably led by young people and families experiencing disabilities themselves, to increase the knowledge base. A number of the social workers we polled felt that specialist social work teams for children with disabilities reduced knowledge and experience more broadly, as it meant that non-specialist social workers lack experience working with disabled children.

“We have a specialist team who work with children and their families when a child or young person has a significant disability and so I don't have experience of working with them and do not feel very equipped”

Other answers explained that there were challenges in multi-agency working and collaboration between different CSC teams (9%), such as a lack of joined up working with

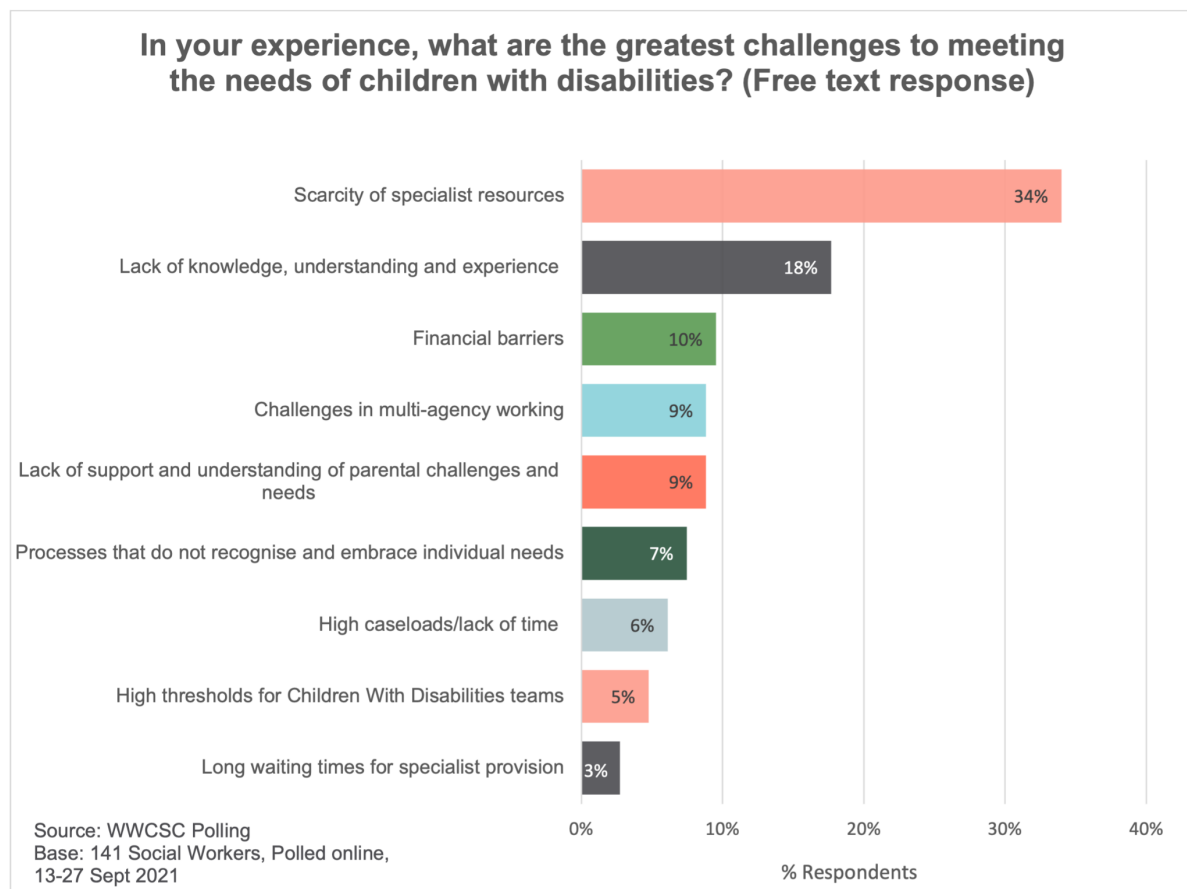
agencies like health and education and a lack of clarity in accountability when working joint cases between children with disabilities teams and other frontline children's teams.

"I find this is a difficult area as the local authority I work in has a team working with children with disabilities. There is not much connection between teams and in safeguarding I have little understanding of the routes to gain support for children and their families, and often find I am passed between agencies still with no answer to questions I have posed."

Nine percent of the social workers we polled wrote about a lack of support and understanding for the parents of disabled children. One respondent explained that parents often perceive social workers to be parent blaming, and that sometimes they are. Others explained that there can be tensions between balancing the needs of children and their families.

Respondents also mentioned inflexible processes that do not recognise and embrace individual needs (7%), partly due to an overemphasis on risk rather than need. High caseloads and a lack of time impacted on the ability to get to know the individual needs of children, mentioned by 6% of respondents. Some social workers (5%) explained that thresholds for children with disabilities teams could be very high, and often did not include children with invisible disabilities. Finally, 3% of participants wrote about long waiting lists for specialist provision acting as a barrier to meeting the needs of children with disabilities.

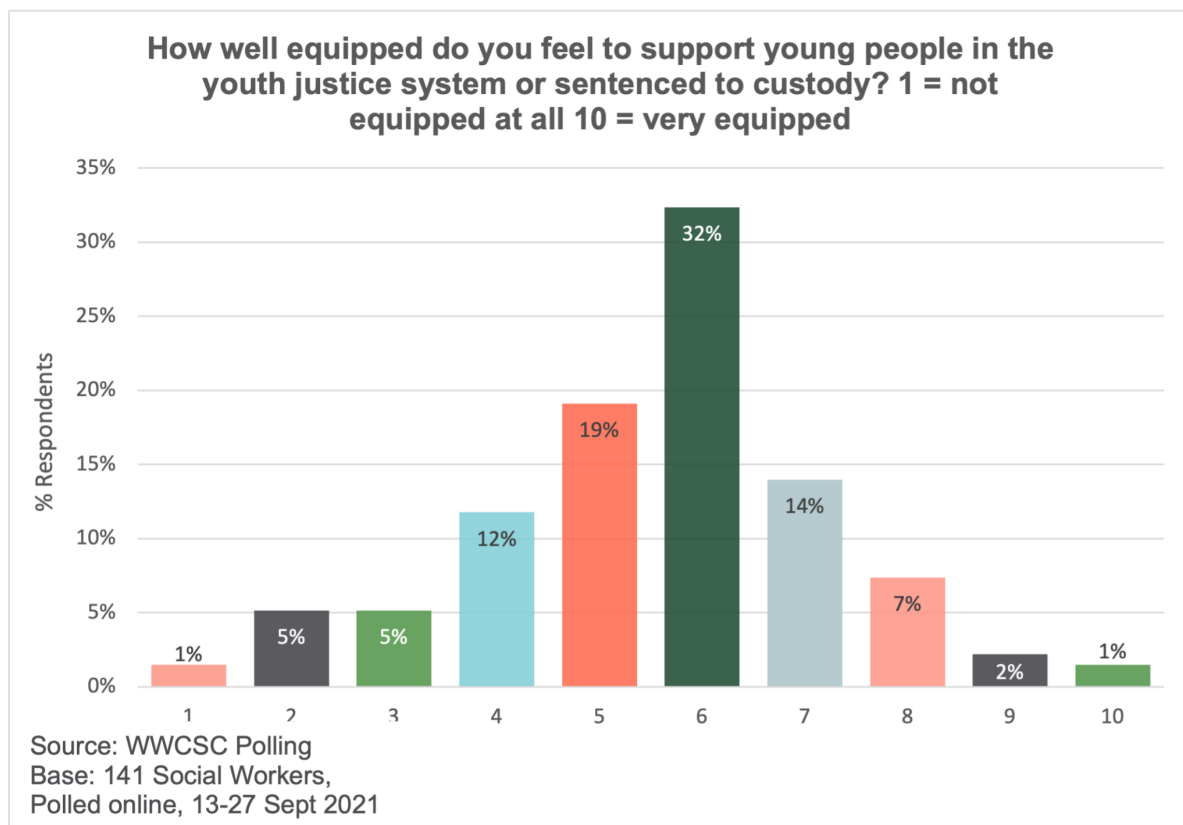
(Figure 10.)



11) How well equipped do you feel to support young people in the youth justice system or sentenced to custody? 1 = not equipped at all 10 = very equipped (answered by 136 out of 141 respondents).

The majority of respondents (32%) rated how well equipped they felt as six. This was followed by the 19% that chose a rating of five. As with previous questions, the graph below (see Figure 11) shows that the responses cluster around the middle, meaning the majority of social workers feel fairly well equipped to support people in the youth justice system or sentenced to custody, but that there are a small number of participants (1%) that feel not at all equipped and that feel very equipped.

(Figure 11.)



12) In your experience, what are the greatest challenges you face when supporting young people in the youth justice system? (Free text response, answered by 108 out of 141 respondents).

In the free text response section for this question, 27% of the social workers polled mentioned challenges with multi-agency working. They explained that differing perspectives from other agencies can cause tension, particularly a friction between the criminal justice and welfare models of provision.

“Most young people in the youth justice system are victims as well as/rather than perpetrators, and getting colleagues in the police/criminal justice system to recognise this is the single biggest challenge.”

They also mentioned a lack of joined up working and poor communication with other agencies.

“Cross organisation/department/service communication and differing priorities and approaches can create complexities in working together. Understanding those

services and processes and gaining information can also be complex and mean that you can feel uncertain about how to provide the best support.”

The next most commonly cited challenge was a lack of specialist provisions, mentioned by 19% of the social workers we polled. Specifically, respondents mentioned a lack of: community and youth services; early intervention; and the unsuitability of remand to local authority care.

Eighteen percent of participants answered that the biggest challenge was a lack of knowledge and expertise. Some mentioned that they had not received specialised training, and had to rely on their more general skills to support them. A number also wrote about a lack of understanding of the contextual factors in youth offending, and the impact of trauma on young people.

The fourth most frequent grouping that emerged from the free text answers is the problem of the criminalisation of young people, mentioned by 11% of respondents. This again touched on the differing standpoint of the justice and care system.

“We work closely with YOS teams but there is a view that youth justice system is not as trauma-informed as it could be and tends to be punitive and behavioural”

Social workers polled also mentioned, in order of frequency: stigma and prejudice shown towards young offenders from both professionals and the community (7%); a limit on the time they can spend on supporting young people and creating meaningful relationships with them (4%); a lack of funding (3%); difficulties in reaching young people in custody, especially being able to visit them (3%); and the challenge of implementing contextual safeguarding in practice (2%).

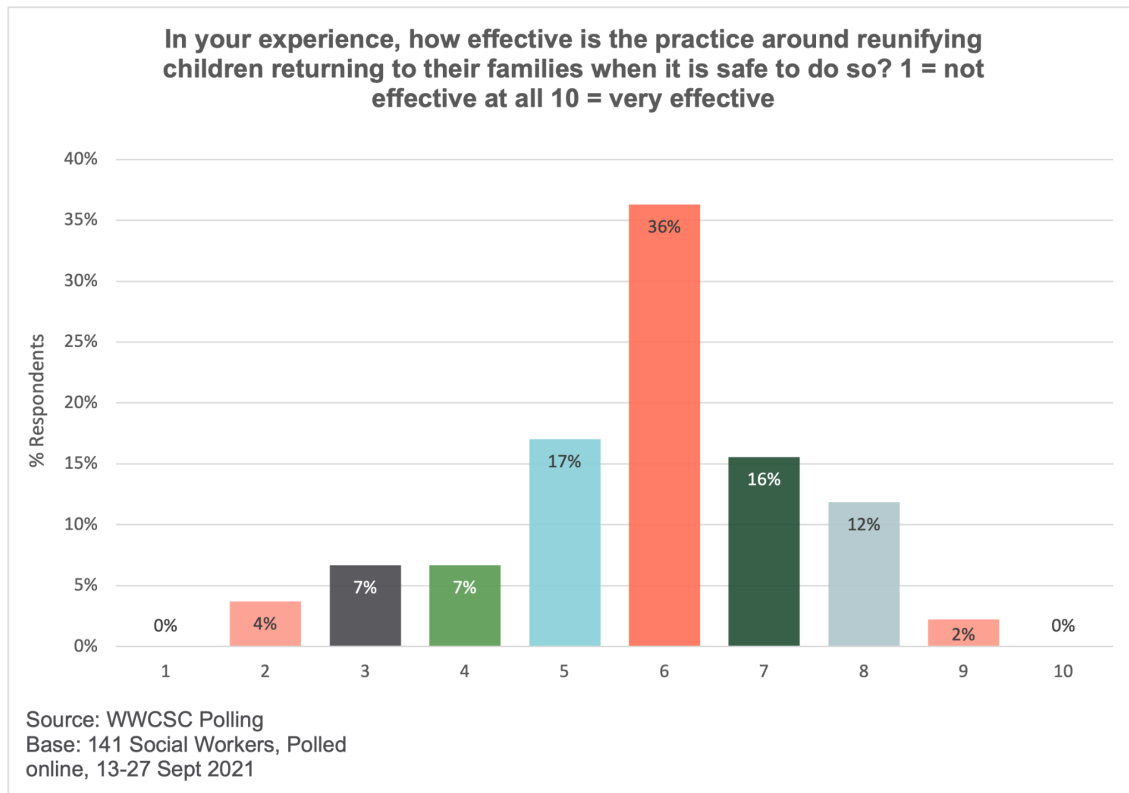
(Figure 12.)



13) In your experience, how effective is the practice around reunifying children returning to their families when it is safe to do so? 1 = not effective at all 10 = very effective (answered by 135 out of 141 respondents).

A substantial majority of more than a third (36%) of respondents rated the effectiveness of practice around reunification as 6. The next most frequent ratings, five and seven, were chosen by around half as many respondents. Again, the majority of respondents sat in the middle, giving moderate ratings, with a slightly high propensity of higher ratings. No participants rated the effectiveness of reunification practice as not effective at all (1) or very effective (10).

(Figure 13.)

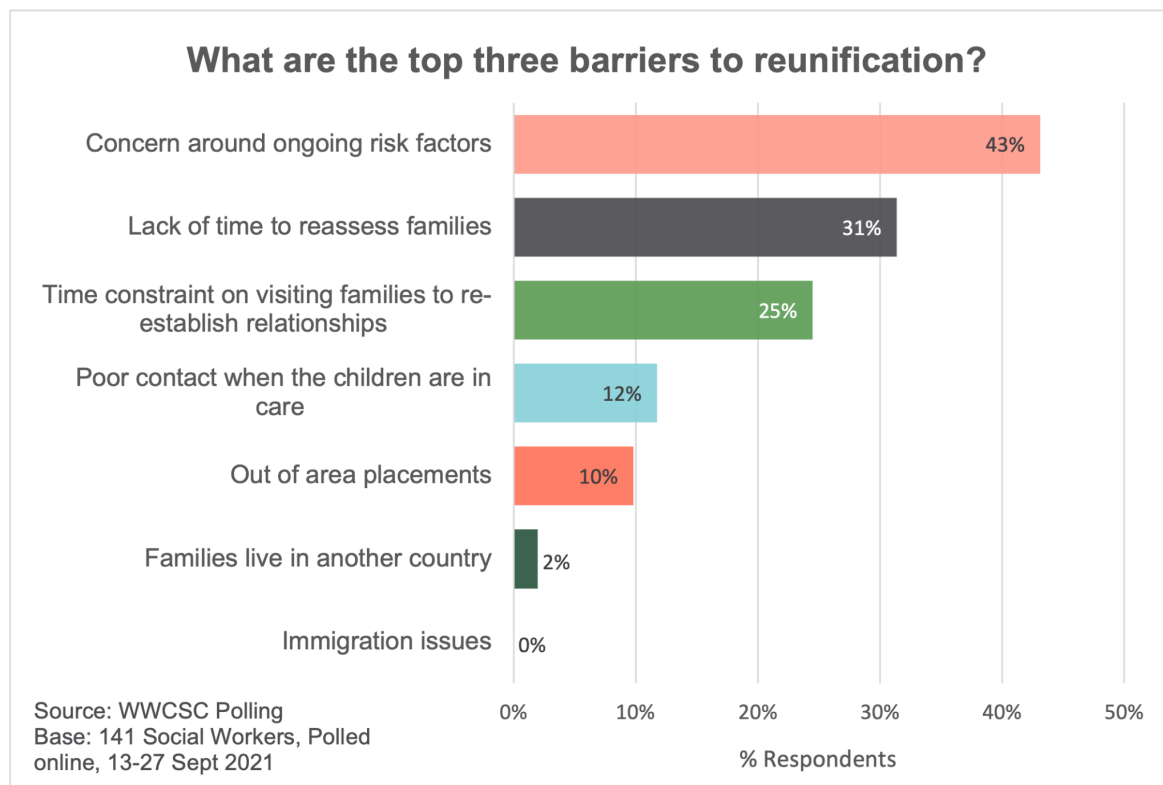


14) What are the top three barriers to reunification? Please select three only (answered by 129 out of 141 respondents).

For this question, a number of multiple choice options were provided. However, due to a technical problem, the respondents were only able to choose one option. The majority, 43%, selected concern around ongoing risk factors. This was followed by lack of time to reassess families (31%) and then time constraints on visiting families to re-establish relationships (25%). The answers chosen less frequently were: poor contact when children were in care (12%); out of area placements (10%); and families living in another country (2%). None of the social workers we polled chose immigration issues.

In addition, in the free text section, some participants mentioned the burden of poverty: *“poverty and deprivation means many families never get out of the situations that lead to the children being placed in care.”* Poverty was connected to the response that there was *“limited support for families to facilitate positive changes”*. Some also mentioned parents struggling to take children back into their care, especially for older or more ‘challenging’ children.

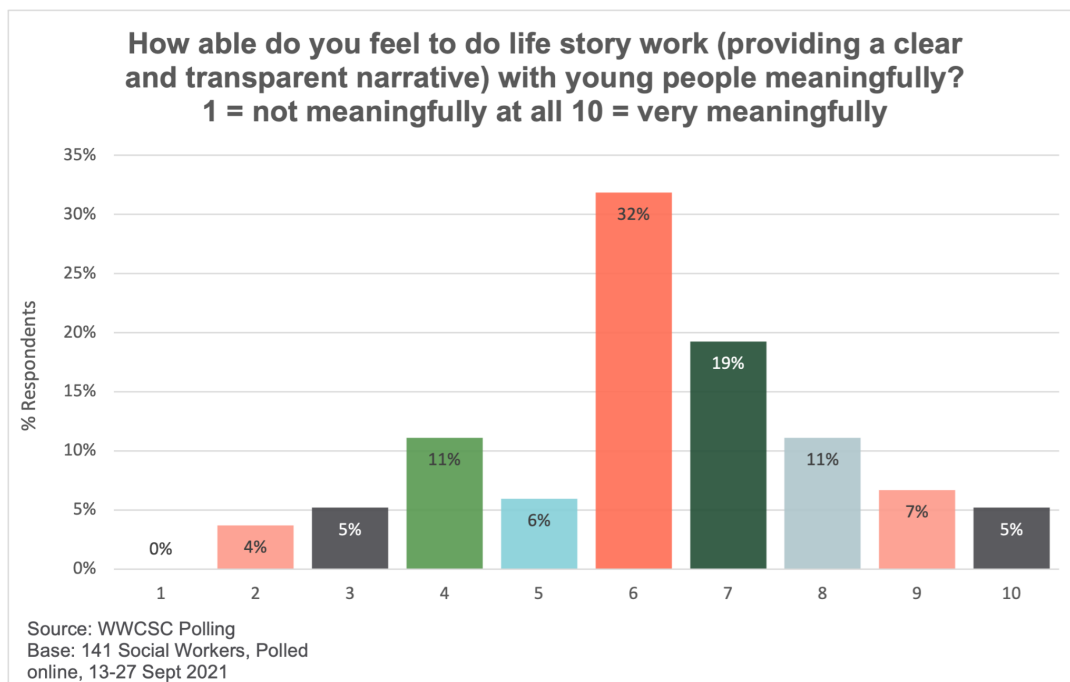
(Figure 14.)



15) Young people have told us that having a clear and transparent narrative about their lives, often called life story work, is important. How able do you feel to do this work meaningfully? 1 = not meaningfully at all 10 = very meaningfully (answered by 135 out of 141 respondents).

The majority of respondents (32%) rated their ability to undertake life story work meaningfully as 6 out of ten. More participants rated their ability as higher than six than did lower, with 42% choosing a rating of seven, eight, nine or ten as compared to 26% who chose a number less than 6. None of the social workers we polled felt they were unable to work meaningfully in this area, whereas 5% felt they were able to work very meaningfully.

(Figure 15.)



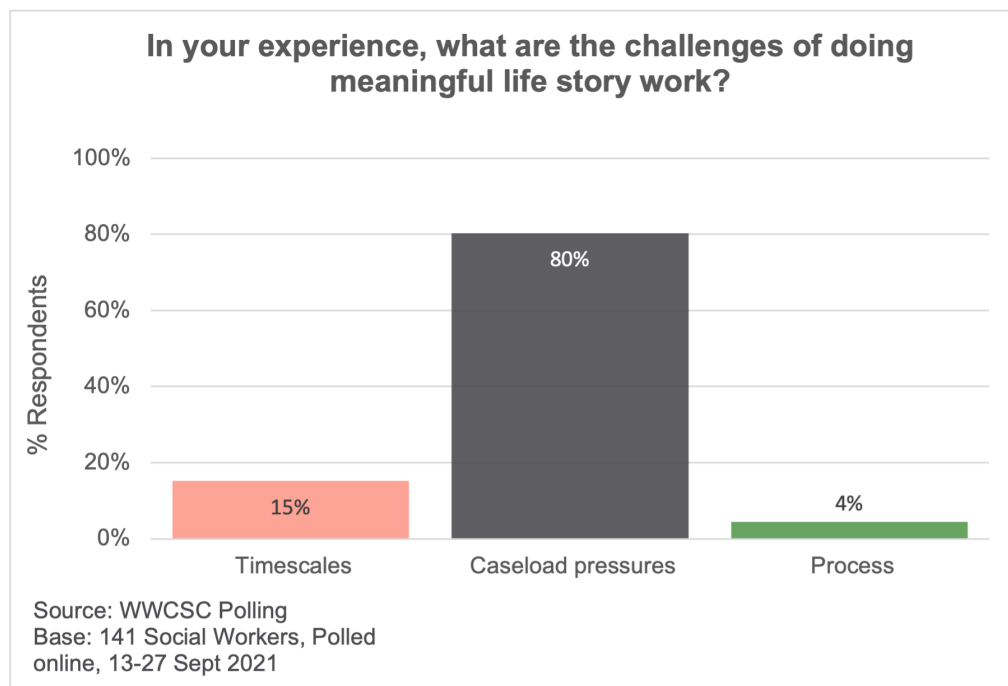
16) In your experience, what are the challenges involved with undertaking meaningful life story work? (Answered by 112 out of 141 respondents).

For this multiple-choice question, three options were provided. A vast majority (80%) of respondents cited caseload pressures as the biggest barrier in being able to do meaningful life story work with children. This was followed by the 15% of respondents that listed 'timescales', and finally 'processes', which 4% of respondents chose.

In the free text section, some participants mentioned that meaningful narrative work is not seen as a priority. Indeed, one said that the life story team in their Local authority had been closed down. Respondents also wrote about lack of training.

"All of the above and the services and training available to do so - this is crucial. We had been doing this very well in our local authority area and then the service got cut and the responsibility got added to children's social worker workloads. As you can imagine and appreciate - with the best will in the world, not much life story work is done now. And yes it is crucial - I have worked in adoption support and seen what happens when this is not done in an empathetic way using the skills and knowledge and learning out there - or not done at all."

(Figure 16.)



About WWCSC Polling

What Works for Children's Social Care runs fortnightly polls with social workers who have registered with us. Social workers registered with us are currently employed in a range of organisations and we canvas their opinions about our current and future research agenda as well as current affairs, Wellbeing and social work practice. We would like to thank you all for taking the time to complete the polls and also ask that you encourage your colleagues to [sign up](#).