

Polling Qualitative Summary Report 2020

Introduction

Children's social workers in England who are signed up to polling with What Works for Children's Social Care are asked on a fortnightly basis to share their experiences, views and ideas in response to questions we pose. In addition, they are often invited to provide free text responses to some of the subject areas explored.

This qualitative report presents key themes over the last 6 months from March to September 2020; it complements the contextual and quantitative report by sharing insights from the free text responses. It sits alongside the contextual and quantitative report which can be found [here](#). From March - July the qualitative questions focused on how Covid-19 was influencing practice and working patterns. From June - September the questions focused on training, CPD, and retention of social workers. This report collates findings from throughout this period, summarising themes and discussing practice and policy implications.

Thematic analysis

Thematic analysis was conducted on the free text responses and key themes were identified. These results provided alongside the qualitative results in the form of a report were shared with the Department for Education. In arriving at key themes, we keep in mind that the 'keyness' of a theme is not necessarily dependent on quantifiable measures but rather on whether it captures something important in relation to the overall research question (Braun & Clarke, 2006, p.82)¹. The following questions were asked between the period March - September and free text boxes were provided to allow social workers to share in their own words.

Covid-19 and social work practice ²

The questions below were asked in this area:

1. How has coronavirus influenced your practice? 14.04.2020
2. How has coronavirus influenced your relationships with families ? 28.04.2020
What are your experiences of completing assessments remotely? 28.04.2020
3. How has coronavirus influenced supervision and multi-agency working? 26.05.2020
4. How do you feel about returning to 'normal' ways of working? 21.07.2020
What is your current caseload? 21.07.2020
Since working from home, do you feel you are more able to keep up to date with your administration tasks? 21.07.2020

¹ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

² The dates shown are the dates the reports were finalised. The questions were shared with social workers two weeks prior to the date shown and they had two weeks to respond to questions.



How did social workers work with families during the Covid-19 epidemic?

Physical home visits continued in high risk situations

One week after lockdown measures were introduced, some social workers said they were still conducting visits where the need was 'necessary', 'critical', 'high risk', [there was] 'significant risk', or [it was] an 'emergency'. Risk assessment took place prior to any physical visits taking place. Practitioners made reference to a RAG rating system, which is a traffic light model of risk assessment (red - high risk, amber - medium risk, and green - low risk) whereby 'face to face visits' were undertaken to [those rated] 'red families'. However, for others there was still a need for 'children to be seen'; as one worker described 'home visits are still being conducted and children seen, despite the risks to workers', further there was some professional anxiety around 'keeping the vulnerable children on our caseloads 'seen''. One worker described the complete lack of PPE in their area: 'as of yet we have no PPE', despite needing to carry out necessary visits.

One month after the initial lockdown measures were introduced (28.04.2020) the core practice of home visiting had changed. For some families, physical presence was maintained through the use of 'garden visits'. Other workers opted to conduct 'video-call visits' instead, with the assistance of a range of technology, which the next section discusses in detail.

"Visiting virtually" with families

'I heard a 4-year-old walked around the house with the camera and show the practitioner her bedroom and toys'.

Where a physical visit wasn't deemed necessary, social workers spoke of 'visiting virtually', and made use of a wide range of technology to enable this. Initially, Skype appeared to be the most popular method of virtual communication with families, followed closely by WhatsApp. Other modes of technology included: Microsoft (MS) teams, FaceTime, and Zoom.

Several workers said they are using Mind Of My Own, and spoke positively of this, which is described by Mind of My Own as 'the trusted app for children's services'. Social workers also spoke positively of using WhatsApp for video calls with families, saying 'it allows for that face to face contact', and 'most families have this facility'. A social worker shared that: 'many families are able to adapt and work with us, for example, facilitating video calls'. Other benefits of using video calls include enabling social workers to 'check on home conditions' and 'the kids love it as it is something different'.

However, one worker felt a sense of 'uncertainty about what [they] can/can't do regarding assessments'. Another commented that 'visits [are] now being completed by skype' and that this 'does not feel entirely adequate', but a different worker felt that 'remote contact with families is working'. As well as conducting virtual home visits, social workers also spoke of having virtual court hearings, activities, and meeting rooms.



Examples of good practice whilst working virtually

The use of toys whilst visiting virtually was mentioned by a couple of practitioners, and was thought to be helpful, enabling the children 'to communicate more easily as the focus is not just on them, [and] creating a more relaxed atmosphere for them'. Some workers have also suggested bringing 'structure' to phone calls, and to ensure that 'meetings are well planned'. One worker said they shared resources with parents 'the day prior or on the day in preparation for the session to aid our working together'. Further, this practitioner was able to make notes on a word document during the session, enabling them to 'upload by the end of the day with reflections and action for the next session'.

Some workers completed direct work virtually by sharing their computer screen. For children who were in school, direct work sheets were sent to the school and completed whilst on a video-call with their social worker. The use of stories and online games with young people, such as 'charades' and 'pictionary', were also creative ideas. Whilst social workers made increased use of communication technology, traditional methods of communication such as 'letters/ notes' and 'sending out resources by post for parents to read and look at' were still being used. This variety of communication options suggests a need to give 'children and families a choice about the method of communication', as one practitioner suggested.

How did social workers working patterns change?

Increasing use of remote working

On 14.04.2020 social workers were increasingly moving towards working from home as the default position, with some workers noting that if they were on duty they were still able to go into the office, and others saying they had 'rota days' where they were able to go in. One worker commented that in their authority, a 'safe space [was] being provided for those struggling to work at home'. It appeared that some staff were supported to help them adapt to working from a home office with the creation and agreement of 'individual working from home plans'. For one worker, they shared that having 'effective management guidance and support and [management] who embraces innovation' made a positive difference in their local authority.

Barriers and strengths to virtual multi-agency meetings

On 26.05.2020 several practitioners noted 'technical difficulties' or 'technological problems' as barriers to successful virtual meetings. There is inconsistency in the platforms different organisations use and promote, therefore 'it is difficult to find a platform everyone can use'. Further, some agencies may be better equipped to attend virtual meetings than others. As one practitioner notes: 'different agencies have access to different technologies as do service users'.

Another challenge was the lack of training on how to facilitate multi-agency virtual meetings. One practitioner shared how staff were given individual reading rather than 'co-ordinated training, lending to different learning styles and how busy people are'. Another practitioner noted that the quality of the meeting is dependent upon 'the number of people on the call and



the technology'. However, one practitioner notes attendance at meetings has increased since working virtually:

'Some meetings have been better attended since we have been meeting virtually, especially where people normally have to travel from different locations across a wide geographical area.'

Looking to the future in social work

Continuing to work from home

Throughout the polling responses many practitioners have expressed a desire to continue working from home. For one practitioner, continuing to work from home is important in the context of flexitime in the workplace. This is because 'it becomes difficult to arrange meetings if social workers have different times but need joint meetings etc.'

Another social worker expressed they want to 'continue with some of the practices which have worked well'. For example, they wish to be able to conduct some virtual visits to young people and to continue 'working from home instead of the office'. Another practitioner echoes a similar sentiment:

'I think working from home works well and would be happy just carry on, and undertake visits and meetings face to face'.

Concern for the safety of families and staff

On 21.07.2020 a couple of practitioners expressed anxiety about a return to 'normal' ways of working. One person does not feel worried for themselves, but for some members of their team and for their family too. Another is anxious about contracting the virus, and the possibility of 'making others ill'. However, another person feels that, if one is careful, and with precautions in place, 'there should not be any issues'.

Increased demand for children's services

On 21.07.2020 some respondents anticipated an increase in the demand for children's social care. For example, a manager of a fostering team states: 'I am anticipating the numbers of children needing foster placements to go up'. Others were already experiencing an increase. For example, 'referrals are gradually increasing which is resulting in more contacts needing to be dealt with'. Another person states they are 'already experiencing the escalation', and the consequence of this is 'working long hours' which they describe as 'unsustainable'. One practitioner, working in learning and development, notes they are 'aware of the service increase in demand already'.

However, for one independent social worker, being able to manage their own caseload helps them to have a 'positive work life balance'; they are in control of how much work they accept to take on, whereas local authority social workers do not have this level of autonomy over their workload.



Increased administrative tasks

On 21.07.2020 some respondents said their workload increased which means having more administrative tasks to complete: 'our workloads increased so although it [working from home] was helpful the increase in workload did not make things easier'. In addition, one person describes how changes to workforce capacity has led to more tasks needing to be completed: 'it has been difficult with fewer members of staff', which led to an 'increased caseload and taking on others' tasks'. Another describes that 'admin has increased since lockdown so [it's] more difficult to keep up'.

Discussion

The Covid-19 epidemic has led to substantial changes in social work practice in England. The core practice of home visiting has changed since the national government imposed social distancing measures in March 2020. Social workers adapted to new ways of seeing families; a new concept of 'visiting virtually' emerged. Some families continued to receive physical home visits if after risk assessment this was deemed necessary. A new concept of 'garden visits' also emerged, which maintained a level of physicality whilst social distancing measures were maintained.

As England eases out of lockdown, social workers have expressed a desire to continue with some of the changes introduced during the epidemic. For example, to continue working from home and to continue to have the choice to conduct video-call visits. These changes, if implemented on a long-term basis, could give social workers autonomy about how and where they work. Social workers will still need to visit the home and see family members in person, however it might be possible to allow social workers to make a judgement call around when this is appropriate. In order to build a clearer picture about this, it would be necessary to hear from young people, parents and carers on this: how have families found virtual visits and meetings and how do they compare to meeting in person? There are also potential benefits to implementing flexible working arrangements on a long-term basis. For example, as highlighted in this report, flexitime could a) contribute to a better work-life balance for social workers, and b) this approach could better meet the needs of the service e.g. through enabling evening visits to families. WWCS are soon hoping to launch the Flexitime programme which is a pilot study, employing a primarily qualitative evaluation, to understand how a flexible working offer impacts social workers' sense of work-life balance, productivity and wellbeing.

The use of technology has enabled social workers to maintain relationships with families and colleagues and to complete remote assessment. There can be technological barriers to communicating online, however a strength is that attendance at meetings may improve in a virtual environment. This variety of communication options suggests a need to give 'children and families a choice about the method of communication', as one practitioner suggested.

Whilst these views are not representative of all children's social workers in England, the views provide insight into how Covid-19 has shaped practice and working patterns during the epidemic. There is an opportunity to build on these insights and conduct further research into the areas highlighted in this report e.g. the use of technology in social work practice, the increase in demand for CSC, flexible working patterns, and virtual direct work and assessment.



Happier Healthier Professionals: Flexitime

1. Do you have any other options for flexitime that have not been suggested?

05.08.2020

In August 2020 practitioners were asked to share views on the use of flexitime in the workplace; this was to inform the development of a research project led by WWCS under the remit of our Happier, Healthier Professionals programme. Ten practitioners put forward several options for flexitime in the workplace and shed some light on the reasoning behind the different options. The reasons put forward for flexible-working fall within two broad categories: being better able to meet the needs of the service e.g. by enabling evening visits to families, and the second theme is around supporting a work-life balance e.g. by working compressed hours and freeing up some time during the week.

Being better able to meet the needs of the service

One practitioner puts forward the idea of having one day a week where you can choose to start later and finish later to enable social workers to visit families in the evening: 'once a week starting later and finishing later to do evening visits'. Enabling social workers to work outside of typical office hours makes sense since children are usually in education and parents or carers can often be in work during the day.

Supporting a work-life balance

A couple of practitioners put forward the idea of working longer days to enable some time off during the week. For example, one social worker puts forward the idea of 'working longer on a couple of days to get an afternoon off'. Similarly, another practitioner puts forward the idea of working 'compressed hours' e.g. 'working full hours over four days', which would enable one day off per week. In this way, flexitime in the workplace could support a work-life balance for social workers.

Importance of option to accrue TOIL

One practitioner raises the point that in the context of flexitime in the workplace social workers still need to have the option to accrue time off in lieu (TOIL). This social worker recognises that there are times when they will work beyond their contracted hours for the week, and so regardless of whether they are working compressed hours or not, they still should be able to claim their time back:

"...this is what puts me off doing a 9 day fortnight is that there will still be occasions where you work over and above your working hours with supposedly no opportunity, within a policy, of taking that time back because you've chosen to work 9 day fortnight."

Use of professional judgement

For another practitioner, they would like more autonomy over the hours they can work in a given day and they touch upon the use of professional judgement:



“As social workers we are being instructed that we cannot work above 7.5 hours per working day. This rigidity is increasing the stress and pressure that we have to work under and removes our professional judgement”.

What are social workers' experiences of training

1. What are your experiences and views of current training? 08.06.2020
2. What other areas do you believe are important for your continuing professional development? 07.07.2020
3. What are your views and comments on the new CPD requirement? 18.08.20
How easy did you find the process of updating your training? 18.08.20
What are your reflections on using the website? 18.08.20
4. If you were to change your career is there any job you would particularly consider doing? 01.09.2020

Experiences of current training

On 08.06.2020 one practitioner felt that training is repetitive, and after a couple of years, you have 'exhausted all the training opportunities...and there is often not anything new'. However, another stated they are 'happy on the whole', but expressed interest for more therapeutic types of training. For another, a lack of 'health specific training' was evident in their training offer. Another respondent shared there is an abundance of training for newly qualified staff in their ASYE, however the availability of training opportunities decreases with experience: 'the higher you progress the less training there seems to be available'. Another staff member said they have sought training opportunities themselves, possibly due to a lack of training, (provided by their employer), that is of interest or importance to the individual.

How training could be enhanced

Practitioners shared some consensus on bringing clarity and emphasis to training for professionals in CSC. For example, the frequency and scope of training should be clear, e.g. 'at least one day's training a month'. Further, another put forward the idea of having 'protected time' for training, suggesting social workers often have competing demands and training may get de-prioritised. Another worker shared that attending accredited training is important to them, e.g. in 'motivational interviewing or systemic practice'. One person shared it would be 'great' to have the opportunity to 'specialise in a particular field' within their statutory social work role. In addition, the need to evaluate the effectiveness of training to find out 'what works' was suggested.

Therapeutic ways of working

Practitioners also shared consensus on wanting training in therapeutic ways of working. For example, one practitioner put forward the idea for all social workers working in children's services to be trained in 'therapeutic parenting'. Another social worker expressed wanting more dyadic developmental psychotherapy (DDP) training and more PACE training, which is another therapeutic way of engaging with families. Finally, one staff member shared that they would like training in 'creative methods of communication and engagement', such as in



‘storytelling, use of media (photography), and circus skills’. This worker expressed that they see social work as an ‘art’, and such creativity could ‘enhance the quality of working relationships and assessments’.

What is important to social workers for their CPD?

On 07.07.2020 twenty-three practitioners shared thoughts on what is important to them for their continued professional development (CPD). Three organising themes were found: Changes to ways of working, Covid specific training pieces, and Singular training pieces.

Changes to ways of working

Two recurring themes throughout the dataset was a common belief in the importance of ‘clinical’ or ‘reflective’ supervision and training in ‘motivational interviewing’. Similarly, two practitioners also suggested the use of ‘coaching’. One person suggested training on becoming a more data-driven organisation.

Anti-racist practice

One practitioner noted the importance of training on ‘anti-racism in social work’. Although social workers are often trained in anti-oppressive ways of working e.g. through a child-centred or person-centred approach, they do not routinely experience training on working with people from ethnic minorities. This is despite over a quarter of the population of children in need being from ethnic minorities (27% at 31 March 2018 in England³) and the vast majority of child and family social workers in England being White British⁴.

Covid specific training pieces

One practitioner expresses that they would like training on the ‘impact’ of the pandemic on the ‘future delivery of children’s social care’. This suggests some people may be feeling uncertain about the future of children’s social care. Thus, having an open dialogue about the pandemic’s current impact, and any potential impact in the future may be helpful. Another person believes that training on practising in a virtual context is important e.g. on ‘chairing meetings’, and completing ‘assessment through virtual platforms’.

Singular training pieces

Strengthening wellbeing, relationships and communication

This theme focuses on the relational aspect to social work e.g., how employees interact with one another and how professionals relate to families in communication. Social workers expressed a preference for training on ‘building positive relationships’, ‘how to manage your manager’, ‘managing conflict’, ‘assertiveness’, and ‘management compassion for staff wellbeing’. For one person, training on the ‘vicarious trauma’ social workers experience is important, which connects back to the reflective and clinical supervision theme above.

³ Department for Education. [Characteristics of children in need: 2018 to 2019 England](#)

⁴ Gov.uk. (2019) [Social workers for children and families](#)



Enhancing direct work with families

Another theme focuses on direct work with families and enhancing the knowledge and skills of professionals. For example, one worker suggests training on:

‘Working with perpetrators, attachment, direct work interventions - helping children with anxiety, anger, grief, loss, domestic abuse, assessments of parenting capacity’

Others suggested ‘back to basics refreshers’, ‘updated risk assessment training’, and training on the ‘change cycle’, to help support parents through change. Similar to a previous month, one practitioner expressed a wish for training in therapeutic ways of working.

What are social workers’ thoughts on the new requirement to record CPD?

‘It’s finding the time to do it! But it seems straightforward enough.’

On 18.08.20 sixty-eight practitioners shared their views and experiences of the new requirement for social workers to record continued professional development (CPD) online. Social workers shared mixed experiences in terms of the process of using the website, however largely people find the process to be ‘straightforward enough’. Some people view the new requirement as a ‘bureaucratic experience’ and others see it as an opportunity for ‘meaningful reflection’. However, an overarching theme is that high workloads and a lack of time are barriers to social workers recording their CPD online.

High workloads and a lack of time

‘...the reality of finding time during working hours to update CPD information alongside ensuring work is completed within timescales can be difficult’.

Many social workers share that the combination of having high workloads and a lack of time are barriers to recording CPD online. Some practitioners describe the process as ‘time consuming’ and that ‘the training takes quite a long time to complete all the required boxes’. One person shares that ‘having time to work out how to navigate the systems is a problem’. Other social workers share that ‘I am so busy with my cases; I have not yet found time to start transferring all my CPD activity’ and that this is ‘more work on top of already high caseloads’.

Others mentioned needing to be ‘in the right headspace’ and taking the time ‘to step back from your day to day activities’. However, ‘no one wants to have to use their own personal time’ [to record CPD] and that after work social workers ‘want to be able to switch off from the role’. For some people, this new requirement ‘adds another layer of pressure and stress to an already overworked and stressful job’.

Ease of the process

Several people found the process easy: ‘very easy but time consuming’, the ‘process is easy enough to do’ and ‘it was a bit tricky at first... but once you get around it, it’s easy’. A couple of practitioners flag that they find navigating the website difficult, in particular accessing the



CPD page is 'confusing', but once they found it, it was 'easy to use'. Following Social Work England's recommendation to copy and paste into a word document proved useful for some people.

A bureaucratic experience

However, for some social workers, although the process can be straightforward, they struggle to see the value of this new requirement. For example, 'just seems like yet another unnecessary change...and does nothing other than put your name on a list' and 'I'm not sure how many people learn by writing, which makes it essentially a bureaucratic experience'. One person describes the process as 'pointless' and another shares that 'the questions are repetitive'. Further, 'it's arduous as the points you need to answer don't always fit the circumstances in which you're working or the training and development event you want to write about'.

Opportunity for reflection

For some practitioners they found the recording of their CPD as an opportunity for reflection. For example, the process 'allows for personal reflection and views rather than being directive and strict to evidence specific learning activities'. Further, 'the templates for recording learning are helpful and encourage meaningful reflection' and that 'it makes sense to keep a record of learning and development'. However, 'it is a long process to record your reflection on learning'.

What other professions do social workers consider outside of their own?

On 01.09.2020 38 practitioners gave free text responses to the question: 'If you were to change your career is there any job you would particularly consider doing?' Whilst several practitioners said they weren't sure what they would do if they didn't do social work, a common theme throughout the responses is a want to continue working with people. Within the responses, both mental health and teaching were frequently cited as popular career changes. Additionally other areas of note were research or academia, development work, or moving between areas of social work practice.

Working with people

Many of the responses were consistent in wanting to continue to work with people. The most frequently cited career change from social work was specialising in mental health e.g. becoming a counsellor, psychotherapist, or psychologist; eight practitioners noted this. The second common career change was teaching, with five practitioners stating this. Several other practitioners said they weren't sure what they would do if they didn't do social work. However, one practitioner said they 'would still like to work with people'. Indeed, another mentioned they would consider 'work with prisoners' on 'literacy'.

Others mentioned changing to a 'different area of social work'. For example, CAF/CASS, Ofsted, 'or something to do with government (local or national)'.



Research/ Academia

A couple of practitioners said they would consider research roles: 'complete PHD (social work) then have social work research role.' And a couple of others mentioned 'academic roles' or 'lecturing' would be of interest to them, or 'working with a university, education around social work'.

Why leave?

Some social workers choose to leave due to working conditions in some local authorities:

'I leave 2 years after I started. I had high hopes but local authority social work is woefully underfunded and it's crushed me'

The social worker above is leaving local authority social work to work for a private fostering agency. Others cite retirement as a reason to leave the profession:

'I want to retire and leave the profession completely. I've had enough'.

Discussion

The continued professional development (CPD) of children's social workers (CSC) is a research priority for WWCS; this is our only research priority area which all of our key stakeholders agree should be a priority. Social Work England is the regulator for social workers in England and this organisation sets the professional and training standards for social workers. Social Work England recently introduced a new requirement for social workers to record their CPD online before 30 November 2020 in order to maintain their registration. We asked social workers about their experience in relation to the online recording of their CPD. Social workers shared mixed experiences in terms of the process of using the website, however largely people find the process to be 'straightforward enough'. Some people view the new requirement as a 'bureaucratic experience' and others see it as an opportunity for 'meaningful reflection'. However, an overarching theme is that high workloads and a lack of time are barriers to social workers recording their CPD online.

We also asked social workers for their views on what's important to them for their CPD. These range from system-level changes such as the introduction of clinical supervision, to Covid-specific training, to singular training pieces. The Covid-specific training includes training on working in a virtual environment and training on understanding the impact of Covid-19 on social work practice and on future delivery. The singular training pieces fall into two broad categories: a) strengthening wellbeing, relationships, and communication, and b) direct work with families. A desire for training in therapeutic ways of working was also a recurring theme throughout the polling responses. Other practitioners suggested ways training could be enhanced e.g. through protected time and having clarity around the expectations of CPD and an emphasis on the importance of development. Another worker shared that attending accredited training is important to them, e.g. in 'motivational interviewing or systemic practice'. One practitioner highlighted that training opportunities should be available to all CSC professionals, regardless of their level of experience e.g. stretching beyond newly-qualified staff in their first year of employment.



We also asked social workers what other professions they have considered outside of their own. Whilst several practitioners said they weren't sure what they would do if they didn't do social work, a common theme throughout the responses is a want to continue working with people. Within the responses, both mental health and teaching were frequently cited as popular career changes. Additionally other areas of note were research or academia, development work, or moving between areas of social work practice. There are many other routes available to social workers with their skills and expertise, however a priority should be on how we can enable social workers to remain in the profession. The reasons behind why local authority social workers may want to change roles or career entirely need to be understood and acted upon. WWCS's research prioritisation exercise found that workforce stability is a priority area for both senior leaders and professionals and multi-agency partners working in CSC.

Although the views shared in this report are not representative of all child and family social workers in England, the report offers insight into how social workers currently experience training and what is important to them for their CPD. There are many ways to move forward with approaching the professional development of CSC staff. In the current climate of the Black Lives Matter movement and the Covid-19 epidemic there may be training needs on a national level e.g. training on anti-racist practice and on working in a virtual context. It might also be helpful for the profession to develop a national development programme which includes accredited training. However, before diving into the design of interventions to support the CPD of CSC staff, WWCS could build a more holistic picture of the CPD landscape. It would be valuable to collate views from each of our stakeholders, e.g. people with care experience, academics, parents and carers, on how they want to see CSC professionals develop and what they think the current training gaps are.