Child Protection Research

Parents’ Experiences of the Child Protection Process
And
Staff Experiences of Working with Parents
A Qualitative Study

Strategic Research Team
Birmingham City Council

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Foreword

‘It is irresponsible not to look back and ask – how did we get here, what has been learned and what has been lost?’ (Olive Stevenson, 2013: 98).

This report on parents’ experiences of the child protection process in Birmingham is of crucial importance in the development of a learning culture in children’s services and the multiagency system.

Social workers are a vital support for many children and families. They also serve to protect children at risk, making many wise and humane decisions. However, all is not well. Some decisions are not so wise and not so humane. Statutory social work is caught in a perpetual tension between the rights of the many to help and freedom from unwelcome scrutiny and intrusive intervention into the intimate spaces of family life and those of the relatively few who come to serious harm. The precautionary principle is constantly in a dance with proportionality. Each violent and, viewed retrospectively, tragically preventable, death has its own effect on this fickle pendulum.

For at least two decades the pendulum has swung in a particular direction resulting in poorly designed national systems, as detailed in the Munro Review. The policy response to high profile events has been to standardise processes and seek ‘consistent thresholds’. This, it has been argued would ensure safety in the system. In fact it has led to a great deal of ‘screening’ behaviour and short-term, multiple assessments in children’s services often at the expense of practical help and sustained relational support.

Social work has become increasingly distanced from most forms of early help and become more strongly identified with child protection with increased anxiety that support for families will be perceived as losing sight of the child. However, we know that even in this terribly emotionally charged and contestable area, families and children can be helped with compassion, and that this kind of practice needs particular forms of organisational culture.

As the report details, Birmingham has been through some turbulent years and repeated negative inspections have had their own detrimental side effects. Attempts to manage risk in the multi-agency system and encourage a ‘referring culture’ can have the unintended consequence of swamping children’s social care. This leads to gatekeeping practices to manage demand which in turn can spawn precipitous reorganisation and instability. Meanwhile other agencies feel they are left holding unacceptable levels of risk and thus they are compelled to refer. This is very hard to fix, but current plans to build stability into the system and prevent unnecessary changes of worker is the right way to go.

Social workers and managers have been caught in a sea of contradictory imperatives and, along with many other local authorities, attempts to manage complexity have too often led to complicated structures, systems and sign offs and an attempt to slice practice into simple chunks. What is needed instead is a simple organisation supporting complex work.
This report shows that, in spite of these conditions, excellent work can take place and it is really heartening to see families describe this. However, there are troubling accounts from families which describe what appears to be a rather authoritarian and process driven approach by some. It seems some families are not receiving information before conferences, couples are being instructed to separate without any clear idea of for how long, or what must change and it seems without any relationship-based work being offered. That this kind of practice exists is not surprising given the context, but it needs to change.

A key step identified in the report is ensuring that parents are able to access advocacy and independent advice. The child protection process is terrifying and can lead to one of the most coercive of the state’s interventions in family life – the removal of children. Parents should not be facing this without independent support. Child protection can be frightening for social workers too and they need manageable caseloads and high quality supervision. The organisational structures and culture need to be open, honest and just. A just culture does not mean tolerating everything; it means acknowledging mistakes and learning from them. Team managers are crucial in promoting such a culture, as are their managers in turn.

Some aspects of this report will be hard for practitioners and managers to read, but it contains vital organisational learning. Parents have spoken about the kinds of practice that help them to care for their children better. These are often very simple and being listened to is crucial. Listening to parents is key to keeping children safe. It is particularly urgent in the current climate of austerity that services can recognise the centrality of everyday struggle in the lives of families and are able to have complex, compassionate and humane conversations about everyday coping, and about insecure relationships, intense emotions and the experience of poverty.

This report makes some important recommendations which I know are supported by the Service Director. It is an important step on the road to cultural change.

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Section One: Executive Summary

Introduction
The Strategic Research Team (SRT) was commissioned by Birmingham City Council's (BCC) Director for Children Services to undertake a detailed study into parents’ and families’ experience of the Child Protection (CP) process in Birmingham. The SRT is a BCC function, but operate independently form Children Services.

During the research, the SRT worked with the University of Birmingham Social Work Academy who acted as advisors on the social work profession as well as a critical friend helping to ensure high standards of research.

I am totally confident that this represents one of the most comprehensive pieces of human testimony research into parent experiences of CP. The findings offer a real life insight into CP in Birmingham and the research reaches tangible and practical recommendations at a time when improvement is recognised as an imperative. The executive summary will highlight the key messages, a full set of recommendations are in the main report.

Methodological Note
The research combined four activities, namely: (1) literature review; (2) in-depth interviews with 19 parents; (3) staff focus groups with Social Workers/Team Managers/Conference Chairs and (4) a staff survey with Social Workers and Team Managers. Interviews and focus groups were recorded and transcribed to ensure accurate capture of participant input. Results have now been fully analysed and evidence appraised.

Social Work Practice
An overall theme arising from the research was that the nature of social work practice is currently too focussed on monitoring and process. Families feel disempowered, judged and often unclear what they must do or how they should do it. Parents wanted and needed more hands on practical support and better relationships with Social Workers. Parents and staff agreed that hands on and practical support should be at the heart of social work practice with families.

The benefits to practice are both the immediate help and support a family will receive as well as building better relationships between families and the Social Workers and agency workers they encounter. For example, supporting in the home, helping to arrange appointments, accessing funding for childcare places, supporting families with transport to access services, etc.

Getting to know families better through practical hands on support should help to engender greater levels of respect, compassion and manage the power differential. It is easier to pass judgement, set challenging goals and offer supportive critique from a position of earned respect and mutual understanding.
Home Visits

The research found that Home Visits should continue to be at least fortnightly, on the basis that if a child’s situation warrants CP status a fortnightly visit, if not more frequent, will be required. It is important that a service standard such as a requirement to visit fortnightly does not become a ‘hard-wired’ planning expectation. Each case should be considered on its merits as the family travels along the CP journey. It is conceivable that more frequent visits may be necessary. From a monitoring perspective, it is more important to know if a family has been visited when needed as opposed to simply how many within a pre-determined time window of two weeks.

Opportunities to improve Home Visits were identified by the research. Parents perceived Home Visits as a monitoring exercise and stressed a preference for hands on support to achieve positive change with the family. This requires space for professionals to get to know parents, children and the family context. Simple examples include Social Workers planning visits at time of the day when they are going to be able to see both parents and children. This is sensible to observe the child and how they interact with the parent (as well as fulfilling the obligation to see the child) however it does not necessarily provide an appropriate opportunity to have the full attention of the parent when the children present. This may require a visit aimed solely at the parents.

To make Home Visits more useful CP staff and parents felt there should be greater preparation, a structured approach and more meaningful interactions with families. It would be beneficial to focus a Home Visit less around being able to say it was done to being around the plan, setting expectations and providing support with space to listen and communicate.

Working with Children

The research found that in general parents felt Social Workers were good at tailoring communications and visits towards young children and their needs. However, communicating and working with older children is more of an issue. Social Workers need to consider different approaches to engaging older children. Considerable frustration could be avoided by reducing unnecessary repeated questioning or providing clear explanations.

Parents felt the negative impact of the turnover of Social Workers was more keenly felt by children, both in breaking down existing relationships where trust has been built and in having to re-tell their often upsetting experiences.

Parents also felt children were placed in difficult situations because of CP, for example when Social Workers visited them at school and/or teachers treated them differently.

The Focus of Casework

It is accepted that the safety of the child has to be the main outcome focus and concern in CP. However, where children are to stay with the family, it is imperative that all components of family life are considered. This means that parents must also be a priority focus. The research found that disengaged parents were often an obstacle in progressing CP cases towards a resolution. A typical example would see a static risk posed by a father/partner absent from the home and currently not engaging. Where the
mother is engaging well, in this situation, a way should be found to carry this risk in a reduced status to CP, reducing the burden on the mother. The research also found partners should be engaged more actively from the beginning of the process, with more effort put into the absent partner. From the outset, written (separation) agreements should include consideration of their medium to long term effect (e.g. the emotional impact on children). If family reintegration is the aim, there needs to be a clear understandable set of behavioural based milestones on a clear path toward family integration. Otherwise it should be made clear to the family that reintegration is just not going to be possible, and this will prevent the process from being prolonged unnecessarily.

The caseload burden and associated shortages in social work staff, including more experienced staff, represents a challenge to adopting a more hands on and relationship based approach.

The research found excellent examples of practical support in social work practice, showing, in the current context, this approach is possible within existing resource constraints. New investment provides more capacity to adapt but change will not necessarily occur naturally; this may also require a change in the philosophy and culture of CP. Actions should be taken to lay out social work expectations in a good practice guide with minimum standards based on laying a foundation for hands on social work practice.

**Child Protection Plans**

The research found that parents’ experience and expectation of CP plans was poor and the plan was not properly used as the central mechanism for parents. Some parents felt that fulfilling CP Plan actions did not lead to any direct consequence such as a reduced risk status. Many actions within a Plan were based on fulfilling activities, such as attend an anger management course, as opposed to focusing on the required behaviour change.

It was difficult for parents to understand how much progress they had made and how much more they had to achieve before CP could end. They often reported ‘moving goal posts’, with little or no explanation for new actions on the plan and actions assigned to professionals or agencies being deferred or changed. Parents felt they had little influence over Plans and that their feedback was not part of the process.

It is recommended that CP Plans have a clear risk rating that can be shown to parents and adjusted over the time of the CP case. The expected or planned actions by professionals need to be monitored. Plans need to focus on behaviour change, and completing an action (or failing to do so) needs to have clear consequences. Social Workers need to explain actions, why the required actions may change and find space in the plan to accommodate parent feedback.

**Conferences**

To parents, conferences are a daunting prospect and are ultimately a hostile, intimidating environment where potentially life shattering decisions are taken by officials they do not know. It is clear that parents are under significant stress and it is difficult for them to engage in such a process without sufficient support. Support can be in many
forms such as help with arranging childcare, non-English language support, pre-preparing a statement, pre-meetings, simple tactics or strategies such as note taking.

Too often parents were ill-prepared because they did not receive a report in time or at all, minutes were not translated to actions quick enough, language was inaccessible, there was no pre-meeting with the Social Worker or the Conference Chair. Sometimes there were perceived U-turns where recommendations presented to conference were not followed and insufficient explanation was given.

It is recommended that to help parents engage better, they should be encouraged to use advocates or find someone who can support them in preparing for and attending conference. It will improve the experience for parents but also help the conference reach better reasoned judgements that the parents can, if not buy in to, at least understand and rationalise.

During a conference it would be preferable to allow parents to speak at the start and then be encouraged to contribute throughout. Whilst parents do not have a vote at conference, it would be good for parents to see their opinion or feedback on a decision or issue recorded. It would help if conferences could be less formal and therefore less intimidating.

The research found inconsistencies and issues with the role of the different professionals around the conference table. Agencies need to take more responsibility and accountability, demonstrate a greater level of preparation and provide consistent and honest input. Parents and staff reported cases where advice or input from an agency in the informal core group changed without warning in the conference setting. It is agreed that Social Workers must have the ultimate responsibility for working a case but this does not negate the responsibilities of others, and does not mean ‘blame’ should be targeted at Social Workers. There should be collective accountability.

A case being rated with poor progress does not directly imply poor social work practice. Social Workers described palpable fear at attending some conferences due to the expected blame, attitude or approach they would expect from the Conference Chair or agencies present.

It is conceivable that there should be few surprises at conference as recommendations should be shared and sounded out, and issues addressed before the meeting.

There were issues identified with the role and approach of Conference Chairs. Some parents felt that they were not listened to enough and that Chairs did not take account of their views sufficiently. It is recommended that the practice of Chairs be reviewed through models such as 360° assessments, which use anonymous input from peers, Social Workers, agencies, Team Managers and possibly even parents. This would give Chairs a helpful insight into how they can best conduct the conference meetings and their preparation.

**Core Group**

Parents struggled at times to see the value of the core group meeting and Social Workers said they were less likely to attend than conference. The lack of perceived value may stem from a lack of preparation such as timely distribution of the notes; the
apparent disconnect or inconsistency between what is discussed and planned at core
group and then at conference; a wavering commitment by agencies who require greater
clarity on their role in CP cases; moving goal posts and the lack of tangible progress or
consequence resulting from actions taken.

It is recommended that steps are taken to both address the issues listed, as well as gain
a deeper understanding of why parents are less likely to engage with core group. For
example, core group meetings could be less formal in a setting near home. Agencies
must demonstrate commitment and engage appropriately, supporting the Social Worker.
The core group needs to be the custodian of the CP plan and therefore constantly link
action to consequence and demonstrate progress (such as reduced risk) to the parents.

Organisational Practice

In December 2013, BCC began a considerable new investment in CP staff resources.
This appears to be an excellent move forward and reflects many staff resource issues
highlighted by the research. Through the insight gathered on parents and staff
experience, the research is also able to consider the impact of planned changes and
recommend ways to add value to this investment.

Structures and Relationships with Families

Accepting the recommendation to move to a more hands on and relationship based
model of social work practice the organisation needs to consider what it can do to help
make this possible. A significant factor is the caseloads of Social Workers, Team
Managers and Conference Chairs. This is being tackled for social work teams by
increasing numbers, which can facilitate change in a number of ways. (1) More
continuity; (2) time for hands on support; (3) planning and delivering meaningful home
visits; (4) building effective relationships; (5) better coordination of agencies and (6)
better preparation.

However, the research concludes that improving the caseload ratio may not change
social work practice in and of itself. Social Workers that have worked with BCC for even
a few years are some of the most experienced and have largely worked in an
organisation used to a monitoring form of social work practice. It cannot be assumed this
transition will happen as a matter of course. As mentioned previously, guidance to social
work practice needs to be clearly articulated and communicated, setting out the
expectations of all BCC staff and agencies in the process.

Critically, learning and development opportunities, and mentoring arrangements, should
be established to help staff develop and/or change their model of working. There is
need for a cultural change in practice, this will take time to develop and will require
resources and support. In supporting staff development needs, the Service should also
explore whether skills gaps remain as a result of the move from specific to generic
teams, and provide corresponding opportunities. Achieving the new ethos that the
change in social practice requires will also need appropriate targeted training,
development, monitoring and supervision. There is some evidence of good practice and
BCC need to find ways of sharing this practice through peer support, mentoring and
training.
Team Managers play an important role as the route for escalation for Social Workers with an oversight of the whole team caseload. Some Team Managers said they found it difficult to offer case level support to Social Workers and due to the caseload they felt had an insufficient knowledge of cases. The increasing numbers of Team Managers will help to find the opportunity to better support Social Workers, in particular with difficult cases or issues that are arising, and help share some of the accountability. Team Managers should also use this capacity to build better relationships with the Conference Chairs to help prepare for conference especially where a Social Worker needs support.

Caseloads are also an issue for Conference Chairs, who reported typically having to do two or even three conferences in one day. This offered precious little time for pre-conference preparation or post-conference assessment. In addition, Chairs also questioned their new citywide team model. It is more difficult to build relationships with the other case professionals from either BCC or agencies when case conferences come from the whole city area. The Chairs felt there were benefits from building regular professional relationships and this continuity helped in particular with generating a sense of shared responsibility and a desire not to let each other down. The new investment in CP staff does not include an increase in Conference Chairs, so unless there is a significant reduction in overall case numbers over a sustained period, Chairs will continue to be overstretched.

Administration of conferences and core group is also something that needs consideration. The research concludes that the quality, consistency and timeliness of necessary paperwork can be problematic. Key examples include: minutes from conferences or core groups, Social Worker reports, CP Plans which all suffer from a lack of timeliness, accuracy, consistency and use of language.

**Partner Agencies**

The overall summary is that agencies can and should make a significant contribution to CP cases but, at present, agency contribution is inconsistent. Agencies can act as a positive, less judgemental influence to parents and families, and can find it easier to build effective relationships. However, the balance is that agencies cannot devolve themselves from decision making and just play the ‘good cop’ to the Social Workers ‘bad cop’. The Plan and its application must be consistent and delivered as a team around the family.

Areas for improvement included: attending and contributing at core group or conference; meeting deadlines for sharing of reports; regular verbal updates; taking a shared responsibility; being consistent between core group and conference.

At a more strategic level agencies need to take a lead at, and be accountable to, the Birmingham Children’s Safeguarding Board (BCSB). Agency leads need to consider how they monitor and plan input into CP; what mechanisms or contingencies exist to deal with service issues or delays; consider how CP cases can be given priority status; how to train, develop and hold their own staff to account; what can the agency do at an earlier stage to prevent an escalation to CP status?

It is recommended that there should be a CP mechanism to monitor the contribution of all agencies to ensure positive and negative performance is reported regularly to BCSB. Its members should be responsible for addressing issues within their organisations and
reporting back to the BCSB on progress. In turn, the BSCB must be seen to be holding other agencies to account.

**Timescales**

The research found particular aspects of CP cases and/or the process seemed to commonly affect its length. If a case is determined to be of CP status the level of risk warrants significant resource input and therefore it is important that cases do not remain CP status longer than absolutely necessary. In a number of the cases the parents felt the level of risk seemed to have reduced families were at a loss to see what else they needed to do and cases seemed to be static awaiting a conference that could be some months away.

In this situation it may be possible to consider whether a conference can be brought forward or a case flagged as 'proposed de-plan'. This offers an opportunity to release precious resource and deplan sooner so that a family can be taken out of CP. This is a significant benefit to children, their parents and families who find the situation incredibly stressful.

Another aggravating factor affecting the extended length of cases was when core group members felt progress had been achieved, but at conference decisions were taken that undermine this and set progress back, according to social work staff and parents. This disagreement would be considered 'out of the blue', as opposed to being something that was picked up and discussed as part of the preparation. Sometimes this was due to the late presentation of issues by agencies, and sometimes due to difference in opinion between core group members and Chairs about what needed to be achieved.

If the preparation and core group work is done appropriately, with information being shared in advance and with stakeholders consulted and engaged, a 'surprise decision' should not be as common place as they seem to be. A lack of confidence to use less intensive interventions and/or make earlier decisions at conference to deplan cases may also affect timescales, particularly given the media focus and government scrutiny.

Mothers also reported that disengaged fathers were a major factor in slowing the progress of cases. In particular, where a significant risk was posed by an absent parent or partner, how can the risk be reduced so that the case can be de-planned? Answers may lie in extra efforts to engage the absent parent, or in some cases tough decisions may need to be taken to avoid having a case continue in perpetuity.

**Risk Levels**

Team Managers felt due to resource restrictions and high risk levels, CP cases in the system were now at the highest end of risk.

However, in a number of cases the parents felt that their case was not sufficiently serious or the risk had reduced so it no longer warranted CP status. They also felt that they were being victimised as a result of an overzealous Service, whose judgement is being affected by its own mistakes and how they have been played out in the media. Some esurvey respondents also felt families were going through CP who should not.
Although parents may be expected to have this view, often they were unable to explain why there case was still sufficiently risky. It seemed parents did not have the full picture of risk, either because they did not understand this or it had not been communicated to them; alternatively parents may not want to acknowledge the full picture of risk. Self-awareness and recognising the problem is often a major step forward; this means that getting messages across to families about the risks they pose has to be a focus as well.

It is recommended that BCC consider creating a risk rating for each case so that risk is more transparent to all parties and consistently applied. It can be used as a tool with families as well as a tool to strategically manage risk levels.

The risk rating approach should not be based solely on set criteria and remove professional judgement. It is conceivable, however, that certain factors will be consistently acknowledged elements of risk and these can be consistently measured.

BCC needs to consider its strategic approach to risk management and consider how, with partner agencies, it handles the tricky aspect of responsibility, accountability and acceptable risk. With the situation as it is, these issues translate into a blame culture which must be avoided. More needs to be done to monitor and plan services for children and families earlier to prevent escalation to CP status. A more thorough assessment at the start of a CP process before initial conference would allow for a better informed decision and make it easier to ‘nip the case in the bud’. It is easier to share information and collectively plan when there is urgency associated with a high level risk to a child’s life. Ways need to be found to create the same sense of purpose, responsibility and urgency to prevent escalation before risk reaches this dangerous level.

Reputation and Image

Safeguarding in Birmingham has widely been reported as failing the most needy children and families in the city. The damage to the reputation and image of safeguarding services in the city is a real issue. It affects the confidence parents have in the service they receive when in CP. It affects the confidence Social Workers and other practitioners have in working a case and making difficult decisions. It affects recruitment and retention of skilled social work professionals.

Enhanced remuneration packages will help but ultimately Birmingham needs to be known as a rewarding place to work beyond the salary on offer. It is therefore imperative that BCC and its partners work hard to restore confidence in the Service.

As good news stories come out of the cultural change being embedded, these need to be effectively promoted to new and experienced Social Workers. In addition, safeguarding professionals need to have peer and professional support mechanisms that can help build confidence but also provide a safe environment to share issues and look for solutions without the risk of being stigmatised.

**Steven Rose, Head of Strategic Research**
Section Two: Background

Birmingham Child Protection Context
This Research was commissioned by the Children, Young People and Families Directorate (CYPF) at Birmingham City Council (BCC).

Birmingham has been working in a challenging CP context for some years. In February 2009, the Council received an Ofsted improvement notice in relation to its CP Services. This was followed by a further improvement notice in September 2010, and the last Ofsted inspection in September 2012 gave the Council an inadequate rating.

In November 2013, the Department for Education announced the intention to form an improvement task group in conjunction with the Council to focus on BCC’s plans for change. Senior Management in the Council have been very open about the need to improve standards across Children’s Social Services (CSC) and are keen to work with Ofsted to achieve this.

As part of a drive to improve standards, this research was commissioned into parents’ experiences of CP to shed new light on what is known about how services are performing at the receiving end.

CP has a high profile not only in Birmingham but across the UK. Serious case reviews reported in the media highlight the worse cases, where children have been killed as a result of harm caused by the people who should be ensuring their safety and care.

The death of Khyra Ishaq and Keanu Williams, and poor ratings by Ofsted, has created an extremely challenging environment. Staff and systems are scrutinised, and change set in place; to date, this has not succeeded in addressing the root causes. As the situation continues the ability of the Council to attract and retain experienced and talented staff to the city becomes harder.

The Council would like the appointment of a new lead for the Council’s People Directorate, and Ofsted’s focus on delivering change, to mark a new chapter in the Council’s approach to CSC. Management want to learn from lessons of the past and decisions are being made to recreate smaller and localised teams, which Social Work staff felt are more effective. Significant investment is being made in CP Services and CYPFs budgets have been ring fenced at a time of great austerity. The Council acknowledges this is essential to achieve the changes required.

There is however much work to do. Investment and goodwill do not automatically translate into improvements in practice. Detailed action plans are being developed and support is being put in place to deliver change. We hope the findings and recommendations of this research will be utilised by the Directorate in forming and implementing their future plans.
A Focus on Parents
CP is about the needs of children, ensuring they are not suffering or are not likely to suffer significant harm. Whilst parents/adults may be the cause of harm, they can also be the agents of change. Parents may be able to reduce or eliminate the risk they or others present to children, allowing children to remain at home. This is obviously not the case in all situations, and some children need to be removed.

Underpinning this research was a desire to explore how parents could be engaged more effectively in CP, to make the most of this potential for change and to create better outcomes for children.

The research did not involve children and young people as participants. Whilst this would be highly desirable, the Research Team do not have experience of interviewing young and very vulnerable individuals. Children were not involved due for this reason, as well the more complex ethical issues and procedures, which would require specialist skills in child research.

CP Policy Context

Munro Reviews
In June 2010, the Secretary of State for Education commissioned a review of CP services with a focus on ‘what helps professionals make the best judgments they can to protect a vulnerable child?’ The process signalled a national acknowledgement that CP needs to change.

The resulting Munro reviews (2010, 2011) highlighted major weaknesses in CP systems, procedures and practice due to an overly bureaucratic and compliance culture, concluding:
• CP is a defensive system that puts emphasis on procedures and recording, and insufficient attention on developing and supporting the expertise needed to work effectively with children and families.
• CP needs to move from ‘doing things right’ – following procedures – to a system focused on ‘doing the right thing’ – ensuring children and young people are helped.

Munro asserts the need to develop a CP culture centred on professional expertise and the safety and welfare of children. The reviews call for Social Work to be re-positioned in the relationships developed with families and children, and in the application of professional judgement. In doing so there is a need to improve training and continuous professional development throughout Social Work careers.

The reviews also conclude local authorities and other agencies working in CP need to be better at monitoring, learning from and adapting their practice. Performance monitoring needs to look at the contributions of all local services and how effective they are at meeting the needs of children and their families, both in CP and in preventive early interventions.

Reflecting on Munro and the Research
The research demonstrated the strong influence policy and procedures have in dictating the work of CP staff, restricting them from playing fuller and more meaningful roles with
families. These included: set timescales and activities for Home Visits (HVs), assessment timescales, daily morning and afternoon conference meetings for Chairs etc.

SWs and parents talked about the need for SWs to have more decision making powers and the ability and capacity to provide more hands on support to families. All CP staff agreed SWs are greatly restricted in their scope to do meaningful Social Work within the current operating system and resources.

CP staff also spoke unanimously about the need to introduce more holistic monitoring of CP activities; moving beyond what SWs perceived as a focus on assessing their practice to a focus on the contribution of all agencies, including mechanisms to promote accountability.

**Working Together**
Munro also recommended a reduction in statutory guidance governing CP practice. In doing so it recommended that the primary statutory guidance ‘Working Together to Safeguard Children’ (2010) should be reworked to ensure the rules that must be followed are explicit, as well as areas where staff can use their professional judgement.

The revised ‘Working Together’ (2013) focuses on the core legal requirements of CP. The governing principles are:

1. **Children’s needs are at the heart of CP** - systems and the needs of adults should not take the focus away from children. Children’s views should be heard; stable relationships should be developed with Social Work staff and agencies; children should be informed and involved in the process and decisions; children should be seen by professionals and their views taken seriously, and they should be supported.

2. **Safeguarding is everyone’s responsibility** - all child focused agencies have a responsibility to keep children safe. Each agency must play their full part identifying concerns, sharing information, taking prompt action and work in collaboration.

**Reflecting on Working Together and the Research**

- **The needs of adults should not take away from the needs of children:** ‘Working Together’ highlights the needs of children and adults can sometimes be in direct conflict in the CP process. Focusing overly on adults’ needs may not enable children to stay safe, and acting in a timely fashion to meet children’s needs may not enable adults the required ‘space’ to change. The research found evidence of this, highlighting points at which the needs and rights of children and their parents/carers require different approaches and the difficulties Social Work staff have in balancing these.

- **Children should be seen and their views taken seriously:** Children’s voices were not directly captured by the research, however parents’ and staff perceptions of children’s experiences were. This highlights that while children are routinely seen, and some staff are skilled in developing relationships with them, they do not seem to be actively involved in the process/meetings, can suffer from unstable relationships and can find the process incredibly frustrating.
• **Safeguarding is everyone’s responsibility:**
  The role of other agencies in CP is a consistent theme in the research, particularly in the feedback from CP staff. BCC staff feel agencies need to recognise and play a fuller role in CP, taking real responsibility and not viewing safeguarding as a local authority concern. Agencies often have good relationships with families and offer valuable services, but more active information sharing and a more proactive approach was often called for from both parents and staff.

**Birmingham Children’s Safeguarding Board**

‘Right service at the right time’ Meeting Children’s Needs: My Agency’s Responsibility, May 2013

Birmingham has adopted a policy of the ‘Right service at the right time’, with a focus on early help and common assessment of all the child’s and family’s life to create the best support package.

The level of response required by agencies should be based on an assessment of: 1) Children’s needs, 2) Parent and Carer factors, and 3) Family and Environmental factors.

Lower need levels are met through Universal Services and/or signposting to other support, rising to a co-ordinated targeted response bringing agencies together to support the child and family. At the highest level specialist responses and the provision of immediate services is required where children are at risk of significant harm or impairment.

The document asserts this model should be used to support ‘professional conversations between services, and develop quality and consistency of assessments.

**Birmingham’s Transformation and Improvement Plans**

**Cabinet Report and Integrated Transformation**

In December 2013, BCC published an ‘Integrated Transformation – A Strategy for Improving Services for Children and Young People in Birmingham’. This was supported by a Cabinet Report for considerable investment in CSC staff: increasing the number of management and social work posts, up-grading experienced staff; and using incentives and re-branding to attract and retain staff.

The Strategy document identifies weaknesses in Birmingham’s CP systems and culture, including:

- Birmingham partners do not have a good history of working together.
- Improvement plans have focused on short term tactical work and not embedded in improvements.
- Unstable leadership and constant restructuring, having a negative impact on Birmingham CSC as an employer.
- Poor change management.
To address these, it commits to:

- Stabiles staff and fill a substantial number of remaining vacancies.
- Improve front line practice and achieve consistency in practice.
- Establish and maintain an operational structure staff understand and can operate safely within.
- Create smaller operational teams – in local hubs - with closer management support and oversight.
- Stabilise leadership and have a robust plan to achieve a change in practice.
- An honest staff feedback loop.
- Professional leadership through a senior level Principal Social Worker.
- Strengthen the corporate parenting role from the wider group.
- Establishing a new relationship with partners – with a shared vision, clear expectations and roles and integrated commissioning and delivery. This will include multi agency audits of local hubs.
- Greater engagement of children and young people to ensure the strong voice of a child.

The strategy marks an intention to get ‘back to basics’ and concentrate on core elements of the process, in particular SW front line practice.
Section Three: Methodology

Research Aims
The research had a broad and an explorative aim:

*Involve parents in primary research to gain an in-depth understanding of their experiences of the CP process in Birmingham: what is working, what is not working and how can it be improved for families.*

To develop a fuller picture of CP practice in the city, the research also involved CP staff to capture their experiences of working with parents. Focus groups with staff were also used to test out and refine draft recommendations to ensure they are relevant and realistic to the people running and working for the Service.

Research Activities

**Background Activities:**
Several background activities took part during the planning of the research to familiarise the researchers with CP policy and practice and to develop a sound research design. This included:

1. Submitting a research governance and ethics application for approval to the Council’s Continuous Improvement Team.
2. Undertaking a literature review into existing studies, and national and local policies.
3. Meeting with key CP personnel and the Chair of Birmingham Children’s Safeguarding Board to define the scope and focus on the research.

**Collaboration with the University of Birmingham:**
In the early stages of the research design process, a collaboration was also forged with the University of Birmingham to support the Research Team with this project. Two academic advisors - Professor Susan White and Mark Chesterman – Director of Post Qualifying Programmes (social work) – were identified to act as critical friends throughout all the research stages, including: research design, creating the research tools, analysis, report writing and dissemination. This was made possible through an existing partnership the Council have with the University – The Public Service Academy - and the University’s generous contribution of staff time.

The University also provided the Research Team with two days of tailored training on CP policy and procedures, and engaged the Team in role-play with an actor to practice interview skills with this target audience.

**Parent Research:**

*Interviews summary*
17 face to face in-depth interviews were conducted involving a total of 19 parents and/or partners of parents, who had been or were currently involved in the CP process. In five of the cases both parents/partners were interviewed, hence in total 14 cases were covered by the research.
Eight men and 11 women were involved in the interviews. 11 interviewees were of white ethnic origin; two Black Caribbean, three Black Other, two Pakistani and one Indian.

CP SW Teams are divided into geographical areas in Birmingham. Five of the 14 cases came from the West and Central area, four from the East, three from the South and three from the North. In addition there is a city wide disability CP Team from which two cases were involved.

Of the 14 cases the breakdown of CP category was: six emotional, three physical, three neglect, one neglect/emotional and one multiple.

Interview process:
Interviewees were given the choice of where the interview was conducted; in the main they took place in parents' homes, and a few took place in non CP related Council offices. Interviews were conducted in July, August and October 2013.

Interviews lasted between one and two hours. Consent to participate in the research was gained at the start. All interviewees received a £35 shopping voucher to thank them for their participation. A standard interview schedule was used, however this was a guide and interviewers had the flexibility to structure the interview and refine the questions to the case. All interviews (excluding one) were conducted with two interviewers. Interpreters were used in two interviews where English was not the parents' first language.

Interviews were recorded (excluding one at the interviewee’s request) and professionally transcribed by an external company.

(See Appendix A for a detailed explanation of the interviewee recruitment process and Appendix B for the interview consent and schedule materials.)

Interviewee confidentiality:
Interviewees were informed that interviews were confidential and the notes/recordings would not be shared with anyone outside the Research Team. This was set out in the consent forms.

Quotes contained in this report have been altered to protect individuals’ confidentiality, whilst remaining true to the message being given by parents.

Interviewees were informed that if they provided any information that indicated they or someone else was in potential danger that this information would need to be shared with the police and/or other relevant agencies.

Social Work Team esurvey:
An esurvey was designed to explore SWs’ and TMs’ experiences of working with families; again with a focus on what is working, what is not and how it could be improved. The survey involved 44 questions; 13 open and 31 closed questions.

The esurvey was administrated on SurveyMonkey; see Appendix C for a blank copy of the survey.
An email was disseminated to the Social Work Teams from the Service Director, explaining the purpose of the research and providing the link to the esurvey. The survey was sent in early September 2013 with a three week deadline. Reminder emails were sent directly to SWs' and TMs' email accounts. The final reminder extended the deadline for a week.

A total of 41 responses were gained, from a list of approximately 300 targeted SWs and TMs, giving an approximate response rate of 14%.

**Staff Focus Groups:**
Three focus groups (FGs) were held with three different groups of staff (one with each): SWs, TMs and conference Chairs. These took place in November and December 2013. A total of 24 staff took part.

For the SW and TM FGs, staff were randomly selected from a telephone list. This was divided by Teams and generally two members were secured from each geographical area. Nine SWs and six TMs attended; one SW and three TMs who were registered to attend did not. The SW FG aimed to include a mix of staff roles including 'Assessed and Supported Year in Employment', SWs and Senior SWs.

All Chairs were invited to their FG, given the small size of this team (12 in total). Nine Chairs attended.

The FGs concentrated on the main themes coming from the research: Home Visits, Conferences, Child Protection Plans, Social Work Practice and Written Agreements. Findings from the interviews and esurvey were shared during the FGs, along with draft recommendations for discussion.

Where appropriate, the findings of earlier FGs were incorporated into the proceeding sessions with other staff members. The FG facilitators had the flexibility to explore themes raised as important issues by each staff cohort and to vary the amount of time spent on each theme.

Staff attending the FGs were briefed on the purpose and how the information would be used beforehand and at the start of the session. Consent was also gained electronically. Sessions were digitally recorded and professionally transcribed by an external company.

(See Appendix D for a note on the confidentiality of the staff research activities).
Notes for the reader on ‘Findings and Recommendations’:

Section Four of this report summarises the findings of all the research activities and gives recommendations for consideration and change across a range of themes.

Readers are asked to note the following:

- Not all parents interviewed commented on all issues, hence where frequencies are given against parent findings these may not add up to the total of 19 interviewees.
- 41 CP staff completed the esurvey; this involved both SWs and TMs. When findings are presented as feedback from esurvey respondents, they will therefore reflect the views of either SWs or TMs, or both. Not all esurvey respondents answered each question; the total number of responses for each question is referenced in the footnote on the relevant page.
- The FGs were recorded, however the transcripts do not always allow the analyst to accurately report how many participants agreed with or articulated specific findings; hence frequencies are not given. However, during the discussions the researchers did ask participants whether there was general agreement on commonly shared opinions, hence the report indicates these areas of agreement.
- Parent interviews were based on those individuals’ specific experiences of CP. CP staff feedback was based on their general experiences of working in CP and not the specific cases explored in the former.
- Terms/abbreviations used in the findings and recommendations section include:
  - ‘Parents’ - to refer to the face to face interviews conducted with parents or the partners of parents about their experiences of the CP process.
  - ‘TMs’ – to refer to findings from the Team Managers Focus Group.
  - ‘SWs’ – to refer to findings from the Social Workers Focus Group.
  - ‘Chairs’ – to refer to findings from the Chairs Focus Group.
  - ‘esurvey respondents’ – to refer to findings from the Social Workers and Team Managers esurvey.

(See Appendix E for a note on the analysis process.)

Readers should also note that the Research Team are a separate Council department to CSC and are not CP experts. As such, although efforts have been made to keep up to date with changes in the Service and to understand working practices, the recommendations may overlap with existing proposed changes or may already form part of the Service’s practice.
Section Four: Research Findings and Recommendations

Home Visits Findings

Parent Views of Home Visits

Experiences of Home Visits
Parents viewed Home Visits (HVs) predominantly as a monitoring activity. They spoke about SWs checking round their house, asking questions about the children etc., but rarely about receiving support.

A few parents were confused about inconsistencies in practice, with SWs checking round their house on some HVs but not others. They felt if SWs were at the house it should always be checked, they had prepared for the HV and wanted this acknowledged. Several also stressed having nothing to hide.

One parent suggested separate HVs to see the children and another to focus on working with and supporting parents when children are at school.

Unannounced Home Visits
Generally parents did not show hostility when recalling HVs. Some, however, found unannounced visits to be inconvenient, often occurring around mealtimes.

Some parents felt there should be more unannounced HVs for high risk families, but they did not feel their own family fell under this category. It was clear they were reflecting on high profile cases in the media, and contrasting their own situation with these. Some demonstrated a genuine concern that not enough was being done to protect these children.

Others stressed unannounced HVs are important to see the full family picture:
‘I don’t mind, the more the merrier...the more she comes to see then she can realise that we don’t just pull the kids out of boxes and it’s not a snapshot and we really are a caring family and we are trying to work together’ (Parent).

Frequency
For most parents HVs took place fortnightly, and there were no negative comments about this being too frequent. However, in a few cases parents felt their HVs should come to an end where they believed the level of risk had reduced or been removed.

‘...it’s getting annoying that people are still coming out about it, you know, because we don’t feel like we need the help any more’ (Parent).

Children’s Experiences
Parents consistently said children were spoken to and seen alone during HVs. Some said this was frustrating for children, particularly when being asked repeated questions:

“Why are they here again? When are they going to leave us alone?” [The older child] is like that. The younger ones are more – [happy with visits] – ‘cos she’s down to earth… they talk a lot about school, sports and everything…we have no problems with her. She’s quite friendly’ (Parent).

One parent also said it was difficult to keep their older children at home for HVs.
Staff Views of Home Visits

Frequency
Some SWs and esurvey respondents felt the frequency of HVs could be reduced where the risk had decreased. 22 esurvey respondents commented that HVs should be dependent on level of risk and professional judgement, rather than a set timescale.

‘It is too much to keep doing visits every two weeks, especially to families that see us as interfering’ (esurvey).

However, 67%1 of esurvey respondents and TMs felt fortnightly HVs were right. TMs felt if the timeframe was extended that many SWs would revert to minimum practice, leaving children in unassessed risk for longer and families being seen less often.

TMs were also concerned that a perceived reduction in risk may be due to some parents ‘manipulating’ SWs or that some families may genuinely regress, hence they felt fortnightly HVs should continue.

All respondents indicated the frequency of HVs is not currently reduced when risk reduces. Failure to visit fortnightly is flagged up in monitoring; hence both SWs and TMs stressed this must happen. However, some TMs felt they needed to regularly remind SWs of this.

Both SWs and TMs recognised that some families need more frequent HVs, especially in complex cases and large families. SWs stressed simply completing a HV with all members of a family, e.g. five children every fortnight – which may involve several HVs and additional visits to schools etc. - is very time consuming. Location of families (travel time) and size should be taken into consideration when allocating cases.

Purpose
SWs said the focus of HVs changes during the course of a case, initially concentrating on gathering information and risk assessment. Many agreed they are mostly about monitoring.

TMs felt there should be a balance between monitoring and supporting families during HVs; what can actually be achieved depends on the demands of each SW’s overall caseload at that time. TMs said support is important, and if families are currently rated risky enough for CP they need to be seen every 2 weeks to undertake development work needed to reduce risk. However, it was recognised that current caseloads do not allow SWs the time needed to achieve change with families.

SWs also stressed caseloads would need to be reduced to achieve more during HVs. One cited they had 20 minutes per HV, hardly enough to cover standard monitoring questions. SWs need time to plan HVs - what they want to achieve - and then to deliver support. TMs also felt this approach is essential, but again is not possible with current caseloads.

Working with Families
Some SWs said the reasons and benefits for HVs need to be explained better to parents. They also stressed SWs need to have time to listen and to be empathetic during HVs; this is needed for parents to trust SWs and not to feel judged, and is essential in developing effective relationships.

Role of Agencies
Staff opinions on the role of other agencies in HVs was not clear cut. Some SWs felt the responsibility could be shared with other agencies. TMs did not share this view; highlighting CP is

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1 n = 36
the ultimate responsibility of CSC. SWs need to do HVs to guarantee these are achieved in set timescales, risks are reported on and processes adhered to.

SWs felt in some situations, in particular where SWs are having problems accessing a family (e.g. they do not attend scheduled HVs, large families), it would be useful for other agencies to help, e.g. by visiting the school to check on a child.

**Researcher Commentary on Sharing Responsibility for Home Visits**

Sharing HVs with other agencies may be perceived as a means to reduce the burden on SWs. However, this may also reduce the potential for SWs to build the in-depth understanding and trusting relationships they need to achieve change with families.

Furthermore, some parents highlighted they were uncomfortable with their children being introduced and required to work with a large

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**Home Visit Recommendations**

**Frequency**
- HVs should remain fortnightly to monitor risk and achieve the desired change with families who have ultimately been assessed as high risk and requiring an intensive level of support.
- A discussion should take place between TMs as to whether the frequency of HVs can be reduced at any stage in the CP process. For example, where parents have demonstrated all the necessary change and are waiting for their next conference for a deplan decision.

**Purpose**
- A better balance needs to be struck between monitoring and supporting families through HVs. This suggests a wider change is needed in the model of Social Work practice used in Birmingham, so SWs are far more hands on. This will require a reduction in SW caseloads. (See Staff Structure, Working Practices and Relationships with Families Recommendations).
- The purpose of HVs being to support parents, as well as to check on families, should be clearly communicated with parents so they know what to expect from SWs.
- SWs should be granted more time to plan what they want to achieve with parents through HVs and to prepare/access the support needed to make this happen. If this cannot happen more emphasis should be placed on agencies as being responsible for achieving the desired change with the families. In this model, SWs are not responsible for achieving change but for co-ordinating actions to enable change to occur.
- SW should also be afforded more time to develop rapport and trusting relationships with families, as well as an in-depth understanding of their needs and how they view these. One SW called for HVs to simply observe and get to know families, rather than completing monitoring targets.
Conference Findings

Parents’ Views of Preparation and Assessment Reports

Conference Pre-meetings
Parents often reported having pre-meetings with SWs, but less so with Chairs. Where pre-meetings took place, parents said these were useful, in particular to explain how the meeting would run, and to highlight key issues in their assessment report.

One parent stressed they appreciated the honesty in a pre-meeting with the Chair, preparing them mentally for the likely decision.

Understanding
Often parents did not seem prepared for conference, and did not understand the full implications up front.

‘I just thought it was going to talk about the incident and then, yes, I might be kept along for a bit but not to be put under child protection. I didn’t think that it was going to go that far and it really did upset me because I wasn’t prepared for what was going to happen’ (Parent).

‘I didn’t understand…how it would impact my life…I didn’t realise it was such a massive thing and it was going to last so long’ (Parent).

Opportunity to Read Assessment Reports
Not all parents could recall whether they received their report prior to the Initial Child Protection Conference (ICPC). Having been through several stages of the CP, often parents’ recall of meetings had started to become blurred and hard to distinguish.

Others clearly recalled receiving their report just before conference, and felt this did not provide adequate time and was not the right setting to digest this information:

‘I didn’t even finish the first page before we was meeting the chair person and then [the chair] was like ‘have you read all of this?’… no we haven’t had the chance’ [if I had the report before the meeting] it…might have prepared [me] emotionally a bit better for the way it was going to happen’ (Parent).

‘…the proper report was given just before I went into the conference…she told me to have a read through of it. I was that nervous…I wasn’t even reading it properly…I was just flicking through it because I was that nervous…’ (Parent).

Parents Experiences of the Assessment Process
Parents’ recall of assessment was generally poor. It may also be initial assessments and in parents’ words – individual, parental and/or core assessments were being confused in their feedback. Hence, there is nothing substantial to report about the assessment process itself.

Six parents said they were informed of the assessment and four said they understood the process but their understanding was not verified. Seven parents said their children were spoken to as part of the process.
Staff Views of Parent Preparation and Assessment Reports

Preparation
TM s and SW s also felt many parents were not prepared for conference and believe the Council should be doing more to support them. Similarly, esurvey respondents said 53%² of parents were ‘not at all’ or ‘only a little prepared’ for ICPC.

Where pre-meetings took place SW s also reported the positive impact they had on parents:
‘We go through the report beforehand and…[have] frank discussions about what to expect…the more they know, you can see their tensions relieving’ (SW).

‘… sitting with parents and going through the process with them and providing the leaflets…I do this in my practice and on my reflection this has worked as parents have [understand and] challenged assessments and conferences to why they could not have a Child in Need Plan instead of Child Protection Plan’ (esurvey respondent).

Report Distribution
54%³ of esurvey respondents said parents receive their assessment report two to three days before conference and a further 8% earlier still at four+ days in advance. However 38% of esurvey respondents said parents receive the report a day before or on the day of the ICPC. Similarly SW s said they found it difficult to meet report deadlines.

TM s agreed it was good practice to provide reports three days in advance but felt this is unrealistic:
‘…I absolutely agree…in good practice…parents should have them

three days before or two days before…But in the current climate…They’re lucky enough to get a blooming report, given the workload…They’re [SW s are] doing reports in their own time – at weekends…evenings…to get the work done’ (TM).

‘It’s difficult at the moment because there’s a very big emphasis on workers doing their visits, seeing people, having that meaningful relationship with parents and children and other professionals…you can’t do everything…if you’re doing that bit then the written work gets left till the end…’ (TM).

In fact, some parents do not appear to get their report at all. While the esurvey indicated 58% of parents always get it and 21% get it most of the time, a further 16% sometimes get their report, and 6% rarely or never.

Opportunity to Read Reports
Staff agreed the distribution of reports needed to be improved to help parents prepare for conference:

‘In engaging parents, I know that we have got a lot of improvement to make in terms of the report and giving them the time to reflect it’ (Chair).

‘…it’s about being clear that parents are entitled to those reports prior to coming in the meeting. And new information, or information that shocks them [that] comes out in the meeting…knocks them back [and] they cannot think’ (Chair).

‘There should be no surprises for parents in case conferences, that’s the bottom line. They should come in knowing what the different professionals are going to be saying, what the recommendations are going to be. But all too often, they’re hearing news or recommendations from various professionals in meetings [for the first time]’ (Chair).

² n= 38
³ n = 37
One Chair noted they had been instructed to cancel conferences if reports were not received in advance and parents had not read these. Whilst the Chair agreed this is the parent’s right, they also stressed if they rearranged meetings children were potentially being left at risk for longer.

‘...we’ve been told very clearly...you haven’t got the report you cancel the meeting. Now, in one week alone, I cancelled four meetings. And then you’re leaving those children unprotected...because...you haven’t - the parents haven’t had the information’ (Chair).

**Staff Preparation**

Chairs also said the late receipt of reports impacted on their ability to undertake their role:

‘Often it’s the case...you’re chasing the social worker... trying to find a report. You walk in to a case conference....and [there are] four reports were put in front of me’ (Chair).

Signing off batches of reports last minute was also problematic for TMs:

‘...trying to read them [20 reports] and put a meaningful comment on them, and actually look at what they’ve [SW] done and say, “Is this analysis right?”...that might be being done right at the last minute...’ (TM).

For all involved the late receipt of reports, or receiving reports on the day of conference, meant information is being presented for the first time during the meetings:

‘...new information emerges and you have to incorporate that in a risk assessment on...the spot and formulate it in a way that parents are clear about. That is about social work practice. That is about other agencies’ practice’ (Chair).

**Researcher Commentary of Assessment Reports**

Current practice is obviously not working. Parents should not be asked to go to conference when they have not received their report at least three days in advance; however SWs cannot meet this target due to unrealistically high caseloads.

This leaves Chairs in an untenable position where they have to balance the need to assess risk in a timely fashion to ensure children are safe, with the right of the parents to have access to the evidence which will be used to make a life changing decision. It would appear reduced caseloads and more time to work on assessments is the key change needed to improve practice.

**Report Content**

At least six SWs/esurvey respondents felt reports need to be simpler, shorter and jargon free, rationalising the evidence and detail which can be too much for families. Five wanted forms to be less repetitive, avoiding duplicate questions.

‘...the forms we fill out are quite complex, and really we have to detail...evidence... Most [parents] don’t really want to read that...we need to revisit and think about how we share this information or how we can simplify [it]...’ (SW).

One chair acknowledged that social workers and team managers have large caseloads that can overwhelm them and in turn allow mistakes to be made.

‘Well, in the assessment...they’re forgetting the history and also...the unquantified risk. They’re overwhelmed with information’ (esurvey).
Parents’ Views of Attending Conference

Who attended?
In the majority of cases, parents attended conference meetings. In five, both parents attended; in another eight, only the mother came to meetings. In four of the eight cases, the father was not engaged in the process. In another two, the father was looking after the children and could not attend due to a lack of alternative childcare.

Feelings
In the main, parents had negative recollections of conference and reported feeling nervous, anxious, daunted, emotional, attacked, ‘ganged up on’ and blamed:

‘scary … because you never think that you are going to be there’ (Parent).

‘They made me feel like I’d failed as a mum even though it weren’t my fault’ (Parent).

‘Daunting particularly when you do not know the people round the table’ (Parent).

‘I felt attacked to be honest with you…When you’re sitting around that table, it just feels like everyone is against you’ (Parent).

Engagement
Many parents felt they were given a chance to speak, although six parents reported having to wait until the end to speak and viewed this negatively.

‘… everyone…[is] bashing you down and … you’re sitting there thinking…over everything everyone has just said and you’re just so emotionally drained and you’re upset…because you know half of them are not true and then it’s like you just can’t be bothered. You just say, “Okay,” you just give in. … at least let the parent have their say, you know, first, before anybody else’ (Parent).

‘You’ve got lots to say but it’s, like, you can’t speak until everybody else has got to say what they’ve got to say and then you get to speak last…like, you hear everything and then just by the end, you’re just, like, a wreck…’ (Parent).

Parents often lacked the skills to engage fully and effectively in discussions. For example: preparing thoughts and questions in advance, knowing what to focus on in reports and taking notes so they can get their point across when they have the chance to speak.

Disempowered
Six parents talked about not being listened to, three talked about a lack of influence and five about not having a vote. Together this created a sense of things being done to them, rather than with them.

‘I wish that I’d been able to talk more…but…you can’t say anything. If you disagree, you can’t say anything. Even if you hear things that aren’t true that’s been said, it’s quite frustrating. Chair said “You’ve got to keep quiet and you can talk when everyone else has and it comes round to you”’ (Parent).

‘…I don’t get to vote, we don’t get to vote. Even if I do, we’re going to get outvoted because all of them are sticking with what the two people were speaking about or what the social worker was speaking about’ (Parent).

‘We were shut down constantly’ (Parent).

‘…it feels like there’s just no point working with them. You might as well just let them get on with it because nothing you say is listened to anyway’ (Parent).

‘I…felt nothing I was saying was going in… it didn’t matter what I said. They were going to make the decision whether I liked it or not…There was actually no point in us being there whatsoever because they didn’t care
about anything we said. They’ve made their opinion and that’s what they’re going to go on’ (Parent).

“You’re the parents; you sit there, and we’ll discuss it -” you feel like children instead of parents…I think really we could be [more] involved in what happens with our children…” (Parent).

**Good Experiences of Conference**
Two parents talked about receiving positive feedback at conference, and individual parents also highlighted:
- Discussions making sense.
- A prepared statement written by the parent being read out in their absence – enabling their voice to be heard.
- Focusing on children’s needs.
- Getting the information they needed.
- Feeling they could challenge the SW.
- Pleased they were spoken to as an adult and not patronised.

**Staff Views of Parents’ Attending Conference**

**Engagement in Conference**
Many TMs/SWs also felt parents should speak first and should be encouraged to speak throughout the conference. SWs agreed:
- Conference is a very emotional experience for parents.
- Parents do not always get a chance to share their views and feelings.
- Some parents may feel they ‘do not fit in’ or understand what is happening at conference, although SWs did highlight that some parents were more ‘clued up’.

Chairs also felt parents should speak throughout conference meetings and felt this was already happening. However, exceptions were noted where Chairs feel they need to manage the contributions of disruptive parents and, at the other extreme, where parents who do not want to speak need to be encouraged.

Some SWs felt the language and jargon used in the meetings by agencies can act as a barrier to engagement for parents.

**Information for Parents**
32%

Eight felt providing more information and explaining the process to parents would encourage their engagement. Another suggested asking parents to prepare a statement regarding the risks in the family and what needs to change to promote a common understanding.

‘Ask the parents what they think could support and safeguard their children’ (esurvey).

One suggested developing a flowchart explaining the process and possible outcomes.

**Power Dynamics and Decision Making**
Six esurvey respondents recognised the need to reduce the level of intimidation exerted on the parent by the process; they wanted to see parents more involved and their views being considered and not dismissed by professionals.

Nine esurvey respondents felt parents should be more involved in decision making.

‘ask them for solutions, ask them what they would do given the concerns…” (esurvey).

\(^{4}\ n = 38\)
However, three respondents stressed parent influence is not always desirable. Where parents pose a risk, they should not be able to influence decisions or participate in discussions, and parental influence should not override the rights of the child.

Childcare
Chairs reported problems with parents being unable to secure childcare to attend the conference. This often means parents had to bring their children with them, distracting and delaying meeting proceedings. Children’s presence was also inappropriate given the issues discussed. Childcare issues were also highlighted by two parents.

Parents’ Views of Advocacy

Awareness and Use of Advocates
Just over half (10) of the parents were aware they could use advocates, of these:

- Five parents used family members. In most cases this was not consistent and sometimes this was just for one meeting.
- Two used other professionals/agencies (e.g. Solicitor, Drug Worker).
- Three were aware but did not use advocates.

Six parents said they were not aware they could use advocates. Three parents felt an advocate/friend would help, but they would be too embarrassed to tell others about their family situation. Another parent thought it would look bad:

‘…obviously people are judging us on how…we’re acting; and if we go into a meeting and someone’s talking for us, then it’s going to look worse, isn’t it [?]…’ (Parent).

One parent felt they should be able to bring their own representatives to the meeting to provide character references:

‘…it just goes on people that don’t even know you and don’t know the children…’ (Parent).

None of the parents interviewed used an official ‘advocate’ (e.g. Family Rights Group) and parents did not raise this as an option.

One parent said that they could have had an advocate from MIND to help them through the CP process but were not told about it in time.

‘[I] realised I could have had an advocate from MIND. I only just found out, the Social Worker didn’t tell me…using someone neutral would have been useful…it would have helped in meetings to have an advocate’ (Parent).

Researcher Commentary on Advocacy
Some of the parents interviewed for the research had substance, alcohol and/or mental health issues, and often had a poor recall and sometimes a poor understanding of the process. These parents had not used official advocates.

The Research Team felt these parents would have found engaging meaningfully in CP very difficult. This highlights the lack of organised support in this area may well be undermining the extent these parents have the opportunity to influence the process and decision, with significant life changing outcomes for them and their children.
Staff Views of Advocacy

Awareness
TMssaid parents are encouraged to bring a family member or friend; however they highlighted this provides emotional support rather than advocacy. However, 44%\(^5(90,713),(106,720) of esurvey respondents said parents are never, rarely or sometimes made aware they can use advocates/friends in the process. This highlights an inconsistency in practice that should and could be easily rectified.

Availability
SWs, TMss and Chairs all said there is a lack of funding and resources to provide parents with advocates and funding reductions have resulted in higher levels of risk to access any available services. Chairs noted parents only really have a chance of gaining advocacy support if they go to court. SWs/TMss felt SWs have a role in preparing parents for the conference but not in advocating on their behalf.

‘...I think it would be worth investing in such a service so...the whole process is explained and they are empowered to participate’ (SW).

Researchers Commentary on Volunteer Advocates
The Research Team used the FGs to ask CP staff about the feasibility of setting up a volunteer pool of advocates. Several practicalities were highlighted that would make this unfeasible without dedicated investment and staff support. For example: advocates need to be sufficiently trained to work with challenging families; they need to understand and be able to manage confidentiality and emotive issues; and they need to be able to deal with the pressure involved and have support via professional supervision.

Parents with Specific Needs
SWs/TMssaid there are some resources available for parents with mental health issues or disability/special needs but similarly risk levels to access these services are high, so parents are not always supported.

TMss/Chairs also identified issues engaging parents whose first language is not English. Where interpreters are booked, often they arrived at the start of the meeting, and not in time for the pre-meeting. Sometimes they arrive late and left before the end of the meeting, reducing the parents’ opportunity for engagement.

Researchers Commentary on Interpreters
The Research Team also experienced issues interviewing non-English speaking parents. It demonstrated even when an interpreter is present this increases the time required to cover the same ground, hence less in-depth information may be gathered or, in the case of conferences, less meaningful engagement may be achieved.

There were also issues with the reliability of interpreters, and having to rely on informal interpretation support, when an interpreter did not turn up.

\(^5\) n = 39
Parents’ Views of Conference Chairs

Parents had mixed experiences of working with Chairs and valued the following:
- Pre-meetings with the Chair helping them to prepare.
- Straight talking.
- Explaining the purpose of meeting and introducing attendees.
- Acknowledging parents’ progress.
- Informing parents about the next steps.
- Seeing issues from the parents’ perspectives.
- Co-ordinating meetings well and monitoring agencies’ actions.
- Being interested in their children.
- Listening and encouraging parents’ contributions.

Other parents felt Chairs did not listen sufficiently to them or the agencies around the table, and were not effective at engaging them in the process:

‘[The chair’s] job isn’t there to listen to me. [The chair’s] job is there to basically listen to everyone else’ (Parent).

“Well, this is the reason why we’re keeping you on [CP] and this is why and you will have to do - abide by these rules while this is happening”. And I just thought…I said, “I’m going”’ (Parent).

‘It is pointless agencies attending when they do not have a vote?’ (Parent).

Others said parents felt Chairs asserted power negatively, could be unwelcoming, or did not challenge the lack of progress by some agencies. Two parents mentioned a turnover in Chairs; one parent had three Chairs and thought it was normal practice for whoever was available to attend.

Staff Views of Conference Chairs

71% of esurvey respondents felt Chairs are effective or very effective at encouraging parents to contribute at conference meetings; but 29% felt they were only slightly effective at this. However, 94% said Chairs were effective or very effective at facilitating meetings.

Some SWs felt chairs need to be better at holding agencies to account; 38% said Chairs were slightly or not at all effective at this.

SWs/TMs said a good Chair is someone who:
- Listens to SWs and parents.
- Allows parents to share their view.
- Can communicate effectively with agencies and parents.
- Is inviting and welcoming.
- Comes to the conference prepared

\[6\] n= 34
\[7\] n= 34
Social Workers’ Experiences of Conferences

Attending Conferences
Interestingly, many SWs also said they found conferences daunting. TMs agreed, stating they sometimes attend conferences when they can see SWs are nervous or anxious, or when they have particularly complex cases.

‘I think it depends on management style. Some chairpersons have been very good in their facilitator role...but I think the majority are very intimidating’ (SW).

Many SWs felt attacked by some Chairs and said Chairs should be more considered when providing feedback to and/or holding SWs to account in conference meetings. SWs felt some Chairs were ‘overly’ critical in their feedback; this had the potential to damage the relationship between the SW and the family, and confidence in the SW. Alternatively, this discussion should take part outside the conference meeting, with the SW and/or the TM.

‘...some of the Chairs, their approach can be quite intimidating, they use it as a ground to sometimes ‘slaughter’ the social worker’ (SW).

Chairs Reflection on Social Workers’ Experiences
During the FG with Chairs they said they were surprised to hear SWs found conferences daunting. Some asked/reflected as to whether this could be due to their style or approach.

A few Chairs believe some SWs may feel this way because they are not adequately prepared for conferences. Chairs talked about some SWs ‘reading their report’, rather than preparing so they can effectively summarise the assessed risk and their recommendations.

Researcher Commentary of Social Workers’ Experiences
The independent role of Chairs in monitoring and scrutinising the CP process undoubtedly creates a tension in their relationship with Social Work Teams. The findings demonstrate many SWs currently feel this tension is having a negative impact on them.

In the current context where SWs are working in an extremely challenging environment, they may feel the style of some Chairs does not take into account these pressures, and that they are held to account more than other agencies.

From the Chairs’ perspective they have a responsibility to monitor and rate the level of progress being made with families to ensure children are safe. The Chairs stressed this rating – the Quality Assurance Notification (QAN) – is not a sole reflection of the SWs’ work. The QAN summarises the overall progress made by the family, as a result of all the agencies work around the table. Chairs feel they remind SWs of this, as they are aware staff see the QAN as a personal rating.

In general, the SWs viewed low QAN ratings negatively and stressed the impact this has on their PDR score. It should be recognised the potential to achieve change with the family and gain a higher rating is not solely in the control of SWs; it also depends on the contributions of agencies, and a range of other factors including the availability of services and the willingness of the family.

SWs said this is compounded further with some saying they are allocated existing cases a few weeks before the next conference, providing inadequate time to make any progress with the family.
Staff Views of Strengthening Families (SF)

Awareness and Outcomes of Strengthening Families
Chairs were generally aware of SF and believe it has the potential to increase families’ participation and produce clearer CP Plans. They were however cautious about the extent to which this approach can be successfully implemented in Birmingham in the current environment.

TMss did not understand the difference the Service aims to make through SF or the timescale for implementation. They were generally aware of the model and referred to a briefing, but they did not raise SF themselves as a solution to resolve conference issues highlighted by parents.

54% of esurvey respondents felt SF would increase families’ engagement in CP. However, 38% said they did not know, indicating they were either unaware of the approach itself, or they were not convinced it would deliver this outcome. When asked whether they felt SF would give parents more or less influence, 47% of esurvey respondents felt there would be no change, 47% felt they would have more influence and 6% much more.

Implementation Concerns
Several concerns were highlighted regarding the implementation of SF:

- A few TMss felt very vocal parents could use SF to hijack conferences, but also said staff would be able to identify these families are beforehand, so could manage this.
- Late report production and distribution will need to be overcome for the model to work effectively.
  
  ‘I think in terms of participation, that model works extremely well…However… because of the difficulties we have in Birmingham…with regard to quality of reports, timeliness of report…social work practice…unless all of that is addressed first…the beauty of that model will become lost’ (Chair).
- Chairs highlighted capacity issues in their role with implementing SF:
  
  ‘Other authorities that have rolled out Strengthening Families do not have their chairs chairing two meetings a day’ (Chair).
  
  ‘…unless you’ve got time to prepare for those kind of meetings, it’s not going to work’ (Chair).
- Partner agencies do not understand the model or what is expected of them.
  
  ‘…there’s a lot of work that needs to be done before implementation to actually get standards where they should be, people complying… and understanding the procedures and what the expectations [of] their role [are] before they can even think about introducing a model…clear standards around participation’ (Chair).

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8 Parents were not asked about SF as this had not been implemented by the Service at the time of the interviews.
9 n=39
10 n=34
Conference Recommendations

Parent Preparation
Parents should:
• Receive their report at least three days in advance of the meeting; for this to happen SWs caseloads would need to be reduced.
• Be informed they can use advocates and be encouraged to bring a friend or a family member as an alternative, or as well as formal advocacy. SWs should make it clear that using an advocate is not perceived as a sign of ‘weakness’ on their behalf.
• Be given accessible information about the process and what they should expect.
• Be told how conference meetings run and what strategies they may want to use to help them engage in the meeting fully. (The Service should consider creating a guidance taking parents through the things they might what to think about in advance and what to do during the conference).
• Have a standard pre-meeting with SWs and Chairs; this should include taking parents through the report highlighting the most important sections. This may require a reduction in both SWs and Chairs caseloads.

Parent Attendance
• SW should discuss childcare and interpreter requirements with parents and seek resources to address their needs. Administration support should be responsible for ensuring interpreters are booked in advance of conference meetings for pre-meeting sessions and bookings should be clear that interpreters are required to attend for the full meeting duration.
• If parents cannot attend, they should be asked to prepare a statement based on the questions they would be asked in conference and their reflections on the Assessment Report and its recommendations. SWs should support them with this.

Report Content
• Reports should be written in clear and accessible language and avoid the use of terms, or explain those used.
• There should be section for parents to explicitly have their views recorded so it is clear what has been articulated and Chairs/SW/agencies should take their views on board and/or explain why alternatives are being sought.

Parent Engagement
• Parents should be given the opportunity and be encouraged to speak at the beginning and throughout conference meetings.
• Parents should be asked their opinion on the CP decision; this should be recorded to demonstrate their views have been recognised.
• Written or verbal feedback should be gained from parents following each conference to provide a continuous improvement cycle.
• Staff should create less formal settings for conference meetings along the lines of Core Group. Including introducing all attendees and their roles.
• Parents should be signposted to support and advice for parents going through CP, for example: Family Rights Group www.frg.org.uk, Family Lives www.familylives.org.uk, online advice and signposting resources - www.childprotectionresource.org.uk, and publications (for example, by the Ministry of Justice on ‘Your child could be taken into care – Here’s what you need to know’ www.justice.gov.uk).
• There are other ways parents’ engagement could be encouraged, for example
through Family Group Conferences (FGCs)\(^\text{11}\). These are run alongside CP conferences, providing a space for family members to discuss their issues and find their own solutions. FGCs could form part of the preparation process for parents, giving them the opportunity to get their thoughts together before the formal conference. In Birmingham however, it is clear this could not happen without considerable additional investment.

**Chairs:**
- Chairs have an important and powerful role in the CP process. Whilst it is critical to have a strong lead, others felt at times the use of power could be more balanced. As such Chairs’ should be encouraged to reflect on their practice in terms of themes identified by the research:
  - Encouraging parents to engage and demonstrating their views have been heard and, where relevant, taken on board.
  - Taking account of agencies’ views and supporting them to have greater say in CP decisions.
  - Working relationships with SWs and how they approach SW feedback.
- The Service should initiate a discussion amongst relevant representatives – including Chairs, SWs and TMs - regarding what type of feedback Chairs should provide in and outside of conference, and how feedback should be presented within both settings.
- Peer observations may provide a useful mechanism for colleagues to support each other and consider any changes in practice.
- 360 degree feedback would enable Chairs to reflect on others (SW/TM/Agencies) feedback and how their approach may be adapted to empower others to be more effective in the CP process.

**Organisational decisions:**
- The Service should identify funding to finance advocacy support for parents from organisations such as Family Rights Group. At a minimum, parents should be signposted to external organisations that might be able to provide advocacy support to them.
- The Service should review the QAN process:
  - Should it be linked to SWs’ PDR scores?
  - Is feedback broken down against the SW, agencies, and parents’ progress to identify where progress is and is not being made?
  - How is poor progress in agencies’ performance reported and managed?

**Strengthening Families:**
The Service should:
- Clarify the implementation timescale for SF and what it hopes this model will achieve in comparison to current practice.
- Provide resources/information to inform all parities (internal CP staff and agency staff) on their roles and changes to it resulting from SF. Bearing in mind delays in implementation, if training and/or briefing sessions on SF occurred some months ago, refresher sessions should be organised.
- The Service should review the highlighted barriers to implementation and consider how these may be overcome.

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\(^{11}\) https://www.nspcc.org.uk/Inform/research/questions/family_group_conferences_in_the_child_protection_process_wda68725.html
Child Protection Plan
Findings

Parent Views of Child Protection Plans

Plan Content
Most parents said they received their Plan (no one reported not receiving it), however two cases said they did not receive updated versions. When referring to the Plan content most parents listed the services and/or courses they were required to access under CP.

Four parents found the assessment part of the plans difficult to read because of the emotional nature of the information contained; three felt it back tracked on the past and was too negative. One parent suggested the assessment and actions required should be in separate documents so parents could focus on the future and changing their situation.

‘...I already knew that; I didn’t need to see it in writing...I’d calmed down emotionally from the first conference, and when I received it and I read it all my emotions went sky-high again...’ (Parent).

‘...it’s very upsetting... the way they word things and, you know, “Your child is in significant harm” and...to say you shouldn’t be around your own child... Hard to listen to, hard to read, hard to speak about’ (Parent).

‘...when you look at it, there’s nothing good on it. It’s all just bad... [parent would like to see some of the positive aspects in the report]... like, that the kids are happy, that they’re well looked after, that they’ve got a good relationship with the parents and stuff like that’ (Parent).

Six parents talked about mistakes and inaccuracies in their reports, and some said these were not corrected. One parent highlighted their police cautions had been recorded as convictions and not corrected.

Actions and Progress
Parents wanted changes to CP Plans including:
- A more realistic number of actions allocated to them.
- Clearer summarises of what they need to achieve.
- A clearer understanding of the distance they had travelled and remaining actions/ change required.
- Recognition of progress made.

'We’re, kind of, in a no-man’s land...[I would like to say] “this is where you were ...this is where we are now”’ (Parent).

Some said it would be encouraging to recognise progress made by downgrading their CP arrangements:

‘I thought once we’d started to achieve the things...on the plan, that some of the measures...would be lifted once we showed...we were co-operating....now I’m starting to think they’re going to keep coming up with new things and it’s never going to end’ (Parent).

A few parents talked about a requirement to access sensitive services (usually counselling), which arguably needs the buy-in of the parents to be successful. They felt they were unduly pressurised into accessing these services at a time when they were not ready to address these issues, and felt this was unethical.

At least five parents talked about moving goal posts and a lack of understanding as to what they needed to do to make CP end:

‘... at the last minute [the SW]...didn’t want us coming off...we were doing everything we’d been asked, there’d been no further concerns, we [thought] it
would be downgraded…she gave us reason to believe that she was going to recommend that’ (Parent).

“[progress]…seems to go straight over the social worker’s head. She doesn’t seem to care. She’s always coming up with something else that we need to do. As fast as we’re putting one thing off the plan, she seems to be coming up with, “Well, we need you to do this and we need you to do that”. So, it feels like we’re going round in circles and nothing we’re doing is good enough’ (Parent).

‘…they kept dangling the carrot kind of thing saying, “If you do this, if you do that, next core group meeting we’ll sit down and we might be able to take away these conditions” but nothing, nothing. Wait till October now… it’s like every time [at conference] they move the goalposts. We’ll speak about it again at the next [one], just carry on what you’re doing…” (Parent).

‘…it is looking good. I am not going to say I am going to get signed off, because they will probably pluck something else up…” (Parent).

‘…it goes from 3 months and then its 6 months, then its 12 months. You see it [just] gets longer’ (Parent).

‘…we’re basically still in the same position… it’s just like a merry go round with them…” (Parent).

**Staff Views of Child Protection Plans**

**Amending Plans**

TMs reported a tension between the original Plans drafted by the ICPC Chair and revised Plans made by TMs/SWs as a result of: changes in the family situation, identifying more relevant services/actions, services being unavailable, etc. TMs feel SWs can ‘get into trouble’ with Chairs for amending Plans. This can result in differences in opinion at conference, with SWs focusing on the revised Plan and Chairs on the original. Parents may perceive this as the changing of goalposts, with SWs/TMs recommending one course of action and Chairs another.

TMs felt better on-going communication between SWs and Chairs on revised Plans and the family’s progress would help alleviate this tension. However, they felt the Chairs’ overwhelming caseloads would prevent this, also that some Chairs would be less receptive to discussions outside the conference, due to perceived conflict with their independent status.

Who Should Own the Plan?

TMs believe TMs/SW, together with the Core Group, should be able to revise Plans. Chairs make Plan recommendations, but Social Work staff create and co-ordinate the delivery of a revised (and changing) Plan.

When this issue was discussed with the Chairs, they did not perceive the same tension. Chairs agreed that SWs/TMs should own and change the content of Plans. Chairs believe they put in place a foundation for the Plan, and they would be concerned if Plans did not change.

‘…the plan that’s put in place at conference is like the bones of it. The meat goes on at your core group stage. It will change. It will evolve. If it doesn’t there’s something seriously wrong’ (Chair).

‘…the message is very clearly given after each conference to core group…the plan is organic and if it needs to change it can be changed. They need to reflect the rationale of the changes within the…minutes, which we have access to…if they’re concerned about any aspect of the change… they can call us for a discussion beforehand’ (Chair).
There was some indication however, that some Chairs may have/are finding it difficult to transfer the ownership of Plans:

‘I used to be a control freak. I used to do it all and say what you were going to do. But you have to learn that, actually, it’s not your plan, and that it is their responsibility and they have to take it and they have to own that’ (Chair).

Researcher Commentary on Plan Ownership
The difference of opinion regarding a ‘tension’ over Plan ownership suggests there is a communication and/or practice issue which needs to be clarified to promote better collaborative working and to increase the autonomy of Social Work Teams to own Plans.

Plan Content
Many Chairs found the most useful part of the Plan is the summary of what needs to be done to reduce the risk to the child.

‘...it says...“What do parents need to do to reduce the risks to their child?”...parents need to understand what I’m going to put in there. And, often the case, what you expect social workers to do...’ (Chair).

Chairs noted that Plans should be accessible for parents:

‘From the parents’ point of view, a plan should be simple...’ (Chair).

‘...in language that parents understand’ (Chair).

Chairs, however, highlighted the difficulty in balancing a clear report that covers the issues sufficiently with a user friendly document:

‘...it’s a difficult balancing exercise...to produce a document that, if things go wrong – that’s the bottom line – [that shows] we’ve covered all the issues that need to be addressed. [that is also]...more child-focussed...[in] plain language to make sure...is helpful for parents’ (Chair).

‘...you know what would really help me is if somebody showed me what a good plan looked like’ (Chair).

Effectiveness
95% of esurvey respondents felt Plans were very/effective at directing SWs/TMs actions, while only 59% and 51% felt they were very/effective at directing the actions of agencies and parents respectively12. This finding fits with the general opinion amongst BCC staff that agencies are not playing their full CP role.

Chairs seemed surprised the esurvey suggested Plans were not effective at directing parents’ actions. Some thought it is the SWs’ responsibility to enable this to happen.

Plan Actions
SWs/TMs felt Plans needed to be more realistic and manageable in terms of:

- The number of parent actions.
- Whether services listed are available and can be accessed.
- Timescales.
- Linkages/complementary between actions.

There was some acknowledgement by TMs that Plans can overemphasise a set of actions, as opposed to focusing on the behaviour change that needs to be achieved. Some Plans come across as a ‘cut and paste’ of services relevant to common CP issues, rather than being tailored to the family in question.

esurvey respondents also felt Plans could be improved by:

- ‘Break[ing] down areas of responsibility, similar to working

12 n=37
agreements such as parents’ responsibilities are...Social Workers responsibilities are...’

- ‘...telling parents what is expected, timescales and sent out by chairs within 48 hours’.
- Being more child and parent focused.

Researcher Commentary on Moving Goalposts

Amongst other reasons, goalposts may appear to move for families due to: differences in opinion between Chairs and SWs/TMs regarding the relevant CP actions; changes in family circumstances and the late presentation of information by agencies (see ‘Agency Relationships and Role in CP Findings’).

For many families this sense of ‘drift’ left them frustrated, often unclear why the required change/actions had altered, and some felt they were simply being ‘fobbed off’.

Child Protection Plan Recommendations

Content and Actions

- Plans should separate assessment and background information from actions into two separate documents. Whilst it is important historical factors are captured, these do not necessarily require further action and hence do not need to form part of the current plan for change.
- Plans should –
  - Give an initial and updated risk rating.
  - Have realistic actions that can change to respond to the family’s needs and other factors, such as the availability of specific services.
  - Clearly state what each party needs to do, by when and the positive or negative consequences of action/inaction.
  - Focus on the behavioural change expected by parents as a result of accessing services and other support.
  - Recognise progress made by parents and remove/tick off actions as they are achieved.
  - Explicitly monitor the progress made by SWs and CP agencies. This should be linked into wider monitoring processes for agencies – see ‘Agencies and Services Recommendations’.
  - Provide a clear reason why new actions have been added and what they intend to achieve.
  - Contain a parent feedback section to add their views and highlight any mistakes/inaccuracies to be corrected.

Ownership

- The Service should clarify and communicate staff ownership for CP Plans, reinforcing the role of SWs/TMs as leads on CP Plans, with the autonomy to revise these in partnership with CG members (including parents).
Core Groups Findings

Parent’s Views of Core Group

Attendance
More parents (mothers and fathers) attended Core Group (CG) together (four cases) or shared the responsibility in taking turns to attend CG (three cases) than Conference meetings. However, in a further six cases mothers attended on their own and in one, only the father attended.

Again, most parents had not used official advocates, however, one had used a solicitor, in another a nursery worker had agreed to raise issues on the parents’ behalf and in three cases parents had taken family members.

Three cases talked about missing CG members; in two cases, agencies were missing, and in the third, the SW.

Experiences of Core Group
Parents had mixed experiences of CG meetings:

Comfort:
√  Six felt comfortable due to a more relaxing venue, better timing of meetings around the school day, and increased familiarity with the process.
×  Five commented they felt uncomfortable on occasions, feeling nervous and self conscious, and, in contrast, found the venues intimidating.

‘[I] come out feeling better and better from the meetings. Before, we used to dread going to them... because it’s daunting. But I don’t mind going to them now’ (Parent).

‘Sometimes I felt like they were all looking at me…’ (Parent).

Understanding:
√  Four said that they understood what was being discussed.
×  Two did not have a full understanding straight away and one commented they did not want to interrupt to ask for explanations.

‘...got gist of it. Some of the terms are difficult to understand, even in the meetings. Didn’t want to interrupt the meeting to say what does that mean. They should take time out to explain the terms’ (Parent).

Ability to speak and being listened to at Core Group meetings:
√  Five felt they were able to speak and share their opinions at meetings.
√  Three felt that they were listened to and understood.

‘I can be a nervous person, and sometimes I could get a bit shaky and things like that, but I did speak out for myself, and they - I felt that they did listen’ (Parent).

×  Three felt it was difficult to speak at meetings, although two said despite this they made sure their voice was heard.
×  Two felt that their opinions did not count.

‘I don’t see the point in attending any of it because our opinions don’t matter, so what’s the point in us being there’ (Parent).

Fairness of discussions:
√  Three felt that discussions and comments were fair.

‘... they said...you are trying and we can actually see it now, you have changed and you have come a long way. And to me, it was nice that they recognised it in a manner, as it was an adult manner’ (Parent).

×  Three parents felt that discussions were not fair.

‘...last week, the week before the corporate meeting, I voluntarily went to get drug testing [but they]... didn’t include that’ (Parent).
Progress:

× Five parents were not happy with CG discussions referring to ‘moving goalposts’, unexpected decisions and the wrong focus.
× Six parents felt the pace of change was too slow. Reasons for this included: too many actions, repeating old information and the time taken to verify information.

“The core group meetings are every four or five weeks…we achieve a lot in that amount of time and it still feels like we’re getting nowhere. So, I don’t see the point in attending any of it because our opinions don’t matter…what’s the point in us being there’ (Parent).

Staff Views of Core Group

Parent Engagement

esurvey respondents felt parents were more prepared for CG meetings than conference, with 40%\(^{13}\) compared to 53%\(^{14}\) being only a little prepared/not prepared at all. Perhaps this reflects the fact once parents reach CG they have already experienced ICPC, which in itself prepared them for the CG experience.

Respondents however had mixed opinions regarding the extent to which parents could influence CG decisions; 65%\(^{15}\) said parents had a small/no influence, and 35% had a large influence.

Researcher Commentary on Parent Engagement
esurvey respondents felt parents were less actively engaged in CG than conferences. The parent findings suggest this could reflect their frustration over a lack of progress made at meetings and moving goalposts. It may also reflect the lack of influence esurvey respondents said parents had in CG.

Effectiveness
esurvey respondents were lukewarm about the effectiveness of CG meetings. Only 14%\(^{16}\) thought they were very effective at ensuring CP Plan actions were delivered, 51% thought they were effective and 35% only slightly effective.

Agencies Engagement:
The research findings support suggestions from esurvey respondents that agencies should:

- Be more committed to and engaged in the meetings (x3).
- Have an enhanced understanding of their CP roles and responsibilities (x2)

Researcher Commentary on Agency Engagement
Two respondents suggested CG should be less reliant on SWs, however this may dilute the responsibility for CG leadership and co-ordination resulting in a less coherent and effective process.

SWs need to direct and push forward change required in the CP Plan, part of this is taking the lead in CG meetings and holding others to account. This however should not distract from the responsibility of agencies to deliver reliable and timely support, and to help families achieve change.

\(^{13}\) n = 38
\(^{14}\) n = 38
\(^{15}\) n = 34; 3% - parents had complete influence
\(^{16}\) n = 37
Core Group Recommendations

Agencies Engagement
See ‘Agency and Service Recommendations’ for relevant recommendations.

Planning Meetings
The Research Team support esurvey respondents suggestions for:
- The timely distribution of meeting minutes (x2).
- More informal meetings, closer to parents’ homes (x2).
- Arranging CG meetings to take place a week before conference and ensuring parents have clear understanding of SWs’ recommendation prior to the review conference:

‘Parents [need] to have a clear understanding at the core group prior to the review conference [of] what the social worker is recommending, so they have an understanding of the social workers decision’ (esurvey).

Parent Engagement
- As with conference, improvements could be made to increase parents’ engagement in CG meetings. See ‘Conference Recommendations’.
- It would also be useful to explore whether parents are less inclined to attend CG meetings. It is likely a combination of recommendations focused on parental influence, being listened to, timely service delivery, recognising progress, etc. would be most effective at encouraging engagement.

Monitoring the Work of Core Groups
- Given parents’ feedback of moving goalposts and slow progress (as per the ‘CP Plan Recommendations’ and ‘Agency and Service Recommendations’) more explicit statements of each parties’ actions, with accompanying timescales, and closer monitoring (e.g. QAN and BSCB) may enable progress issues to be reported and addressed more effectively.
Social Workers’ Relationships with Families Findings

Parents’ Views of Working with Social Workers

Positive Experiences of Working with Social Workers

Many parents cited positive experiences with SWs, reporting their SW:

• Built effective relationships with them (x9).
  ‘She actually asked me if I was okay with things…So, I found it easier to speak to her’ (Parent).
  ‘When we have to go to meetings, he has to pick me up and takes us all there and buys the kids McDonalds…if we never got on there would be a big issue…it’s helpful we get on…’ (Parent)
  ‘She’ll actually stand there and have a conversation, I feel comfortable with her’ (Parent).
  ‘The social worker that we’ve had…a year now and she understands everything. She understands my frustrations. She understands the kids and she understands what needs to be done’ (Parent).

• Was contactable or returned their calls (x7).
  ‘...if there’s no answer I just leave her a message. The majority of the time she answers or she’ll get straight back to me’ (Parent).
  ‘I just text him and tell him what’s going on and then he’ll text me back or he’ll come out...’ (Parent).

• Kept them informed (x7).
  ‘...yes. I was given all sorts of different leaflets and what not’ (Parent).

• Listened to them (x4).
  ‘Every time she comes, “Is there anything or are there any questions you need?” and she listens to me. Just like having a friend really. We just talk. Even about things what have probably got nothing to do with. She makes you feel comfortable and at ease’ (Parent).
  ‘She actually asked me if I was ok with things and tried to explains things more fully...’ (Parent).

• Provided hands on support (x4). For example, sourcing funds to help with basic home improvements, organising funded childcare places, helping parents to access services, developing parents’ confidence and helping with housing needs.

  ‘[SW] been brilliant. He’s helped me and the kids really a lot… I wouldn’t have had this place decorated if it weren’t for him putting me in touch with Action for Children… Everything that I’ve needed to happen...like, I needed to write a supporting letter to the Job Centre or whoever… There’s nothing he hasn’t done’ (Parent).
  ‘when I moved in…I had problems with my heating and they were messing me about...[she said] “if you need any help getting onto them...I’ll help you”…she is the best one I’ve had’ (Parent).
Areas for Improvement
Many parents also highlighted how their experience could be improved:

Social Work Practice:
- Lack of hands on support (x10).
- Not a tailored approach (x4).
- Unprofessional (x3).
- Unaccountable/not taking responsibility (x3).
- Illogical reasoning or not enough explanation (x6).
- Too risk-averse (x4).

'I think that they could do more hands on work with people, rather than coming, sitting in your house, questioning you, looking around, belittling you, making you feel like you are not worth anything' (Parent).

'...I am sitting there thinking: well, why did you even apply for the job? [SW said]..."I studied for two and a half years...and when I get there, I get fired with a load of paperwork...this is not what I was cut out for...I didn't waste two and a half years of my life to be doing paperwork and all this”’ (Parent).

'They just need to get their facts right...not listen to accusations because a lot of people are good at messing up other people’s families by making false accusations. They need to look at everything properly’ (Parent).

Communications:
- Difficult to contact (x7).
- Do not listen (x6).
- Not consulted/informed (x4).
- Repeated questions (x5).

'They don't really want to hear my point of view because they just want to get the job done…’ (Parent).

'It’s not asking you how you feel, it’s telling you what you have to do’ (Parent).

‘...the main issue was…it’s an overcrowded house, where they are living there, so the housing or social should arrange a new bigger house for the kids because the environment, it’s not healthy for my kids, for my wife as well. They listen but they never give a reply’ (Parent).

Understanding families and getting to know the situation better:
- Not investigating issues fully (x6). (E.g. establishing context in assessments).
- Unfairly pre-judging parents (x9). (E.g. taking reports at face value so that pre-conceptions were formed before meeting parents, and/or not asking for the parents’ side).

‘...actually try seeing how we operate as a family before they start slapping restrictions here, there and everywhere. They should take into consideration how it’s going to affect [child]… but they [SWs] don’t’ (Parent).

‘...there’s an awful lot of ways it could have been improved...They should try looking into their individual situations, their day to day life. You can tell if something’s wrong with a child’s life by the way that child acts’ (Parent).

‘Stop making judgements about people on the basis of reading papers [reports] when they have never seen or meet someone’ (Parent).

‘everything was just exacerbated where I felt like I’m a really bad person...they write this stuff down and they believe people and then they don't change it or take it off’ (Parent).

‘...The social worker never met me in her life. She only knew me from what she’d read on a bit of paper...So, she’d draw up this big bad image of me already before she’s met me and it's wrong’ (Parent).

Relationships:
- Not enough respect, courtesy or sensitivity (x4).
- Tactless/unconstructive (x10).
- No empathy/compassion (x7).

‘... it could have been made a whole lot more bearable if [SW] just listened... was a bit more helpful, she wasn’t so down on her job... it feels like she’s just stopped caring, not about me... she doesn’t have a care about me [but] you’re supposed to care about my children [but]... I’m not getting that vibe from her at all’ (Parent).

“There’s no compassion... no understanding... no attempt to understand... no consideration... I’ve got my partner... my children and... my family. God knows how some poor 18, 19-year-old girl who’s got no family... would deal with this... because it’s just about destroying me...” (Parent).

Delivery and progress:
- Delay in action (x8). (E.g. late responding, following up and/or making decisions).
- Double standards - parents delivering actions and SWs were not (x6).
- Unreliability (x6).
- Focus on negative/not enough focus on positives and good progress (x4).

‘...she said, “Now, I’m giving you this number so you can’t say you haven’t had all the help and support”... She gave me a phone number on the Wednesday and the meeting was on the Monday’ (Parent).

Change of Social Worker
10 cases reported a change in SW, with an average of three SWs per family. This turnover had several negative consequences:
- Children having to speak to different people.
- SW unable to fulfil their role at meetings as unfamiliar with the case.
- A feeling of loss of contact and being stranded.
- Having to repeat information and relive traumatic experiences.

- Being judged by people who do not know them or understand their case.
- Being more reserved and less engaged with new SW.
- Potentially changing the outcome of the process (e.g. Child in Need vs. CP).

‘I think [they]... need to stick to one social worker per family, not pillar to post by different social workers’ (Parent).

‘You get used to one social worker [they] start to know... your circumstances and then, like, another one comes in. That makes it quite difficult because [they]... see ... things on paper sometimes and it’s easy to make a judgement... it’s not until you get to know the person and get to know the family’ (Parent).

Comparing experiences:
Often parents who had more than one SW compared the negative experiences they had with some and the positive experiences they had with others. Differences in SWs’ approach included more effort and support, more attention and different approaches:

‘[SW]...rings me and keeps me up to date with everything, and speaks to me, and gets involved a lot more... she’s a lot more involved than the other ones’ (Parent).

‘Since [new SW has been involved, I’ve known everything what’s been going on’ (Parent).

‘...to be quite honest to you, [the other SW]... was here for like two or three weeks,... she did more, she had a better relationship in the two times or three times she saw my [child]... than [current SW] had in months’ (Parent).

Researcher Commentary on Changes in Social Worker
Since June 2013, SW structures have changed merging specialist teams into generic teams, as such families should no longer automatically change SWs as
they move between stages of the CP process. This should reduce the turnover of SWs experienced by families.

Staff however feel SW turnover is still a frequent occurrence due to high levels of agency staff, who can leave with a week’s notice, and a high number of SW staff leaving due to the reorganisation.

Power
Many parents talked about the power held by SWs in CP, this was perceived as having both positive and negative outcomes for parents. (Negative outcomes were cited more often with 14 examples compared with 5 positive examples).

- Positive examples included:
  - Quick decisions.
  - Using role to pro-actively get key things sorted.
  - Providing reassurance.
  - Using position to encourage engagement.

- Negative examples included:
  - SW decisions had negative impacts on family.
  - Parents feeling threatened.
  - Parents feeling they can’t challenge.

In contrast, other parents felt SWs needed more power so that they are able to make decisions in between meetings and without having to refer back to TMs.

‘Threatened’
The presence of a power imbalance was evident throughout the research; this is not surprising when parents are involved in a process by which their children could ultimately be taken off them. The power of SWs and lack of parental influence, combined with the ultimate fear their children may be removed, left parents feeling almost ‘threatened’ into complying:

‘I’ve basically been told if I do anything they don’t agree with, they’re going to go for custody of my son. So, I can’t afford to annoy them in any way’ (Parent).

‘…she brought a working agreement out to me and says that if I didn’t sign it they would look at seeking legal custody of [my child]’ (Parent).

‘…we were seriously threatened by social workers…’your kids are going to be taken and they’re going to be split up… [one child] will be in one part of the country—and [the other] because [they are] young we’ll find it easy [to place them]”…that [approach is] destructive…’ (Parent).

‘I felt that we have been blackmailed… “If you don’t do this, this will happen so do it” ’ (Parent).

‘…if you work with them [SWs], they can help you. But if you don’t work with them, they don’t do [anything] for you’ (Parent).

Unable to Challenge
Some parents also said they would not dare to question or go against what was being said for fear of jeopardising the process:

‘I’m scared to do or say—and if she says I’ve got to do something, I’m scared to challenge it in case I’m seen as uncooperative’ (Parent).

‘…it’s a hard battle because let’s be honest, complaining about the same people that are dealing with you, it’s not going to go down for teatime or dessert, is it?…You’re complaining against the same person, to the manager, to the director of the people that are in charge of the establishment’ (Parent).

After asking one of their agencies to support them with getting across their views, one couple obviously felt more empowered to challenge and said:
'It feels like I don’t have to sit there and take everything the social worker is throwing at me [now] and if I don’t agree with something, it doesn’t make me uncooperative just because I turn round and say, ‘I’m sorry, I don’t agree with what you’re doing’.

‘Just Doing Their Job’:
Some parents recognised the difficult position CP SWs are working to; acknowledging the pressure of the role and that fundamentally they are there to keep children safe.

‘Yeah, yeah, quite happy. There’s a few things I wasn’t happy about but they just had to do their work’ (Parent).

‘I understand the job they’re doing’ (Parent).

‘They’ve got a right to protect the children, I understand that’ (Parent).

That said, parents still expected a certain standard of service and to be supported:

‘...their job is to protect children. Their job is to make families better. Their job is to also help and assist but sometimes it feels like they’re getting it all wrong…When they’re supposed to assist, they’re taking. When they’re supposed to help, they’re hindering’ (Parent).

Researcher Commentary on Social Workers Relationships with Families

Some of the improvement areas identified by parents regarding their relationships and work with SWs arguably result from CP procedures with which staff must comply, e.g. standard (repeated) questions for HVs. Other areas will be hard for SWs to address due to competing pressures on time, e.g. the ability to complete more comprehensive assessments.

The behaviour and the approach taken by SWs are however in the individual’s control and will require some staff to reflect on and change their working relationships with families.

Staff are under considerable pressure and this will impact on SWs’ capacity to meet parents’ expectations consistently. The field of CP is highly charged with fear and anxiety, not just the parents, but in the professionals’ role of keeping children safe. SWs and other professionals need a high level of personal resilience and skills to successfully negotiate this environment; pressure can get to everyone.

For parents it is an incredibly daunting process, one by which they may lose their children. They may be going through CP for the first time, experiencing the fears, unknowns and anxieties. SWs and other staff live in this process day in, day out. It may be difficult to conceptualise being on the receiving end; encountering CP as a new and unwelcome experience. SWs – and equally TMs, Chairs and other agencies - need to have this at the forefront of their minds when working with families and developing their approach.
Parents’ Engagement in the Process Findings

Parents’ Feelings about the Process

When reflecting on working relationships with families SWs/TMs, Chairs and agencies should also be conscious of parents’ feelings about the CP process, and consider how they can be sensitive to these and tailor their approach and communications to get the best out of the parents’ engagement.

Feeling punished:
At least six parents felt they were being punished through the CP process; two of which felt they were also the victim:
‘…I’m still being punished [and]…the punishment is not helping’ (Parent).
‘…why are you doing it to me? I am the one who is a victim here. I got battered. You know what I mean? I weren’t battering the kid’ (Parent).

Fear of losing children:
Seven parents feared they would lose their children, two of which felt their CP case had originated from arguments and could not believe this could have such a dramatic outcome:
‘Well what are they hanging on for….they want to take the [children] to give to another family who can’t have kids. That’s the thoughts that go though your head…’ (Parent).
‘…at first I felt scared because my husband [made] threats to me and was [saying] that I shall lose my children [because of CP]…’ (Parent).

Blamed and labelled ‘bad’ parents:
Nine parents felt they had been labelled as bad parents, or that they have maltreated their children. It had an obvious impact on how parents viewed the process, emphasising they felt like part of the problem rather than the solution:
‘the way that they made me feel was like I was that person who was hitting my child … because it did not feel like they were there welcoming me into the social services or saying: do you need any help in this?’ (Parent).
‘they are saying his behaviour is because of me’ (Parent).
‘they’ve made it out to be, like, I’m really bad and then they’ve put all these sanctions in place and then they’ve unravelled that I’m not that bad…’ (Parent).

Need more support:
Many parents wanted the process to be more supportive:
‘…some people that just need a bit of support and…they will be okay. But they don’t need to be criticised or put down or threatened with their kids are going to go…social services are supposed to be there to protect the children, yes, but they need to be there to help them [the parents]… not criticise… not put people down’ (Parent).

Openness:
Three parents emphasised their willingness to be open and transparent in the CP process and to share information:
‘You’re more than welcome to come out. You can see for yourself that
everything’s fine. My son’s perfectly healthy and happy’ (Parent).

‘What’s there to cover up really? So I just said what happened’. (Parent)

In contrast, another case felt they did not need to willingly share information; if the right questions were not asked, then SWs may not get the answers they are looking for. They also felt correct information they had given had been twisted/turned against them by SWs, making them less willing to share.

Staff Views of Working with Families

Relationships
esurvey respondents presented a mixed picture regarding whether they were able to form positive relationships with parents. 11% said they always achieved this, 50% most the time and 33% sometimes17. Unsurprisingly, 16 respondents felt reducing caseloads would help SWs to work better with families.

94%18 of esurvey respondents agreed forming positive relationships is important or very important to the process; hence current practice does not seem to be meeting practitioners’ own aspirations. Many indicated they want to develop better rapport and relationships with families.

Some esurvey respondents also said there needs to be more empathy in all professionals’ relationships with families, recognising the position of parents, being more supportive and less judgmental:

‘Reassuring that professionals are here to support them and trying to resolve the difficulties they are experiencing’ (esurvey).

‘Greater recognition that parents are not professionals… less judgmental” (esurvey).

Research Commentary on Relationships with families
Some TMs/SWs indicated they felt agencies were more likely to form positive relationships with families than themselves.

Darlington et al (2010) suggest this is in part due to the legislative role of the LA and SWs, giving them the power to remove children; staff are therefore perceived as a threat leading a process in which parents must engage involuntarily. Partner agencies and non-statutory bodies however were considered to have greater capacity to forge positive relationships through the provision of secondary support services.

This situation may be compounded in Birmingham, in a context where many SWs simply do not have the time and/or capacity to provide a more supportive role to parents. If monitoring has a more dominant focus, this may also act as a reminder to parents of SWs’ legislative powers, making effective relationships harder to achieve.

\[17\] n = 36

\[18\] n = 36
Communications
The findings seem to suggest SWs rate their communications with parents higher than the parents' experiences portrayed. 80%19 of esurvey respondents felt parents could contact them easily, most or all of the time.

32% felt parents never or rarely received written information on the CP process, and 16%20 sometimes received it. This indicates SWs did not necessarily feel they were keeping parents well informed. Six respondents felt working with families would be improved if the parents understood more about the process.

Some identified the need for specific areas for learning and development opportunities to support them in relationship building, for example: working with difficult and aggressive parents, role-play on engaging parents, and non-compliance and hidden harm.

19 n = 36
20 n= 38; 29% said parents get written information most the time and 24% always.
Staff Structures and Practice Findings

CP staff (SWs, TMs and Chairs) demonstrated a shared fatigue and disillusionment resulting from a series of restructures. These were viewed as being ‘done to them’ and staff often did not understanding the rationale.

‘You go home on Friday night and you come in Monday morning and the whole thing’s changed again, but someone’s forgot to tell us. We’re hearing it through the social workers and the team managers who are so overwhelmed with it and the processes…’ (Chair).

Social Work Team Structures

Pre-June 2013

The staffing structure pre-June 2013 was considered to be more effective, by all who commented, than the new structure. The key reasons for this being:

- SWs were in small teams where TMs had a good overview of their caseloads and the children involved.
- TMs had capacity to get involved, for example to attend ICPC and meet the parents at the start of the process.
- Individual Teams dealt with and could focus on a specific part of the process; e.g. First Response, Care Management, Court, CIC.
- TMs had more opportunities to interact with their SWs and provide on the spot support.
- There was a general perception that the Service was making progress; it was not perfect but it was starting to work and staff had a better sense of control:

  ‘It did feel much safer…’ (TM).

Current Structure

The current structure is viewed to have the following weaknesses:

- Teams are now based on large geographical areas, which are judged to be too big. TMs do not have the same in-depth overview of their team’s caseload, with about 20 SWs at 20 cases each, totalling approximately 400 cases.
- Overall, there is a smaller management team capacity across the Service and the new Practice Supervisor roles took a while to be recruited to and to bed down.
- Teams now deal with all stages of the CP process from front door (new referrals), to Care Management, Court and CIC. There is a general feeling that combining all stages into one Team has not been good and has not resulted in quality work.
- TMs are worried about the unknown risk (new referrals), prioritising new assessments over working with existing cases. Some Teams have high numbers of unallocated cases; examples of 40 and 80 unallocated cases were cited.
- The move from specialist to general Teams has created skills gaps; this skills deficit has been compounded further by staff leaving.
- TMs acknowledged that the old structure meant families experienced changes in SWs which was not ideal; however they maintain this also happens under the new structure because of the use of a large numbers of agency workers (who can leave at a week’s notice).
- There is an over reliance on newly qualified and agency SWs due to the performance issues and stigma related with Birmingham, and the ability to attract and retain experienced staff. Chairs also cited this as a problem, some felt they were coaching inexperienced SWs.
themselves during the conference meetings:

[There is a] ‘...tension between the demands of the front door and managing child protection plans, it’s just -- it’s unmanageable’ (TM).

‘It ends up as doing supervision within our briefings and conferences with social workers...supervising social workers...explaining how to approach specifics around issues...because they’re not getting that one to one within their supervision sessions with their team managers’ (Chair).

**Future Social Work Team Restructure into Local Hubs**

Some TMs fear the planned move into Local Hubs, where CP Teams will be co-located with Family Support Services. However, one TM already working in a Hub said this arrangement is working well.

**High Caseloads Creating Risk**

Some SWs indicated they are not able to put sufficient time into their cases to do the job properly and that working pressures are increasing the potential for mistakes. Arguably, SWs were highlighting barriers to their practice, but they were also sending a warning that workloads are potentially resulting in children being put in/left at risk.

‘Smaller caseloads so work that I want to do thoroughly and effectively can actually be done rather than having to rush cases through... this would also stop re-referrals’ (esurvey).

‘Social Workers are overworked and cannot give the time to CP cases that is required. They are expected to pull a lot of information together on families in a brief period of time. Important decisions are made with limited experiences of families’ (esurvey respondent).

‘... [I have] grave concerns...there are a lot of social workers going off sick or leaving the department...we need to support and enable social workers so they are able to fully identify the best outcomes for children, as when social workers are tired and overworked ...that mistakes may be made’ (esurvey).

‘I struggle to keep children safe and feel the current situation is putting children at risk. We have lost our support staff so have to do more...We need more Social Workers who will stay in the role’ (esurvey).
Social Work Practice

Current Model
The research painted a picture of SWs who spend a lot of time co-ordinating and monitoring activities, and regularly assessing risk to plan actions and make case recommendations.

TMs said SWs are constantly balancing how much of their time and capacity is focused on each family, depending on the overall changing picture of risk amongst their caseload.

‘…it’s the bread and butter of the job, isn’t it, managing the risk?…’ (TM).

Under the current model TMs felt the support required by families is more often provided by wider CP related agencies, rather than the SWs themselves.

A Hands On and Model
Parents valued and appreciated hands on support from SWs, but there were many instances where this was not happening. Providing direct support and interventions by SWs themselves does not seem to be is commonplace in Birmingham. A TM cited what seemed to be an uncommon example, where a SW had designed a programme of support and implemented this with a family:

‘the SW actually did the work in the family, because we just couldn’t wait any longer [for the course]…it was quite intensive, and at the end they came back and they said, “That was real social work”…that’s the bit we’re missing because…we haven’t got the time’ (TM).

SWs/TMs agreed the unmanageable size of SWs caseloads do not allow the time to deliver a more ‘hands on’ SW approach.

Supervision
SWs reported a mixed picture in terms of the level of support and reflection provided by TMs; some felt very supported, whilst others felt they were left to make decisions on their own. In contrast, TMs presented a more positive picture and felt this support was taking place as an integral part of their day to day role, as well as through formal 121s.

SW wanted more consistency in management support and approach; they valued the following:

- Peer to peer and TM support to sound out cases.
- Using supervision and ad hoc opportunities to discuss, advice and problem solve on cases (rather than monitoring). Focusing in particular on complex and long standing cases, e.g. whether to escalate to legal proceedings.
- TMs attending occasional meetings/HVs with SWs on complex cases to understand them better and decide a way forward.
- A TM who listens, is empathetic and takes on board SWs’ feelings and experiences about cases.

‘…if you’re not having effective supervision you can find your manager doesn’t even know your case’ (SW).

Wider Team support
SWs would also like to see an increase in shared responsibility or additional support for administration work e.g. distributing notes, arranging meetings, etc. Agencies see this as the SWs’ responsibility; again eating into the SWs time and reducing their capacity to implement other aspects of the role.
Chair Team Structures and Practice

Chairs were negative about the move from their previous structure, where they oversaw both CP and CIC cases; to a smaller Team of Chairs focusing solely on CP. All Chairs felt the previous structure had worked better. The CP Chairs Team now consists of approximately 12 members, in comparison with the previous combined Team of approximately 30 staff.

Chairs identified the following issues with the current structure:

- **High levels of conference meetings at 2/3 per day** provide little time to undertake other important aspects of the role, e.g. preparing for meetings, reading progress reports, speaking to SW/TMs/CP agencies, etc.

  ‘…two to three meetings a day… So, it is usually ten a week…There is no way on this earth that you can do preparation, quality assurance notification, tracking of cases, tracking of immediate safeguarding actions from area teams…It’s just impossible…in other authorities…[its] …five meetings a week…nine and ten meetings is absolutely ridiculous’ (Chair)

  ‘I think we’re focussing on quantity rather than quality’ (Chair).

- **High caseloads** (e.g. 110-150 cases) mean it is hard for Chairs to effectively familiarise themselves with a family’s circumstances and they find it difficult to distinguish between cases.

  ‘I want to be able to look back over the previous minutes and…look at the systems. We just don’t get the time…after one meeting, we quickly move on to another’ (Chair).

  ‘I can’t…tell you what case I dealt with last Monday – the caseloads are so big …I can’t remember the detail unless I take time to read the background - that shouldn’t be the case’(Chair).

  ‘…the nature of the beast is they’re often the same kind of problems – alcohol, drug use, mental health…domestic violence. That’s why it just becomes a blur’ (Chair).

- **Not enough time to effectively communicate and build relationships with parents.**

  ‘I had 110 children on my caseload. How, in god’s name, am I ever going to be able to engage families effectively? (Chair).

- **Not enough time to maintain contact with and build relationships with SWs, TMs, and practice supervisors.**

  ‘I think one of the critical things that we should be doing…is dealing with the social workers, team managers. Just having the time to do that’ (Chair).

- **Focusing solely on CP cases makes the role of Chairs more challenging and pressurising, constantly dealing with high risk, high intensity and unpleasant circumstances appears to be taking its toll on the Team.**

  ‘…CP…it’s much more high intensity; there is a lot more riding on your decision making; you need to know your cases…inside out…’ (Chair).

  ‘Seriously, I think I’m meeting my threshold of dangerousness. The environment feels dangerous…I feel as though it’s gone out of control’ (Chair).

  ‘I’m saturated to death’ (Chair).
Future Chair Team Structure Changes

The Chairs reported they will be becoming a centralised city wide team in the near future. They could not articulate/did not understand the rationale for this:

'We weren't told [why]. It was just forced on us' (Chair).

All the Chairs felt the move to a centralised team would have a negative impact because:

- Chairs will be losing time travelling around different areas in the city to attend conferences in different venues, further compounding their time pressures.
- It will decrease opportunities for Chairs to build working relationships with CP SWs/TMs.
  Chairs said spending time in the same geographical location as SW Teams helps with staying up to date on case progress, understanding how the Teams function, etc.

‘…the fact that we’re all going to come together and cover city wide…is going to further negatively impact on the very things that you’re talking about - chairs’ ability to engage effectively with parents and increase contact with social workers and team managers/practice supervisors’ (Chair).

‘…already in the local areas where we work, sometimes you see a social worker [and then] you don’t see them till the next…meeting…city wide, we’re going to have even less contact…we’re not really going to have first-hand knowledge of how the team’s working…and the working relationships as well’ (Chair).

‘…we struggle to keep up with who the practice managers are, who the team managers are in our areas. How are we going to do that city wide?’ (Chair).

- Chairs also felt the city wide scope may reduce the potential to predict and manage performance issues; in the past closer working relationships had facilitated this:

‘We [used to] know who the social workers are that we need to watch…Now, we -- I know nothing about [teams] apart from I pick up a case…I don’t know who the managers…I don’t know who the social workers….’ (Chair).

‘…you need to have a really good idea of, “Who is the team manager for this particular case? I’ve spoken to the social worker. The things that are concerning me -- how do I escalate things? How do I get things moving?” And you can’t do it [in the new structure]’ (Chair).

Following the FG with Chairs the Research Team contacted two Chairs by phone to sound out how these changes had impacted on them. Both stressed the unworkable situation they were now in, travelling to different parts of the city to oversee conferences, leaving them with even less time. Both were very negative about the restructure.

Detachment from Management Decisions

There was a feeling amongst Chairs that they are not listened to and understood, and their views are not taken into account in management decisions.

‘…higher management does not listen. They make it out that they listen but I think it just bounces off…so the concerns at ground level don’t get taken up further. They think they know what they’re doing, their way’s the best way to do it and that’s it’ (Chair).
Staff Structures, Working Practices and Relationships with Families

Recommendations

Child Protection Staff Investment

In December 2013 a Cabinet report was approved marking a considerable new investment in CP staff resources. This appears to be an excellent move forward and reflects many of the staff resource issues highlighted by the Research.

In short, the investment will see:
- An increase in middle management capacity of 38 TM posts (coinciding with the removal of 12 supervisory roles).
- Two additional Heads of Service to oversee the enhanced TM capacity.
- Upwards re-grading of experienced SW staff with two years + post qualification experience.
- 40 new Senior SW posts with two years + experience.
- Relocation packages and ‘golden handshakes’ for new experienced SWs.
- Retention payments for SWs at two, three and four years of service.
- Two new Independent Reviewing Officer posts.
- Eight new administrative support posts.

Impact of Investment

In principle this investment should enable the Service to:

- Increase SW capacity, allowing SWs to:
  - Do more hands on support.
  - Do more meaningful home visits.
  - Do more comprehensive assessments.
  - Build effective relationships with and understand of families.
  - Have more time to co-ordinate the actions of different agencies.

- A less pressurised working environment and financial incentives should reduce SW turnover and reliance on agency staff; in turn reducing the number of SW changes families experience. With more capacity staff should also be able to conduct more comprehensive case handovers where SW turnover is unavoidable, and/or this allow other staff to step in temporarily, for example TMs would have a better working knowledge of their SWs cases.

- Increased SW capacity should also mean fewer unallocated cases and a reduction is risk in terms of unassessed families. It should also mean more time to complete fuller assessments and to ‘do their job properly’, reducing the potential for mistakes – as highlighted by SWs.

- Increase management capacity and creating smaller SW teams should mean TMs have:
  - A better understanding of SW caseloads.
  - Can provide more hands on support to SWs e.g. attend meetings with them, case advice, etc.
Can provide more regular and meaningful 121s.
- Develop stronger working relationships with SWs, parents and Chairs.

**Changes in Working Practice**

Investment in staff resources should create a less pressurised and better working environment for all CP staff. However, the implementation of these changes needs to consider how this opportunity will be used to improve the working practice of different CP staff members, to result in a more consistent standard and quality of work with families.

**Social Work Practice - Change of Model:**

- Reduced caseloads should give SWs capacity to work more meaningfully and hands on with families, and develop stronger relationships with them. However, if many of the SWs have been used to monitoring rather than supporting families, it should not be assumed this transition will happen naturally.
- If the intention is for SWs to be supporting families more directly themselves, this new model of SW practice needs to be clearly articulated and communicated, setting out the expectations of both SWs/TMs and agencies in the process.
- Equally, providing more time for activities such as assessments does not mean more analytical and in-depth assessments will be provided as a natural transition by all SW staff.
- Critically, learning and development opportunities and mentoring arrangements should be established to help adapt to the new model of working. There is need for a cultural change in practice, this will take time to develop and will require resources and support.
- In supporting staff development needs, the Service should also explore whether skills gaps remain as a result of the move from specific to generic teams, and provide corresponding opportunities.

**Team Manager Support:**

- The Cabinet report commits to monitoring supervision activity to ensure SWs get regular supervision and opportunities for advice, reflecting on practice, etc. Again, this change may not happen naturally, requiring a change in practice.
- Some SWs reported a lack of advice and guidance from TMs and being left to make their own decisions. Hence some TMs may need development opportunities to move to a more supportive, reflective and collaborative working practice21.
- Similarly, TMs may need development opportunities to support them to adopt, and to support their SWs to adopt the new model of SW practice.

> ‘Any professional working with vulnerable children should always have access to a manager to talk through their concerns and judgments affecting the welfare of the child’ (Working Together, 2013, p23).

**Social Work Learning and Development Opportunities:**

- Opportunities to fulfill learning and development needs should be explored through the Council’s relationship with the University of Birmingham and the Social Work Academy. At present, the city have comparatively low numbers of SWs undertaking

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21 We recognise for some TMs this approach may not have been possible due to working pressures and lack of capacity to spend meaningful time with SWs, and for some these changes will come naturally with the time to practice a different approach.
Post Qualifying Training (PQ).

- The Research Team spoke with officers from CYPF’s Learning and Development Team to understand the current scope of opportunities available. Officers said there are currently issues around:
  - ASYE newly qualified SWs failing to attend all the sessions and complete their professional development during the first year in employment. In particular, with completing their final portfolio.
  - The number of SWs wanting to take up PQ Training and the number of SWs failing to complete once registered. In particular, with completing the Enabling Others modules, which involve assisting and assessing junior SW staff.
  - SWs report issues having the time to complete training due to caseloads and a lack of recognition in terms of job progression if they successfully complete. However, L&D staff also feel there are issues with SWs’ and TMs’ commitment to development, and the need to encourage staff to pursue opportunities.

- The Service should explore ways to support and encourage SWs to successfully complete professional development qualifications, for example options discussed with L&D included:
  - Newly Qualified SWs join the Council on a 12 month probationary period, a number of conditions must be met to become a permanent staff member, completing their professional training could be included as a condition.
  - Qualified SWs could be offered incentives to complete different levels of the PQ Training, perhaps with one-off payments as is proposed for SWs once they have completed two+ years of service.
  - TMs could also be offered an incentive to support and assess SWs through training, be that a payment or career progression opportunities.

Local Integrated Service Hubs:

- The Cabinet report also details the integration of Safeguarding and Family Support services to improve service delivery at earlier points of need for vulnerable children.
- Given the problems reported by SWs with the availability of, and the need for, more family support services to work with families on CP (see section on ‘Agency Services Findings’), the Hubs would appear to be a positive move toward increased collaborative working and more integrated support for families.
- However, this logistical move may well need to be accompanied by cultural and procedural changes in the way these services work together. It should not be assumed barriers will erode and more effective working will result as a natural result of co-location.

Chairs:

Number of Chairs:

- The Cabinet report on staff investment does not increase the number of CP Conference Chairs. The research findings suggest this is a significant deficit in the investment model given the high caseloads and pressures reported.
- Chairs reported caseloads of 110-150 cases; this is extremely high with guidance recommending Chairs should have between 50 and 70 cases22.

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• The Service should review the capacity of its CP Chair Team and look at the potential to increase the number of posts in this team. The increase in Chairs’ capacity should enable them to:
  o Reduce the number of conference meetings lead by each Chair.
  o Provide more time to complete wider aspects of the role.
  o Spend more time building relationships with CP staff and families.
  o Have a better understanding of their caseload.
  o Decrease staff stress levels and fatigue, and increase moral.
• The Chairs themselves should be fully involved in the planning and implementation of any staff changes.

Geographical or A City Wide Team?
The research findings suggest that the Service should review its decision to form a city wide team of Chairs due to the negative consequences highlighted.

We recognise it may be considered four geographical teams of approximately four staff have a weaker capacity than a city wide team, with the potential for AL/sickness in a few members of staff to create significant capacity issues locally. However, when absences occur within both geographically based and city wide structures, a replacement member of the wider team would need to be allocated to cover CP cases with which they would not be familiar. In both models, absences are essentially covered in the same way.

The benefit of the geographical model is that under normal circumstances Chairs are able to develop familiar relationships with a smaller geographically based set of CP staff and outside agencies; and are not spending time travelling extensively between meetings. While in the city wide model, Chairs have very limited opportunities to develop these working relationships.

Formation of a Business Development Team:
The Cabinet report outlines a commitment to recruit 12 Business Change posts to ensure the Service changes have the ‘pace and traction’ required. We recommend this Team and iMPOWER should focus on the cultural change required to improve standards in Birmingham, and should review this research report thoroughly to inform their work. In particular, the Team should have a focus on:
  o Supporting the Management Team to articulate and communicate a new ‘Hands on and Relationship based Model’ of SW practice.
  o Organising and encouraging development opportunities for SWs and TMs to be enable them to implement the new model, including opportunities on SW practice and creating a supportive working environment through effective supervision and day to day Team relationships.
  o Monitoring and reflecting on changes in practice to identify progress made and further development areas.
  o Looking at barriers to effective SW practice and how these can be overcome.
  o Supporting Chairs with their personal development and with the recommendations set out in this report under ‘Conferences’.

Importantly, this Team should be working closely with CYPF’s Learning and Development Team to plan and implement development opportunities.
Wider Team Support:
- The research suggests the new administration capacity should be focused on meeting minutes for Chairs, distributing papers for both SW and Chairs, arranging meetings, etc.

Involving Staff in Decisions:
- The Cabinet report indicates a commitment to increase communications with staff members on working conditions both through exit interviews and Trade Union feedback.
- The Research indicates, in the past and the present, staff have felt done to, rather than done with. Changes are currently taking place that staff do not agree with, but they do not feel their opinions are being listened to.
- This research provides an opportunity to listen to staff opinions, and on a day to day basis views can also be sought through regular team meetings, 121s, etc. The most should be made of these mechanisms, rather than relying solely on more formal routes.

Managing the Council’s Child Protection Image
- Investment in CP seeks to reduce staff caseloads, encourage staff retention and attract experienced SW staff. Whilst attractive pay packages should go some way to attracting and retaining the right people, applicants will also be concerned about working conditions and culture.
- Birmingham’s CSC has been in the media for the wrong reasons for several years. The Council needs to consider how to manage its image and portray a more positive picture.
- SWs are in high demand; they can compare and pick the most attractive LAs. There have been reports of LAs in the West Midlands competing to provide the most attractive package.
- As good news stories come out of cultural change being embedded, these need to be effectively promoted to new and experienced SWs.
What should a Change in Social Work Practice look like?

Relationships:
- The research found considerable time is spent monitoring and risk assessing cases. If families feel judged and unsupported, it is not surprising effective relationships do not always develop. A change in practice should see SWs to spending more time building relationships with parents; getting to know them and their children, and directly supporting families.
- Some SWs will need to develop their approach, reflecting on the behavioural areas highlighted by parents e.g. compassion, use of power, keeping parents informed, etc. This should be picked up in Service learning and development opportunities.

‘The whole process should be seen as a helping process’ (esurvey).

Expectations:
- Parents’ reports of feeling unsupported by the process, wanting to be more informed, unresponsive communications, etc., may in part reflect differences in opinion between SWs and parents as to what families can expect from the process and SWs.
- To improve understanding, SWs could spend more time talking to parents about their expectations; what support they can and cannot expect to manage expectations.
- Some esurvey respondents suggested:
  - Being more honest about what can be achieved (x3).
  - Spending more time with parents to explain their role in the process and how they can improve their children’s situation (x3).
- The details of each case will be different; however the Service could set out common standards and provide this to parents, for example on the frequency of communication, reports and information parents should expect to receive, etc.

Resources for Hands on Support:
- As well as the time for hands on support, SWs need to have access to resources to solve relatively cheap but critical issues for families, for example purchasing white goods, funding nursery placements and supporting transport costs.
- If it does not already exist, the Service should identify a relevant and accessible fund with limited bureaucracy to support staff with this role.

Access to Independent Advice:
- Some parents felt they could not challenge the process and felt threatened into adhering with requirements they did not agree with. In a system where CP staff do have the power to remove children, it is not surprising some parents perceive requirements for them to change as threats.
- This finding should however act as a reminder to CP staff of how parents perceive the process, and perhaps some development opportunities could focus on how to try bringing parents on alongside staff rather than having to ‘play a heavy hand’.
- This finding also suggests parents need an independent sounding board to discuss their concerns. This may be provided through an advocacy service, if the Service can secure the necessary budget as recommended, or through organisations offering free advice. This may enable parents to play a fuller role in the process; feeling their concerns are being presented, listened and responded to.
Partner Agencies
Relationships and Role in Child Protection Findings

Parent Views of Agencies

Relationships with Agencies
Schools, health visitors, substance misuse workers, counselling and domestic violence workers were mostly commonly involved with CP families.

Many parents (11) said they had positive and trusting relationships with the partner agencies stating they were supportive, listened, were easy to talk to and took an interest in them and their children. Parents also praised some agencies for being: supportive; acknowledging positive steps and progress made; challenging on their behalf; and helping to reassure and empower families.

Hands on Support
Ten parents talked about agencies providing them with hands on support to improve their circumstances:

‘...the housing officer gone over and beyond...[she] got into some serious wangling in the legal department, she actually got them to admit that...[the] Council...have got a duty of care and they’re not supplying us with somewhere’ (Parent).

‘[The Solicitor] helped me with my rent and everything. When I first moved in here, they were messing me about with my money, stopping it and starting it, everything like that. I had to claim for housing benefit and council tax and all that. They were messing me about. I had hundreds of pounds worth of rent arrears…’(Parent).

Agency Influence
Some parents felt agencies did not have enough power and/or confidence to vocalise alternative views to CP staff involved in their case. Three parents felt CP staff had more say over whether the case went to CP than the other agencies, and Chairs could ultimately veto decisions:

‘[the] manager comes and then she looks at everything and then she just decides what she wants’ (Parent).

‘It is pointless agencies attending when they do not have a vote’ (Parent).

Some parents felt that agencies ganged up on the parent and went along with each other.

Researcher Commentary on Agency Influence
The research did not include staff from partner CP agencies. It would be interesting to establish whether they feel they lack influence in the CP process and whether this impacts on their motivation to attend conferences and engage actively in the process.

Areas for Improvement
Parents highlighted the following areas for improvement in their working relationships with agencies:
- Inconsistency and unreliability in meeting attendance and service delivery (x10).
- Delays in service delivery (x8).
- Negative attitude towards families, e.g. lack of respect and judgemental (x7).
- Not sharing information and keeping parents informed (x5). In particular, some parents said schools did not provide regular updates on the full nature of a concern with their child until conference, preventing parenting from acting on it earlier.
Parents’ Experiences with Specific Partner Agencies

Parents cited positive examples of agencies supporting them including the Sweets Project, Health Visitors, Family Support Workers, Aquarius, Housing Officer, Doctor, Nursery, School, Drugs Worker and Solicitor.

Schools
- Schools were reported as attending conference and/or core group meetings in at least 13 cases. At least six parents said they had good relationships with schools.
  `
The school, it’s easy to contact them. I always had a close relationship with school. I’m always at parents’ meeting so I’m always up-to-date with the children...the head teacher, she would, like, really go out of her way and I used to really get on with her and she wanted to, like, help us’ (Parent).
- Parents identified schools’ flexibility as a key strength. Two parents said that their school had gone out of their way not to exclude their aggressive and challenging children, and provided reduced hours with dedicated schooling so the children could remain at school.
- However some parents stressed schools need to be better at sharing information regularly and providing full updates in between, and not just at meetings. Three parents spoke of receiving mixed messages and inaccurate information.
  `
and we feel like since we’ve been on this child protection plan that...the head teacher and the teachers won’t speak to us so much, but they’ll happily sit and talk to SW about it all... they’re telling us these little bits of...but then when we go to the conference they’re sitting there and they’re saying everything that’s been going on...’ (Parent).
- One parent also felt schools should do more to ensure CP cases remain confidential in schools, and that the number of staff told should be kept to the minimum.
- Parents also felt that schools/teachers treated their children differently because they were on CP. Although they may have good intentions, this made children ‘negatively’ stand out amongst their peers and can be viewed as undermining to parents.
  `
...it feels like they’re pitying the kids [by giving them colouring books.]...’ (Parent).

Nursery
- Parents with children in nursery, often as a result of CP viewed this help very positively:
  `
The nursery were really, really nice and probably helped me more in some things and supported me more than the Social Services did’ (Parent).
- ‘The nursery...they’re fantastic. Again, just up the road’ (Parent).
- Often parents gave positive feedback about the role SWs had played in securing funded nursery placements and the positive impact this support had brought:
  `
[Social workers] helped me get my son into nursery two days a week which is brilliant for us because he was getting frustrated and bored with everything he was doing at home, so it gives him something different’ (Parent).
- ‘She’s helping me to get into this nursery...there are a few problems...about funding and stuff...’ (Parent).
- One nursery provided a parent with transport to nursery which they found useful. This was, however, stopped due to funding issues.
'...when my son was at nursery, he used to get picked up or dropped off. At the end, that got stopped or I had to take him every day and pick him up myself. Because there weren't no funding for it no more... I did find it more difficult...It's like an extra £25 a week [on the bus]. I just ended up taking him, instead of the five days, three days a week.' (Parent).

Health Visitor
- Four parents said their health visitor attended conference or core group meetings. Three parents spoke of changes in health visitor, and their frustrations and issues as a result of this.

‘... the health visitor changed...I found it difficult because just keep repeating almost the same all the time’ (Parent).

‘...everything is always changing. It’s a new health visitor. That’s the only trouble. Everything always changes all the time’ (Parent).

- There was a mixed response with regards to how effective the health visitors were. Parents from two cases said their visitor was helpful giving advice, information and practical support. One parent stated that they were more helpful than their SW.

‘...my health visitor, she was the one who actually gave me a number to try and find help. She did the research on domestic violence, not the social worker...I phoned her and panicked saying, “Look, I can’t find anything. I go back in September and they’re going to say I haven’t done anything”. And she sent me a number for a place...I haven’t had no agencies referred to me by Social Services themselves. So, it’s been myself or my health visitor’ (Parent).

- The parents from another case however felt their health visitor had been unreliable.

Midwife
- Parents from three cases said that their midwife attended conference meetings. One stressed the positive feedback given by the midwife at the meeting. Parents from another case however were unhappy that replacement midwives were sent to conference when they did not know her and they just shared facts in the meeting.

‘...the midwives...they wasn’t my actual midwife...they said...“Everything’s fine, the pregnancy was fine, the babies were born fit and healthy. This is the date they left hospital, they were born at this weight”, you know, stuff like that’ (Parent).

Doctor
- Three parents spoke positively of doctors. This includes doctors being accessible, supportive and challenging.

‘When I tell my doctor [that SWs don not believe I am ill], he was so shocked that he actually demands to get, have her number and speak to them and forewarn her, “Don’t do you dare ever speak to a sick person like that again” (Parent).
Drug Support Organisations
• Parents from three cases were accessing support through Swanswell, a drug support organisation. Of these, one parent felt that they received a much better service from the first drug support worker from the Drug Intervention Programme (DIP). The parent found the Swanswell worker unreliable and ineffective.

‘I got with a worker who was closer to my own age, very unreliable. He was not turning up to appointments which just gets my back up straight away, do you know what I mean, because that should be me that doesn’t turn up…I mean this is my life, make the effort…because it’s been a struggle’ (Parent).

• One parent felt that drug support was offered unnecessarily and felt it was inappropriate.

‘I never used to smoke [cannabis] around the kids but I was always honest about that. But then they made it into a big thing because they tried to make me go to a drugs clinic and everything like that, where loads of heroin addicts go. But I refused to go…I thought it was extreme. They just try to make it out like a big deal…’(Parent).

• Another parent, however, felt that they were not provided with support they felt they needed regarding drug issues.

‘I need to go to rehab… [they said]… go to counselling, go on anger management. No, no rehab’ (Parent).

Aquarius
• Two parents were positive about the support they had received from Aquarius. Of these, one was already accessing this support before CP and said the worker believed they had achieved all they needed to. The parent felt this progress had not been recognised by CP staff.

‘…because I was drunk, they said I was an alcoholic and I had a problem and I have to go Alcoholics Anonymous and Aquarius and all these places…Aquarius now, they’ve kicked me out…they’ve said, “Look, there’s no drinking…He’s done everything we asked him to do. He’s come on the drinkers’ awareness course before you told him to do it”. I’ve done it for myself. Before they said this is what I had to…all the things that they’ve asked me to do, I was doing anyway’ (Parent).

Police
• Police were involved at some stage of the process in 13 of the cases.

• Three parents called the police prior to or during the child protection process and the police made referrals to CSC in at least six cases.

• One couple spoke positively about the police and how well they managed the process of arresting the parents, reducing potential trauma experienced by their children. They felt their children had been well cared for. However they also felt the police were judgmental:

‘…kept asking us if we smoke, drunk, or done drugs. They thought I was actually on hard drugs, I don't do drugs…It's very rarely I do drink…one turned round to my auntie and said, "He's on something", and he literally blamed me for something I hadn't done’ (Parent).

• In another case, a parent perceived the police as being too extreme:

‘…sometimes the police have been called and they've been the aggressors…I've ended up basically been arrested for nothing because they've been misusing their power, mishandling me…’ (Parent).

• One parent said police didn't attend meetings.
• One parent believed that the police did not have accurate information and were passing on inaccurate information onto the SW and thus impacting the case negatively.

‘… [they rang] up the police station [and got] my record. I’m telling them…that this record is wrong…The people you’re speaking to you that are telling you these things, that they’re writing off by hand from word of mouth, are wrong, you can’t do that...’ (Parent).

Probation
• In one case the parent said probation workers had failed to attend sessions with a parent they were meant to be supporting. This parent also felt intimidated by/did not have a good relationship with the worker.

‘I felt a bit intimidated with [probation worker] cos she came to my house and the way she was just talking to me before when I just met her, I didn’t really like it’ (Parent).

They were supposed to go and work with him directly from prison and...[on] quite a lot of occasions...my husband went to the appointment and there was no probation officer...and then they turned it around and said he didn’t come to the appointment...So then he showed the evidence that he was there but they weren’t...they were just lying...So the work that they could have done with him, they just didn’t do it so half of the time was wasted’ (Parent).

Family Support Workers
• At least four parents said they found family support workers helpful providing emotional support, keeping them informed and helping them to access useful services, such as mental health assessments and childcare.

‘They’re more there for emotional support for helping you understand anything and any help that they can give you. She will attend my core group meetings with me and…if I feel like there’s something I can’t say, she will say it for me’ (Parent).

• Three parents did not find family support workers useful, with one parent stating that the questions being asked brought up painful memories, and another stated the visits added to their stress.

• One parent felt that they were not provided with any family support when they needed it.

Solicitor
• Four parents sought advice from solicitors about the child protection process, usually if they were unhappy with something.

• One parent was told to seek advice from a solicitor in case they had to leave the family home. However, the parent had low self-esteem and found this difficult – feeling they had not had enough support.

‘...they’ve been just saying that I should get advice [from a] lawyer in case I [have to leave]...They just told me to find out, so I just found it a little bit difficult’ (Parent).
Staff Views of Partner Agencies

Relationships
SWs felt agencies were more likely to form good relationships with parents than themselves. As previously noted, this may in part be due to the more supportive role of agencies, and their lack of legislative powers.

Shared Responsibility for Child Protection
SWs, TMs and Chairs feel agencies are not actively dealing with CP/family welfare issues, referring families to CP rather than considering the alternatives.

Many esurvey respondents found it difficult to co-ordinate the work of CP agencies. Half said they were sometimes able to do this in comparison to 36% most of the time and 6% always.23 SWs at the FG confirmed they find securing the contribution of agencies challenging.

CP staff in general stressed agencies should be doing more in CP and meeting their shared responsibility. They believe this will require a change in practice and culture to see CP as a collaborative activity rather than the ‘sole’ responsibility of Social Services.

‘They don’t see their responsibility as...flexible...’‘Well, this is what I need to do and that’s it’...it’s almost like it needs a culture change and it’s almost like going back to square one and saying, “Well, let’s start again”’ (Chair).

Reliability
Some agencies are perceived to be more reliable than others. esurvey respondents felt agencies working predominantly with children are more reliable at attending meetings and delivering services. These included Family Support Workers, schools (although primary were viewed as more reliable than secondary), children’s centres, health visitors and midwives.

Doctors, adult mental health services, housing (council and association) and Police were viewed as least reliable. (Although GPs were rated very low for meeting attendance, their reliability for delivering services was viewed more positively).

Two Chairs mentioned the non-attendance of Police at conferences.

‘…especially in relation to the police…because the police are not attending [and] sending copies of reports for us’ (Chair).

‘Police do not attend conferences in this authority’ (Chair).

Accountability
There was a consensus in the esurvey and all three FGs that other agencies need to be held to account more effectively for their role in CP. Staff reported a lack of existing mechanisms to raise concerns about partner agencies, and felt this has been ongoing for some time.

Birmingham, this person may change on a case by case basis.

Understanding how other agencies work and building effective relationships is challenging in this environment. It reinforces the argument that SW Teams and Chairs should be focused on smaller geographical areas, where more stable relationships can be formed.

Researcher Commentary on Social Worker Relationships with Agencies
Building relationships and mutual co-operation with agencies in a city the size of Birmingham is challenging. In smaller Local Authorities, SWs may encounter the same person, or a small team of staff when working with another agency. In

23 n = 33
Staff suggested at an organisational level there should be an established mechanism to monitor agencies (such as the QAN). This should be fed up to BCSB members, to take performance issues back to their own organisations and ensure they are addressed.

‘[some] agencies aren’t complying with procedures...there’s something around the board filtering down what the professional responsibilities are for their front-line staff. It’s not about making a referral, “I’ve done my bit. I’ve made the referral and now I can step back’ (Chair).

esurvey respondents also felt Chairs needed to be better at holding agencies to account against their actions in the Plan; approximately a third (35%²⁴) said Chairs were only slightly effective at this.

‘…there’s a consequence for us…we have to attend the conference…share that information, it should be the same for other professionals. There shouldn’t be a choice. That, to me, is multi-agency working. What we’ve got now is a farce’ (TM).

Sharing Information and Honest Feedback
Parents, SWs, TMs and Chairs talked about agencies not regularly sharing information, and waiting until conference meetings or formal conference reports, so these issues then often came as a shock.

Many CP staff felt agencies were often unwilling to provide parents with negative feedback face to face, and rely on SWs to do this. They do not want to be seen as the ‘bad guys’. In particular, mental health, adult focused workers, health visitors and schools were highlighted.

TMs acknowledged that agencies need to maintain positive relationships with families beyond the lifespan of the CP case. However, a lack of honest feedback by agencies pushed the responsibility for CP further onto SWs and meant issues were not highlighted and addressed sooner.

‘…when it comes to core group they leave you to dry – when you say they reported this to me they would say, “Did I?”…it makes you look really stupid. Sometimes they are scared of the parents and they just won’t say things. And they don’t take ownership for the information that they have given’ (SW).

‘They are quick to get them on a plan but they won’t say anything to them in the core group meetings’ (SW).

‘…some agencies won’t say what they’re really concerned about because of fears [that] there may be a negative impact on the relationship…with the family…professional people will say afterwards, “Well, I didn’t want to say” blah, blah, blah, “because I didn’t want to upset the parent’ (Chair).

Influence over Decisions
SWs also referred to agencies feeling pressurised to agree/go along with each other. They felt agencies should have more confidence and willingness to vote for a deplan at review conferences if they think this is appropriate.

²⁴ n = 34
Partner Agency Services

Findings

Parents’ Views of Agency Services

Whilst many parents did not agree they should be under CP, many valued the support they received as a result of the process.

Parenting classes:
- One couple found parenting classes very useful. Although occasionally their different parenting tutors gave different advice which they found confusing.
  “How would I deal with this?”...she [the worker] would tell you, try this...it opened our eyes to things going on around you...listening to other people and the way they talk to their children...you think ‘that’s not right’ (Parent).

- Another parent however felt the classes they had accessed were targeted at universal parenting techniques and was not relevant given their child’s more complex behavioural needs and autism.

Nursery/childcare:
- In at least three cases parents had been supported to access nursery placements through the CP process.
  ‘She’s helping me to get into this nursery...I think it’s like 15 hours a week...She’s going to help me get in and that’s a positive thing’ (Parent).

- In addition two further parents received dedicated child minder support which they found useful; one wished it had continued for longer.
  ‘...family support worker...arranged for a childminder. So I met the childminder...and she kept the [children] for five hours...for three days. So she will come, collect the [children], bring them back...So that was a lot of help...Every week three days... It was helpful. I would have wished it could be for longer, not just five hours, but I appreciated it at that time cos obviously just given birth, I need a break...’ (Parent).

- One parent said that they were never offered such support, even though it would help the mother and father see each other as they are not allowed to see the children together.
  ‘They never said, “We’re going to help you” or, “You can put your kids into the crèche down there at a certain time if you want to see each other’ (Parent).

Counselling:
- Three parents found counselling helpful but felt it stopped too soon or there was a long gap between appointments, affecting their progress and prolonging the CP process. Issues included cancellation of appointments, change in worker and services being closed down due to lack of funding.
  ‘...we were supposed to have counselling; to stop arguing and to learn to speak to each other...Definitely [a positive]...the few times [we received it]...I was surprised. I’ve been arguing with my [partner] and it was absolutely ridiculous. All [they] wanted was something really simple…’ (Parent).

- Three parents said that counselling was offered to them or a member of...
the family and they found it to be inappropriate.

**Sweets Project:**
- Two parents said they found the Sweet Project helpful but felt the support was cut short and that more work would have been helpful.

‘...it’s like trainee social workers that come out and give you points like have you tried this, like the reward charts or stuff like that...[they saw child on] her own for an hour every week...and just took her out and done relaxing activities...I thought that was quite good, the way they done that’ (Parent).

‘I just felt that it ended too soon. I mean, the school, the social worker and us were all saying to them that we feel [child] needs that constantly; it needs to carry on...[but the] Sweet were, like, “No, my manager said that’s that; can’t do any more, and we’re closing it”’ (Parent).

**Domestic Violence and Abuse:**
- Four female parents found domestic violence support helpful.

‘[I got] support...from my health visitor, this lady came from this violence team...a few times to speak about domestic violence, [to check] if I understand it and worked with me for a few weeks...I appreciated it and I understood everything so that was a support...’ (Parent).

- Two female parents felt that additional support to help them coordinate and arrange the appointments would have been very useful.

‘I had to do work with Women’s Aid or another agency...which I was willing to do but then you have to sort out that... yourself...my social worker said to contact Women’s Aid. I contacted Women’s Aid plus about six other agencies. They said they only do it if they’re funded because I needed someone to come out to the house really because of the little ones...’ (Parent).

‘...I found it very difficult...just to find information because...after the incidents...[it’s] very, very difficult...the bravery went away from me...and I think the social workers could probably may be go with the person to the meeting with either lawyer or arrange [it]...because it was very difficult for me just to find it myself. Maybe they’re just trying to encourage the person but ... I don’t know, I found it quite difficult that I had to find it myself, you know’ (Parent).

**Anger Management Support:**
- Three parents accessed or were asked to undertake an anger management course. Two seemed to find it useful, while one thought it was offered too late in the process.

‘...they could observe how he is interacting with the children. He’s always very good with them other than what has happened. So [they] observe[d] and...work[ed] with him on his own to try and see how he can...manage his anger’ (Parent).

‘I have always said I am an angry person, I am hot headed and they have not helped me before with my anger...This could have been done months or years ago...and then I probably would not be here now’ (Parent).

**Housing Support:**
- At least four parents experienced housing issues. All of the parents, at some stage, felt they were not sufficiently supported and that these issues could be resolved more quickly and effectively.
I ended up having to put…a £675 deposit on a private house to get a roof over our heads for the night…There was no help...It wasn’t fit for the children... it was falling apart. But I had no option because I had no agencies to help me and [my] children….when [SW] came out she was like, “Oh, it’s not very suitable”. So, I went to the Housing [office] myself…declared myself homeless…I sat there from 9.00am till 6.00pm on the night with my children…They hadn’t eaten all day because we had to stay in the homeless office to make a homeless application and then [stay] in the hostel…” (Parent).

‘The biggest issue is [the] house, there are nine [people] living in two bedroom flat. How they can manage in the one bathroom [?]...but there’s no reply, there’s no success, there’s nothing…it’s very difficult’ (Parent).

Financial support:

- However one couple felt their housing issue was caused by the SW’s inaction and praised the housing officer they dealt with.

‘After all this the housing officer she’s gone over…over and beyond’ (Parent).

- Five parents received financial support.

‘Got financial help for carpets: They gave us [money for] half [the costs]’ (Parent).

‘He gives me… money obviously until I get the [benefit] money come through for [the children]’ (Parent).

‘…[SW] and gave me £100 to get the kids to school on the buses because it was £8 a day to get them to school…£35 I think it was for the bus fares, £35 was for to get…a pair of trousers and…pair of shoes because [we had] left them [when we fled]. And the remainder was to get food for the week’ (Parent).

- Four parents talked about there not being enough financial support.

‘…they could have pushed to give us some help financially…’ (Parent).

‘They knew I was struggling financially but I think…cos my church is always very supportive…they stood back… because of that, [I’m in] a lot of debt…[and] because of the delay…I’m going to court because of rent arrears…They knew about the financial problems and nothing was done’ (Parent).

‘…I asked for a duvet, because my [child] was sick…all over my duvet, and I can’t really afford a new one…I just thought it was a bit cheeky how they…left me without a blanket for a week and then when they do get the blanket, they are asking me for cash’ (Parent).

Transport:

- Practical support such as the provision of transport was not quickly provided, if at all.

‘They’ve organised taxis for them which I’d been trying to get her to do for weeks because that’s one of the things, the children have to remain in education…I was getting up at 6.00am and taking [all the children]…on two buses… [it was] a long way’ (Parent).

Concerned About Asking for Help:

Conversely four parents said being under CP had actually put them off accessing services they needed to support them and their children; examples included childcare and medical appointments. They feared this would be perceived as them not being able to cope and would impact negatively on the CP process. In one case a parent was advised by their solicitor not to show SWs they were stressed as this would be used against them to say they are not coping.

‘…the thing is with Social Services, you end up scared to show it in case they
use it as a way to say, “You’re not coping and if you’re not coping with this, how are you going to look after your children?”’ (Parent).

Another parent stopped going to services they had been accessing because they resented being told they had to go as a CP requirement.

Services Received and Gaps:
The most commonly accessed services used by families included:

- Anger management courses.
- Alcohol/substance misuse.
- Family Support.
- Parenting course/training (Including Triple P).
- Police.
- Doctors.
- Housing/tenancy.
- Psychological and learning disability assessments.
- Sweets Project (121 Trainee SW support for children)
- Children’s Centres/Nursery places.
- Counselling.
- Domestic violence courses.

Parents identified the following gaps in services:

- Housing (including housing debt).
- Coordination and arrangement of services.
- Transport/home visits.
- Financial support.
- Drug clinic/services.
- Medical assessments.
- Childcare.
- Family Support.

Support Accessing Services:
Several parents talked about a lack of support with accessing services once they had been signposted or required to receive certain services under their CP Plan. Four wanted help with contacting services to arrange appointments, not having the skills and/or confidence to do this. Three needed help travelling to service venues.

‘You don’t get put in contact with places, you have to…find places otherwise I’m not sticking to the plan…They’re giving me all these things to do but no help with the process…my social worker said to contact Women’s Aid. I contacted Women’s Aid plus about six other agencies’ (Parent)

‘…just to survive you are trying to forget it [DV]…[it would have been helpful] at least the arranging of where to go and all this…just to say “You have to call there and get appointment”…for me…thanks to my [partner] I have a very low self confidence…to contact the agencies like this, it’s - it feels a bit complicated’ (Parent).

In one case, a nursery was providing transport to bring and return a child to their nursery placement. When this support stopped the parent reduced the nursery placement from five to three days, unable to afford the transport costs themselves.

Service Reliability:
Counselling was valued by many but there were experiences of:

- Delays and failure to attend/booking issues, which in turn delayed progress for a family where one parent was separated.
- Services stopping at critical point and the parent being left unsupported

‘I’m supposed to be having counselling…In all that time, I still haven’t actually seen anybody properly…There’s nothing to say I can’t [see] my kids…[but] I’m not allowed to see her with the kids while all of us together, while we get family counselling. That’s been ongoing for a year and a half and I’m still sitting here’ (Parent).
‘[the counsellor] said, “Well, I’ve got next week off and the week after is our last session”, and that really just made me feel really deserted...and the last appointment I actually went and had a drink instead of going...what's the point in going if this is my last session?’ (Parent).

Some parents also talked about delays in service provision and said they would have benefited from accessing services earlier. Services mentioned included a parenting course, child autism assessment, child psychological assessment, parent psychological assessment and anger management course. These parents also said delays in accessing services also extended the time their children remained on CP.

Partner Agency and Service Recommendations:

Working with Families
- There were many reports of valued services, and agencies should continue their good work supporting families and creating positive relationships with them.
- Agencies should however also have mechanisms to monitor their own performance of working with families in CP, reviewing how well they are supporting this cohort. This may include monitoring:
  - Agencies’ attendance and contributions at CP meetings.
  - Deadlines for sharing of reports and ‘recording’ regular verbal updates (with families and CP staff).
  - Monitoring delays and issues in delivering services and considering contingencies so families do not suffer unnecessarily and cause delays to their progress.
  - Considering whether CP families should be afforded a priority status to enable timely access to services.

Working Collaboratively with Social Services
- Agencies need to take more responsibility and be more active in CP; the research suggests agencies need to:
  - Commit to sharing information in a timely fashion, e.g. at least three days before conference as per SW good practice.
  - Attend CP meetings and deliver on their CP actions.
  - Make themselves accessible to SWs to enable them to effectively plan and monitor the families’ progress.
  - Be more active and confident in decision making.

Responsibility and Accountability
- As well as internal agency monitoring there should be a CP mechanism to monitor the contributions of all agencies (perhaps similar to the QAN) to ensure positive and negative performance is reported regularly to BCSB. Its members should be responsible for addressing issues within their organisations and reporting back the BCSB on progress. In turn the BSCB must be seen to be holding other agencies to account.
- CP agencies should also review their internal processes to consider how they can increase staff awareness of their roles and responsibilities in CP, and ensure they have
the necessary skills to do this. Do staff receive regular training and support to enable them to understand and fulfil their role? Training should reinforce that CP is not the sole responsibility of SWs and it will not work for families if other agencies do not play their role.

- Part of taking full responsibility requires agencies to be more honest in their feedback to parents, and be willing to support SWs in identifying how parents need to change to improve their situation.
- Agencies should also consider their role in supporting families before they reach CP. Are they doing all they can to address families’ issues before they reach the stage of referring to CP? Can they do more to avoid escalation?

‘Partner agencies [need] to be educated to have confidence in the early intervention processes’ (esurvey).

Accessing Services

- SWs/Agencies should make it clear to parents that accessing services to improve and support their situation would not be perceived as a weakness. They should also clarify confidentiality boundaries for different services.
- SW/Agencies should provide more hands on support to help parents access services, both with the skills and confidence needed to access services and logistical support. However, the emphasis should be on empowering parents when they are ready to act more independently.
- CP staff should undertake a systematic assessment of services that are unavailable and/or hard to access for CP families. These gaps should be reported to the BCSB for consideration and to review whether existing services can be made more accessible, joint funds identified, etc. In particular, the research indicates BCC and partner agencies should work together to identify better support for the victims and perpetrators of Domestic Violence.
Working with Children

Findings

The research did not interview children with experience of CP, however parents and staff were asked about different aspects of children’s experiences in the process. It was an important finding in itself that only one parent reported their children had attended a CP meeting.

Parents’ Views of Children’s Experiences

Children Being Spoken to
Many parents said their children were routinely spoken to alone during HVs, in a few cases this was not possible because of the young age of the child and/or special needs.

Only one parent explicitly stated they were unhappy with children being spoken to alone. However, another two parents said did have concerns what children said may be misrepresented or exaggerated, or that older children would make false claims against the parent (as had previously occurred).

Communications with Social Workers
Five parents made positive comments about their children’s relationship with their SW, stating they (the parents) were: comfortable, happy children could share concerns with someone, appreciated SW asking permission to see child and were not interrogative.

One couple however were uncomfortable about SWs visiting their children without their knowledge at school/nursery:

‘[SW is] going out to the nursery without informing me. If my [child] gets any marks whatsoever on his face, being a [toddler they] climb, run, fall…Every time [they] gets a mark on [their] face, the nursery informs the social worker. I’m then being questioned, so I feel like I can’t let my [child] run around like a normal [toddler]…in case he gets a mark and then I’m made to feel like I’ve done something wrong or like I’m being accused of hurting him’ (Parent).

Three parents felt their SWs were good at communicating in an age appropriate manner with children: drawing pictures, talking about school, sports, etc.

‘…she asks them about how’s their Dad, what they’ve been up to, their interests, what’s been going on…she’ll play around with the kids…last time she come, they had remote control cars. She’ll go, “Ah give us a go”. It makes you feel it’s just like a friend coming round to talk…’ (Parent).

‘…“mum, we’ve been painting picture and for nice lady and she was asking us some questions” and they’re all under five years old…that was okay…Yeah, they didn’t have any problem with it’ (Parent).

However another parent said their SW kept promising them child age appropriate leaflets and they had not been given despite being a long way into the process. Another felt children were being asked to draw a picture of their family and who lives at home to ‘catch parents out’ regarding the separation terms of their written agreement.

Relationships with Social Workers
Four parents commented that their children’s relationship with SWs was dependant on the SWs’ style. Three said it had been better with some SWs than others, and another that it was better once children were familiar with the SW.

Four cited problems caused by a turnover of SWs, including repeating conversations/questions, and disconnections in building up understanding and trust:
‘...the children were getting used to [the SW] and all of a sudden... they want to change him...I wasn't really happy but I had no choice... the children were a bit reserved, I was reserved’ (Parent).

‘...changed to different social workers and they've had to go through it all over again... I didn't really like that; the fact I've had to introduce so many people because they've changed the social workers over’ (Parent).

Children’s Feelings
There were reports of children getting frustrated with the process, particularly due to repeated questioning on the same issues and frequency and length of time HVs had continued for:

‘My [child] must have went through it about five times to people...and then they said 'Okay, we need it on video'... [the child] said “I'm not talking...I've said what I've had to say... how many more times do I need to tell you?”...they just clammed up...I've said what I've had to say and that's it’ (Parent).

Five parents said older children found the process more difficult. They understood more about what was going on and the consequences. They could also sense the tension and pressure it was causing their parents

‘...my older [child] is like...”Why are they here again? When are they going to leave us alone”’ (Parent).

‘Oh, do they have to come again. Can't we just get on with life now?...They get frustrated... its just too much all the time...I know its there for help...but they [children] don’t see it like that’ (Parent).

‘The children felt at the time that they were being interrogated. That’s how they felt each time the social worker comes. It’s now they’re getting more comfortable. My older son, he’s still feeling that they should leave us alone’ (Parent).

Separation Arrangements
Two cases demonstrated it was harder for CP staff to reinforce separation between older children and their parents; in these cases the children ‘voted with the feet’ and went back of their own accord.

Several parents with separation arrangements cited the negative emotional and psychological impact these had on their children (see section on ‘Written Agreements’). In two cases parents said children were scared; one having been separated from their parents in the past.

Children Controlling Parents
In three cases, parents talked about their children using the CP Process to control them (for example by making false accusations of drinking, harming the child, etc.), others listened to parents less, or had used it to get away with bad behaviour:

‘[The children] think they have some form of hold over me now...it’s not so bad now, but ...at the start...they thought they could get away with stuff because the social worker would come and rescue them’ (Parent).

‘they say things like, “I’ll tell Social Services of you”...manipulating the situation...when my social worker speaks to them they’re all sweetness and light because they know how to work people...She just takes their word and believes everything the child says, which is really silly’ (Parent).

Relationship with School
The interaction between the CP process and children’s experience of school was highlighted in several cases, often as having a negative impact on the child’s school day:

- Children were not happy about police coming to school, and parents felt the police should have arranged to meet them outside.
• Children were disrupted at school by being taken out of class and missing out on play time.
• Children were singled out because of people knowing they were on CP and were treated more favourably than other children:

‘Everyone at school knows, so now the kids feel singled out. It [CP] doesn’t help at all, not in the way that they think it does’ (Parent).

As previously reported, there were also positive examples of schools being flexible to accommodate the needs of more demanding children under CP and supporting the family.

**Timescale**

Many parents felt their children were fed up with the process and wanted it to end:

‘They’re kids and they need to start living as kids again….They didn’t have a proper child’s growing up, really. That’s what they need now, just to be normal…But they can’t with all these people coming all the time, watching and writing everything down and listening’ (Parent).

**Researcher Commentary on Accidents**

Several parents talked about fears their child may have an accident whilst under CP; they were concerned how this would be interpreted by SWs, particularly with younger children where ‘rough and tumble play’ is more common. They cited concerns about their children going to school/nursery and felt powerless and very nervous about what could happen as a result of innocent accidents.

‘I’m scared to play with my own children in case I mark them…it was so drastic with the kids going [being taken into emergency care]’ (Parent).

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53% of esurvey respondents felt they were able to present children’s wishes effectively in CP meetings most of the time, 32% all the time and 15% some of the time\(^{27}\).

Five respondents felt this picture could be improved if they had more time to spend with children building a relationship and rapport. Seven said providing SWs with more age appropriate tools would help them engage better with children. Chairs also felt children’s views should be better represented:

‘…parents’ perception is that children are spoken to and their views are obtained, it’s not reflected in the reports that we receive…unless you ask specifically what work is being done, it is not often

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\(^{25}\) The Research Team were informed by a CP Service Head that these were decisions in the process where children’s wishes should be able to influence.

\(^{26}\) \(n = 34\)

\(^{27}\) \(n = 34\)
reflected...that a child’s views are X, Y and Z’ (Chair).

Whilst obtaining and taking into account children’s views is essential, a staff member added a word of caution, acknowledging that a child's wishes are not always in their best interests.

**Supporting Children’s Engagement**

As previously noted, only one child attended a CP meeting. The use of child advocates was suggested by esurvey respondents and Chairs to help children articulate their views:

‘…children’s advocacy, there aren’t those provisions for children in Birmingham...I don’t know where that is in the pecking order of developments…’ (Chair).

esurvey respondents also suggested better co-ordination of agencies’ information on and interactions with families would provide a fuller understanding and representation of children’s voices.

**Researcher Commentary on Children’s Engagement**

No parents or SWs cited examples of children attending CP conferences and meetings. Working Together (2013) states children should be heard and understood, and involved in decisions.

Chairs noted a child’s age, vulnerability and level of understanding would need to be taken into consideration before allowing them to attend conference. Some SWs also suggested conference venues would need to be more friendly and familiar environments for children to encourage their engagement. We are unclear whether children are currently asked if they would like to attend and how/who decides if this can happen.
Working with Children Recommendations

Working with Children

- SW and agencies should avoid repeating questions where possible. Where this is necessary, workers should explain the purpose to children and acknowledge it may be frustrating for them. Workers could also approach the questions in different ways to make this less routine, and take the time to have a more meaningful conversation on more informal terms to balance out the visit.
- As per SW recommendations, where possible SWs should remain consistent throughout the process. A reduction in SWs caseloads should also allow more time to develop relationships with children and this should be seen as a priority.
- The process should keep the number of agencies working with children to the smallest number possible, with minimal turnover.
- Schools should look to consider if there are ways they can work with CP families more sensitively. Schools should also work with SWs to consider the impact of school visits, etc. on the child and how this can be reduced.

Supporting Children’s Engagement

- The Service should ensure appropriate explanations are available for SWs to use with different aged children and look at training and/or resources staff could be provided with to engage with different aged children.
- Ideally the Service should look at how children’s experiences and voices are currently being captured and fed into service improvements. If the resources could be found, it would be valuable to undertake specialist research into the experiences of children under CP.
- The Service should consider the possibly of supporting older children with the mental capacity and maturity to attend and actively engage in conferences to do so. The Service should consider how engagement could be facilitated, for example through child advocates and child friendly venues.
- The Service should consider whether information about children’s views and wishes held by the various agencies is being effectively pulled together and presented in assessments, conference reports and discussions, etc. If this is not being successfully achieved, barriers should be taken to the BCSB for consideration.

Working with Parents

- The Service should be open with parents about the fact that children do have accidents. Parents should be informed what to do if their children do have an accident, e.g. when to take to the doctors or hospital, or to observe at home, to reduce unnecessary concern on the part of parents.
Written Agreements Findings

Parents’ Views of Written Agreements

Occurrence
Parents from five of the cases involved in the research were or had been subject to a WA. Two were described as the result of actual physical harm to children, two due to arguments between parents/adults and one the potential for physical harm.

Purpose
WAs were described by parents as setting out conditions by which the parents could not live together, and/or the conditions under which the parents could or could not interact with their children. The latter often meant the whole family could not be together at once.

Impact
Six parents talked about the emotional impact separation on themselves, but moreover on their children:

“When can my [parent] come home?”...’the last couple of times [the SW has] spoken to them on their own they had to stop halfway ... because [child] is in floods of tears’ (Parent).

‘when I…leave….He screams for hours and he’s always, “Daddy, daddy”. When I’m not there, that’s all that comes out of his mouth, “Daddy, daddy, daddy. Where’s daddy? (Parent).

‘they [children] were worried and wondering what was happening so for a while they had to sleep in my room with me for comfort’ (Parent).

Five parents felt the negative impact the WA was having on their family was in direct contradiction with SWs telling them they were going best for their children:

‘they talk about the effects this could have on the children, but then what effects are they having when their [parent] is not allowed to stop all the time….for six months now...they keep saying it’s in the best interests of the family, but how is it when they’ve split the family up...?’ (Parent).

‘None of them actually care about how this is affecting [the child] and what it’s doing to [them]. It just seems like [they are] just a number on a piece of paper… They don’t care how it affects day-to-day….We should be taking [the child] out to the park….swimming… We’re not even allowed to take [them] to the shop down the road because he’s not allowed to leave this house with me and [other parent]’ (Parent).

Parents talked about logistical problems WAs can cause regarding childcare, household activities, school drop offs, etc.

Length
Parents felt WAs had continued for too long. Timescales reported ranged from six months to a year and a half. Two cases thought their WAs would be much shorter: in one case, a matter of weeks; the other, three months.

One couple were under the assumption their WA will end when their children were deplaned, however another couple whose children were now on CIN had been told to stick to the terms of their WA. Another couple said their SW told them they could not make promises about when the WA would end.

Reuniting the Family
Often parents did not feel SWs had considered how the situation would move on from the WA and that plans had not been put in place to reunite the family.

‘I wasn’t happy…I knew the work is needed…we’re willing to work…he’s
[separated parent is] willing for the work to be done. But they weren't in support of him coming back home at that time' (Parent).

One couple fed up with the delay suggested a partial reunion:

'[the SW said] "I hadn't really thought about that" and it's like, "Well, how long... do you expect me to stay [away] for?...they're quick enough - if we was to do something wrong.... but it just seems like they're not quick enough to sort everything back out...' (Parent).

Another couple said they, and their agencies, had tried to get the WAs removed but had not been successful, and they had no indication of when it would end.

A further couple's WAs had been in place for well over a year and there were more positive indications the SW was working towards reuniting the family, e.g. re-introducing interaction between Mum and Dad, and creating more regular interactions between the children and the separated parent. However, even in this case the parents did not know when the agreement would come to an end.

Researcher Commentary on the Length of Written Agreements and Reuniting Families
The length of WAs reported by the parents in the research poses the questions: how long does it take to assess whether a parent is a risk, to assess whether they can change and to indicate to parents whether the intention is to reunite the family?

The complexities of the situation may not allow a specific timeframe to be given, however SWs may be able to communicate the changes they would need to see before the family could be reunited to give parents a better understanding of the boundaries they are working within.

Given the emotional impact of WAs' checks at set timescales could be introduced to ensure steps are being taken or considered as to how the situation moves forward, and that parents are being kept informed of this.

Terms of Separation
Two couples felt they had not been provided with a sufficient explanation of the WA.

'I kept I kept asking her how she could say we weren't allowed to be together and he wasn't allowed to be around my son. When she's not there, she doesn't see what my son's like with his dad day-to-day. She had no clue. She'd never even met my partner. She'd only met my son once and I couldn't understand how she could come to that conclusion without actually witnessing anything’ (Parent).

A family member asked about the terms of the arrangement on the parents behalf. The parent did not feel they were given an explanation and were fobbed off::

'Well, I could have been harsher and told you, you could only have a couple of hours [at home a day]...I could have been stricter and said -- you know, I can only go up for two hours a day...' (Parent).

Another couple asked why the parents could not see the children together and were told this was a safety measure, but did not feel this was explained. However, two cases did cite times when they were allowed to go out as a family unit e.g. to school events when other members of the public were present.

Permission:
Three couples felt they had inadequate direction about what they could and
could not do, and felt they had to ask permission to do everything. Parents were scared to do things without explicit permission for fear of harming the progress of their case, and two couples said they had to chase their SW.

‘...if I need to do something…I had to ask permission for [for my partner] to come with me [and the child]… when it’s things you need to know quite quickly, it gets annoying when you’re waiting four to five days for a response because then you end up missing things because you’re scared to do them’ (Parent).

One couple were told by their SW to use their common sense, but they said:

‘...I don’t want to do anything that jeopardises what’s going to happen with the children …so, we just don’t know whether we’re coming or going, really’ (Parent).

The Separated Parent:
The separated parent commonly reported feeling frustrated and isolated:

‘...last time I spoke to [Social Worker] I did say that I don’t know how much more of this I can take...’ (Parent).

'Very annoyed…It made me feel like the kind of person that they were making me out to be… they were making me out to be this big horrible mad…aggressive kind of person…’ (Parent).

'I’m just left here suffering and obviously its driving me crazy’ (Parent).

The Staff Views of Written Agreements

Purpose
SWs and TMs viewed WAs differently to parents, as a way to avoid breaking up an entire family. This enables children to stay with one of the parents (unless both pose a significant risk) so children do not need to be removed.

SWs and TMs did not view WAs as a way to remove the risk and ‘park’ the work needed to address issues with the separated parent. In other words, it was not viewed as a way to alleviate work pressures. SWs and TMs viewed WAs as a useful tool by which to clearly set out what parents need to do, what needs to change, timescales, etc. SWs use WAs as evidence that parents did understand/were given the info, and can be used in court settings.

SWs and TMs felt WAs need to use more accessible language, avoiding professional terms. This indicates staff also felt parents did not always understand the terms of the WA arrangement.

Length
There was some recognition by TMs that agreements may run for too long and there is some over reliance on them:

'just because you’ve got a working agreement [it] doesn’t keep a child safe’ (TM).
Written Agreement Recommendations

Clarity of Written Agreements
- The reasons why WAs are put in place and the issues/risks they are intended to address should be clearly communicated to Parents.
- WAs should be written in simple accessible language outlining what parents can and cannot do. Examples should be provided regarding what parents need to seek for permission for.
- When the terms of WAs change, parents should receive updated copies.

Impact
- Where possible WAs should enable the family to have supervised contact together as a complete family unit. If this is not possible the changes which need to occur for this to happen should be made clear.
- Where possible SWs should help to overcome logistical issues caused by the WAs, in particular where these impinge on the children’s’ and the parents’ well being.

Reuniting Families
- From the onset of a WA, SWs should be planning how they will move the situation forward. WAs should set out the changes that would need to take place for the family to be reunited and what support is available to help make these changes.

Timescales
- Set ‘check-in points’ could be introduced for WAs to ensure progress is regularly being reviewed against the changes required to remove WAs and feedback is being provided to parents. This could form part of SWs’ regular case supervision.
- Parents should be advised whether WAs will continue beyond CP and why.
Duration of Child Protection Cases Findings

Parents' Views of Case Duration

Cases Continuing for Too Long
Nine parents felt their cases had been going on for too long due to:

1. Lack of engagement by other parent/partner:
The lack of father’s engagement was cited by at least three cases for prolonging the duration of their case; these mothers felt they could not do anything to progress their situation and often felt their children should be deplaned because they did not pose a risk.

   ‘Even though I’ve done everything that they’ve said to…I feel like I’m going to be just punished again because he hasn’t spoke to them…I’ve got a feeling now, when I go conference next week, because my partner, well, my ex-partner, hasn’t spoke to them, that I’m going to be put on it for probably another six months’ (Parent).

   ‘…my [partner] is not involved…that was one of the things why the chairman said that we cannot take the children out because he is not involved and they still didn’t feel the home [is] safe…’ (Parent).

2. Delayed decision making:
Three parents felt they had remained on CP too long because of delayed decisions. In two cases, parents said they had completed all their actions, but had to wait several months for their next conference before they could be deplaned. In the other case, the parents felt the SW was unable to make decisions outside of CG/Conference, or without consulting their manager; they felt this caused delays and extended the length of time they were on CP.

Two parents also felt positive reports of progress from agencies were not being listened to and/or recognised by SWs/Chairs and hence their case continued.

3. Agency/SW non delivery or delays with actions:
Some parents also spoke about delays caused by partner agencies not delivering services or delays in delivery, these included: counselling; learning disability and psychiatric assessments.

Four parents mentioned delays in the actions of SW, and double standards with a focus on monitoring parents’ progress while SWs failed to deliver.

   ‘We were doing what we had to do but then things weren’t getting completed [by agencies]’ (Parent).

Stopping Child Protection
11 parents felt they were doing all they could to stop the CP Process. As reported earlier (under ‘CP Plan Findings’), often these parents referred to moving goalposts, a lack of understanding as to what else needed to be done and a failure amongst CP staff to recognise progress made.

Deplan Decisions
Some parents felt decisions to deplan need to be made quicker once all the necessary actions had taken place. These parents felt were told they had achieved all they needed to be deplaned, but that this decision would have to wait several months for the next scheduled conference. This was frustrating for parents who felt they were continuing to be monitored through HVs, when this was no longer necessary.

To make this happen, conferences would need to be more frequent, and/or the dates would need to be more flexible.
Staff Views of Case Duration

Cases Continuing for Too Long
esurvey respondents seemed to agree with parents that sometimes children remain on CP for too long. Only 18% said this rarely or never happens, while 76% felt that this happened some of the time. Suggestions were made as to how this could be prevented:

- Eight said there should be a cut-off date and/or much closer time management of cases via supervision.
- Four felt there should be automatic legal planning for long/repeat cases.
- Six said lower caseloads and more resources would help reduce cases continuing too long.

Deplan Decisions
SW also felt some families were waiting too long to be deplaned and agreed decisions need to be made quicker.

Stopping Child Protection
Whilst many parents felt they were doing all they needed to stop CP, esurvey respondents did not paint the same picture. 65% said parents sometimes do what is required of them and 11% rarely deliver, while only 24% deliver most of the time.

This suggests, amongst other possibilities, parents may be 1) intentionally refusing to acknowledge and/or to make all the changes that need to take place, 2) do not understand all the required changes, 3) do not have the skills and/or support to draw on to make these changes.

Parents may not recognise they are the ones that need to change:
‘…they have got a duty of care for the kids and obviously if they think the kids was in danger, then fair enough. But it is not about the kids… [discussions are] always about the way that I am’ (Parent).

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28 n=33
29 n=37
30 0% of respondents did what was required all the time, and 11% rarely.
Disengaged Parents’ Findings

As reported above, some mothers felt the progress of their case was delayed or stopped because of the other parents’ lack engagement in the process. Some fathers however also felt they were not focused on sufficiently by CP staff and agencies, and should be involved earlier on in the process (also see the following section on ‘Father’s Experiences Findings’).

Parents’ Views of Disengaged Parents/Partners

Impact on the Family
At least three mothers talked about the negative impact of disengaged partners on the progression of their children’s CP case, often they felt the process should not continue because of someone else’s (in)action:

‘I don’t think they should be allowed to keep you on it though for that long if your kids are fine and you’re fine. Just through one person’ (Parent).

‘I was a bit annoyed after me and their dad separated that we went for a meeting after three months and they still kept me on the Child Protection…I was never a risk to the children. They still kept them on there and they still are on…that’s annoyed me…I am being penalised and he’s disappeared…’ (Parent).

Making Contact
These mothers were positive about the work of some SWs who had demonstrated persistence attempting to contact fathers; these mothers recognised their efforts even when this had not been successful. This was not consistent with some SWs focusing less of their time and energy on engaging fathers:

‘Previous social workers have rang him, but not followed up…[the] last social worker managed to contact him on the phone…social worker said that dad was recently involved and started cooperating…’ (Parent).

The cases demonstrated the challenges of engaging fathers:

‘They did [try to engage father] on several occasions; letters and phone calls and little threats that this will happen if he will not cooperate but [there were] no answers from him’ (Parent).

Staff Views of Disengaged Parents/Partners

TMs agreed disengaged parents commonly delay the CP process. They also understood the pressure CP puts on the engaged parent when their partner is the risk and will not engage:

‘If they’re living in the household, that’s…fundamental to the plan…often we put women in really difficult situations, particularly in domestic violence situations…asking them to make life-changing decisions…when they’re coping with a lot of anxieties around the risks for their children…we’re expecting them to make a decision quicker than perhaps they’re emotionally ready for…’ (TM).

SWs/TMs stressed the need to make tough decisions if a parent posing risk is not engaging - if the risk is too great, the other parent must make that difficult decision, or it will ultimately need to be made for them.

Researcher Commentary on Stopping Child Protection
As observers there were some cases where it was clear SWs may see the quickest and perhaps most effective way to end CP would be to end the parents/adults relationship to eliminate the risk involved.
TMs and SWs talked about the difficulties involved in doing this, the competing timescales in which it takes parents/adults to voluntarily end their relationship and the timescale needed to ensure children are safe.

This also puts SWs in a very difficult position in their relationship with parents. SWs may have to suggest the best way forward is for the parents/partners to split up so the children are not removed, enabling the parent not posing a risk to keep their children. However this may be perceived very negatively by parents as the process/SWs trying to break up their relationships.

CP staff also explained that once parents have ended relationships, cases often cannot come to an automatic end as work needs to be done to ensure the family are safe from this individual. In addition, other issues may need to be addressed, such as supporting and educating the remaining parent to encourage them not to form similar negative relationships in the future.

Fathers’ Experiences Findings

To explore the views of men, the Research Team prioritised cases where men were engaged in the process and were available to talk to. This may have created a bias sample of cases with more active fathers; hence the range of cases reported here is not necessarily typical of the overall CP caseload in Birmingham.

Unfortunately, the fact that disengaged fathers were disengaged, means they were in essence difficult to get hold of and invite to participate, and hence are not represented.

The fathers of each the 14 cases involved in the research can be categorised as follows:

<table>
<thead>
<tr>
<th>Engagement and Risk posed</th>
<th>Number of Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively engaged and Lead Carer</td>
<td>3</td>
</tr>
<tr>
<td>Actively engaged and posed risk</td>
<td>2</td>
</tr>
<tr>
<td>Actively engaged and joint risk</td>
<td>1</td>
</tr>
<tr>
<td>Actively engaged later on in process and risk</td>
<td>1</td>
</tr>
<tr>
<td>Actively engaged later on in process and joint risk</td>
<td>2</td>
</tr>
<tr>
<td>Disengaged from the process and posed risk</td>
<td>3</td>
</tr>
<tr>
<td>Absent fathers</td>
<td>2</td>
</tr>
<tr>
<td>Total Number of cases</td>
<td>14</td>
</tr>
</tbody>
</table>

(The above categorisation is based on the parents’ accounts and the Research Team’s interpretation of these situations and should be viewed with this in mind).
Fathers’ Views of Child Protection Experience

The research findings presented below summarise the experiences of these fathers based predominantly on their self reports via the parent interviews. However these are supplemented with mother’s views where fathers were not accessible.

Fathers as a Positive Resource
Three fathers were the lead carers for their children; in all these cases the mother posed a risk and/or was not capable of caring effectively for the children.

Not dissimilar to reports by mothers, one father talked of being punished and frustrated at having to go through CP when he was not the cause of concern.

Another father whose children came to live with him was fairly positive about the process, although he had mixed experienced of SWs and had considered a formal complaint. He felt the process was intrusive, but understood why, and was willing to go through it to secure his children’s future. He was very positive about the support and relationship formed with his more recent SW.

The remaining father was negative about the process; he reluctantly adhered to CP and did not welcome the intrusion it brought.

Impact on Employment
In two cases where fathers were the lead carer for the children, they gave up their employment in order to undertake this role and ensure their children could remain at home.

‘No, there was no time limits [for the child protection process] and obviously my work was going, “How long’s it going to be”?...they was putting pressure on me, ”When can you come back to work, when?” I says, ”I’ll just hand in my notice”'(Parent).

‘...why hold the meeting [during work hours]...I [stopped] work at that time...because they could have taken action against me or they would say that...if you didn’t even care to come to the meeting...[you don’t care about] children’ (Parent).

‘...because of [the child protection process] I lost that house, and I couldn’t work for two years ... and I used to pay for the mortgage and all that’ (Parent).

CP meetings also conflicted with working commitments, taking place during the working day making it difficult for employed fathers/partners to attend. One father in particular felt because he was unable to attend this was viewed negatively as him not engaging.

‘...I knew I had to attend, but, as I said before, my son’s mother was attending, I was informed regarding the outcome etc, so, you know, why would I wish to just, like, eliminate a day’s salary just over that?’ (Parent).

Approaching Disengaged Fathers
One mother talked positively about the persistent efforts of her SW to approach the father, however once an appointment was arranged this was cancelled by the SW. She felt this failure to keep the appointment and the father’s negative experience of services, and the negative experiences of people around him, would now make engaging him very difficult.

‘[SW] has contacted him. She’s the only one, to be fair, that he has spoke to. He spoke to her on the phone. He agreed to meet with her. Which I was
quite shocked. But then obviously, because she cancelled, then he just went all funny again and shut down...He was like, “No, I’m not meeting with you now...because I’ve been messed about”...’ (Parent).

Fathers who were less actively engaged in the process were perceived to be the cause of Domestic Violence and/or had criminal records. These factors appear to be a common barrier in engagement.

**Being Involved Late in the Process**

- At least three father’s complained about a lack of information on the process and for not being engaged earlier. These fathers were frustrated at the lack of effort made to contact them and felt simply sending letters was not effective.
- ‘They need to go more, they need to see the kids more, they need to see the Dad more. The Social Workers need to bring the father into the kids’ lives again instead of pushing him away all the time...’ (Father).
- ‘You don’t hear much about dad, do you, really. It’s all about the mum, really, and dads are normally left out in the dark a little’ (Father).

**Feeling Pre-Judged**

Some fathers felt they pre-judged before SWs had met them or before they had the opportunity to explain their point of view. Fathers would like to be spoken in person, without pre-conceptions about them.

‘...we were both arguing but he [the father] was then said as a risk...so that made him angry because...he thought, “Well I’m not a risk”...so it made us more volatile [and prone] to more arguments...because he was trying to get his point across...’ (Parent).

‘...they came to my house and basically just came in and said, “Oh, we’ve heard you’ve been attacking [partner] and domestic violence is taking place”, and I said, “Hold on, what’s going on? I don’t know you...[she’d] got an incorrect version of events...and really I don’t wish to really hear anything else from her’ (Parent).

**Labelled on Inaccurate Information**

At least four fathers felt they were labelled as the problem based on inaccurate information and/or workers not investigating the case fully:

‘Well, I have challenged [incorrect information] twice and all my own professionals have said, “This is wrong...[they] can’t do that”. And I’ve been labelled, near enough, a bad criminal’ (Parent).

‘They should have enquired about it, whether [another person had] hit them or not. And then try their best to find out; I mean we do look after our children. I don’t know what came to their mind...’ (Parent).

‘I felt...for a moment that I was the perpetrator...of all that was going on [the problems in the family], basically “it’s his fault”. You know, misinformation, situations that I weren’t really consulted about, the attitude originally of some of the actual social workers...’ (Parent).

‘I admit we probably had arguments when they first come into my life. But everything was just exacerbated where I felt like I’m a really bad person. I’m an axe-wielding murderer...they write this stuff down and they believe people and then they don’t then change it or take it off’ (Parent).
Father’s Experience of the Process
Fathers seemed to feel the stigma of CP more greatly, both from professionals and wider friends and families.

‘[child protection]...caused me so many internal family problems...’ (Parents).

They were often more distrusting of the process and felt it was trying to break up their family and/or relationship.

‘[the] one consistency other than our children is our relationship. We’ve been together 18 years, I’m not throwing her under the bus [splitting up with her]...’(Parent).

Understanding of Risk
Some of the fathers who were we interviewed, or mothers’ accounts of them, indicated they recognised the risk they had/did pose to the children in question. They seemed remorseful and genuine in their desire to change and to prove to CSC they were good parents. Parents talked about fathers actively accessing services to support them to change.

‘I know what I said was wrong I don’t remember [but] it’s no excuse…I said it, you know. I hold my hands up’ (Parent).

‘I done the anger management. They wanted me to do a stage one and because…I wanted to really get engaged in it, I got a level two while I was there’ (Parent).

Others seemed less/unaware of the risk they posed or they did not want to acknowledge this.

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Child Protection Duration and Disengaged Parents Recommendations

Enable Timely Decision Making and Monitoring Length
- The Service should consider whether more power needs to be given to the CG and SW/TM to make decisions to move a case on outside of conference, or whether existing powers need to be more clearly communicated to CP staff. For example, amending WAs, amending actions in CP Plans, etc.
- As suggested by SWs, supervision could be used to monitor the duration of cases, and to encourage TMs to be more active in helping SWs to make more timely decisions to move cases onto the next step. With greater capacity, TMs could get more involved in ‘drifting’ cases to ensure parents and children are not negatively impacted by CSC or agency delays.
- As previously stated, the Service should look at increasing the capacity of Chairs to enable more flexible scheduling of conferences (bringing forward conference dates) for families where sufficient progress has been made to deplan.

Reporting Delays
- As previously recommended monitoring processes should be put in place to capture agency performance and to feedback messages regarding service delays that are impacting on the ability of a case to move forward in a timely fashion.
- The relevant agencies and internal departments should be tasked to review their own processes for supporting CP families, as set out under ‘Agency and Service Recommendations’.
Support Parents to Change:
SWs and other agencies should consider if there is anything else they could do to support parents to recognise and make the necessary changes to take them off CP. Parents may need to be:

- Helped to recognise and accept the risk they or their situation poses, and educate parents about the consequences of risk for children.
- Helped to recognise and provide clearer guidance on change and actions required (see ‘CP Plan Recommendations’). SWs could go through these with parents and ask them to feedback what progress they feel they have achieved; this would enable them to verbally check parents understand what else needs to be done.
- Provide hands on support to parents to make changes and, where relevant support is not available, tailor an intervention for the family. (As previously stated this would be subject to a reduced workload).

Increased Focus on Disengaged Parents (Fathers)
Where cases are continuing due to the lack of engagement and/or change by partners posing a risk, SWs and agencies should (re-)target their efforts at this individual to enable the case to progress. The findings also suggest that SWs should be aiming to involve fathers earlier in the process.

Staff should be supported to do this through:

- Training and resources for SWs to work with disengaged parents, in particular intimidating and aggressive fathers.
- Information/guidance for fathers on how to engage in the process as ‘the separated’ or ‘parent posing a risk’.
- Peer support and sharing what has worked.
- Using different approaches to connect with disengaged parents, e.g. approaching agencies working with the parent, taking the time to listen to the other partner’s position and needs, etc.
- Sourcing or tailoring support to meet fathers’ needs so they feel recognised by the process.

Consider Alternative Support for Remaining Parents

- Where parents have ended their relationships with a partner/parent who poses a risk to their children, Chairs should look at whether these families can move on to be supported outside the CP process.
- Parents left in the CP process – who feel they have removed the risk (other parent) - can feel they are still being stigmatised, monitored and punished even after doing the right thing.
- Chairs/TMs/SWs should ask whether parents in these circumstances can be moved to a CIN Plan, or alternative, so they feel supported with a reduced sense of integration. This would also be a clear indication to parents that staff recognise the progress parents have made and have responded in kind.
Risk Levels Findings

Parents' Views of Risk Levels

Child Protection Risk Levels
Five parents felt their case was not serious or high risk enough to warrant CP status, and that Social Services are failing to focus on the really high risk families:

‘I couldn’t understand why I was put on it because I know people who are on it and they’re on it for like really serious things and I’m not in that category’ (Parent).

‘...we only had a few arguments. I do understand, you know, the emotional side of what they say…but I think they just took it way, way too far’ (Parent).

‘...they’re not even...concentrating on the families... that are really bad... taking drugs...drinking...aren’t buying food for their kids, they haven’t got money to send them to school because they’ve spent it on god knows what. I just think them are the ones that get abused and ... left behind because I can see the social worker system is in chaos’ (Parent).

‘...child protection was a bit harsh for me, especially when I know that there’s people out there who like they’re getting done for neglect and they’re on child protection. My house is spotless, my kids are clean, looked after, and I feel like I’ve been put in the same category as them people who’re neglecting the kids...I haven’t done nothing wrong’ (Parent).

Media Influence
Five parents felt they were being unduly focused on because of safeguarding mistakes and reports in the media:

‘I’m just being used...Because of everything what happens on the news ...[they said] “We can’t be too careful now...” [but] I don’t see how I should be used as an example’ (Parent).

‘...it feels like all the failures that Social Services have been having with other cases...we’re being punished for the failures. They’re being overzealous with us to make up for the mistakes…” (Parent).

‘when you see stuff on the TV ... you’d think, how the hell did they miss that? But then they’re on everyone else’s case that isn’t really like [that]’ (Parent).

Researcher Commentary on Risk Levels and Media
It is appears parents’ views of what warrants CP has been heavily influenced by high profile child deaths in the media. When comparing these extreme cases against their own circumstances they may feel their situation is different, and therefore view CP as inappropriate.

It suggests parents need a better understanding of why their case warrants CP. As Researchers with a partial view of the cases, it is not possible to comment on whether the cases did or did not.

It did however seem some parents did not articulating and/or recognising the overall picture and level of risk SWs may need to assign to their case after bringing together the evidence. Conversely, at least four parents felt SWs do not take on board all the positive aspects of their family, and were confused about receiving positive feedback about how well their children were cared for, attainment at school, etc., whilst having to remain on CP.

Missed Opportunities
It is difficult to reliably make judgements about the occurrence of missed opportunities in the CP cases explored, given the Researchers only have access to parents’ accounts.
However, there appeared to be a number of cases where this may have happened:

- One family who had a referral to CSC for what appeared to be a significant issue were not placed on CP. This may have been the right decision to allow the family to change, however the parents felt they were left without sufficient support although some Family Support assistance was put in place. The family were then re-engaged with CSC and were placed under CP a few months later.

- In another case a large number of interactions had taken place with a partner agency and CSC had also been involved. However, the parents did not feedback that any support was put in place until the risk increased and the family were placed under CP.

- In a third case of physical harm, an incident had taken place and the children had been placed on CP. However, it appeared the parent did not get any support to change until a second incident occurred, which led to the children going back onto CP.

- Another vulnerable parent who was struggling and known to services, had contacted CSC for support on different occasions but felt they were ignored. They went onto have more interactions with agencies due to substance issues and parenting, which eventually lead to CP.

In two cases, parents explicitly felt they did not get support from CSC because of family or wider support networks they had.

**Access to Services**

Some parents commented there is a lack of signposting and awareness of services prior to entering CP, which may have prevented them from reaching CP in the first place.

‘When the kids got put on the child protection plan, they threw so much help at us…Yes, because obviously we didn’t get it beforehand’ (Parent).

‘…to be fair, if we knew what support we could get without the protection plan, I don’t think we would have ever been in the protection plan’ (Parent).

Another parent thought they were receiving 15 hours free childcare a week because they were on CP, and felt that ‘good’ parents should also have access to services, not just those who have been labelled as failing, e.g. under CP. This demonstrates some parents had a lack of awareness of universal services.

One parent feared coming off CP because they felt all the support would be taken away.
Staff Views of Risk Levels

Child Protection Risk Levels
Some TMs felt the types of cases being referred to CP are much more serious in terms of risk than they were 10 years ago. Others felt lower level cases are still getting referred, e.g. verbal altercations outside of the home, but seemed to agree that these cases were filtered out through the assessment process.

However, 61%31 of esurvey respondents said sometimes families went through CP who should not, only 33% said this rarely happens and none said it never happens.

The TMs findings contrast with some parents’ perspectives who felt their cases were not serious enough for CP; whilst this is supported by the esurvey. Two respondents commented that TMs need to be more confident at ‘gatekeeping’ cases away from CP.

Access to Services
TMs/Chairs felt families who are not subject to CP are not getting access to the services they need to prevent their problems from escalating.

‘…[the] threshold to actually get a service now is much, much higher than it’s ever been’ (TM).

‘…children’s social workers come to us often and say, “Subject to a Child in Need plan, or Common Assessment Framework arrangement, does not guarantee services to these families”. That is wrong. It goes against the whole sort of drive of the way we’ve changed the way child protection services…’ (Chair).

The Assessment Process
CP decisions are made on the basis of SWs’ assessments. Whilst the large majority of esurvey respondents (91%) felt these were useful/very useful in making this decision, the same number (91%) of respondents made suggestions for improvements:

- Assessments should be more comprehensive to identify the full needs of families and respond to these (x5).
- SWs need more time to collect evidence so decisions are not made on partial information (x3).
- SWs need more time to engage families to do full assessments (x3).
- There should be fewer ‘No Further Action’ on initial assessment to prevent cases from escalating (x2).
- TMs need to give SWs more direction about what they expect from initial assessments (x2).

‘Social Workers are overworked and cannot give the time to CP cases that is required. They are expected to pull a lot of information together on families in a brief period of time. Important decisions are made with limited experiences of families’ (esurvey).

‘We are often forced into making decisions based on minimal information about how families function’ (esurvey).

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31 n = 33; 6% said this happens most all of the time
Risk Level Recommendations

Parents’ Understanding of Risk
- The assessment report and CP Plan should clarify for parents the nature and depth of the issues and accompanied risk in their case. SWs could also seek to clarify parents’ by asking them to prepare a statement/explain in their own words to ensure the assessment had been understood.
- Including a risk rating on a scale in the CP Plan may help parents get a better idea of the risks involved in their case and how significant they are and why it warrants CP.

Staff Understanding of Risk
- The esurvey results seem to suggest there are different understandings of the risk needed to warrant CP, with 61% saying sometimes families go through CP who should not. Recent fluctuations in the overall number of CP cases in Birmingham also suggest this may be an issue.
- The introduction of the single assessment process and SFs may provide a good opportunity to clarify the CP risk level in Birmingham for Council and wider agency staff.

Assessing Risk
- SWs need more time to complete thorough assessments of risk in advance of referral to ICPC to ensure decisions are being made on a more comprehensive and sound knowledge base. This should reduce the number of families being referred to CP when this is not appropriate, or alternatively when CP is warranted, it will provide a fuller picture of need on which to base a support plan.

Access to Services
- It would be useful to monitor whether families on CIN and other less intensive interventions, have sufficient access to services to prevent their problems from escalating and putting pressure further up the system.
- Some staff felt there was an absence of more universal and less intensive family support services, and that families can be in a void unless their requirements worsen and are referred up the chain. CYPF should consider whether appropriate levels of resources are being invested at this stage in the support process.
- Also see ‘Agency and Service Recommendations’.