Social workers' knowledge and confidence when working with cases of child sexual abuse

What are the issues and challenges?

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Abbreviations

ABE	Achieving Best Evidence
ADCS	Association of Directors of Children's Services
ASYE	Assessed and Supported Year in Employment
CIN	Child in Need
CAMHS	Child and Adolescent Mental Health Services
CPP	Child Protection Procedure
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSW	The College of Social Work
FG	Focus Group
LA	Local Authority
LAC	Looked After Children
LSCB	Local Safeguarding Children Board
NQSW	Newly Qualified Social Worker
OCC	Office of the Children's Commissioner
Section 47 investigations	An investigation of suspected child abuse

Executive summary

This report considers the extent to which social workers in England are confident in working with cases of child sexual abuse, along with the issues and challenges of this work. The research study on which this report is based was undertaken with social workers, managers and Safeguarding Board Chairs in six different English Local Authorities representing a social, regional and demographic mix. Through a series of individual and small group interviews staff spoke about the challenges of working with abused children in general, and those who had experienced sexual abuse more specifically.

The study revealed that social workers' confidence in working with sexually abused children is influenced by a number of important variables. These included social workers' access to training, peer and managerial support and supervision, experience of managing cases of child sexual abuse and previous experience of direct work with sexually abused children. Social workers' confidence was more evident when working with individual familial based cases of sexual abuse than to forms of abuse where grooming, trafficking, internet abuse and other types of exploitative behaviour were identified and where multi-agency responses were required.

Whilst sexual abuse may take different forms, social workers raised concerns that the varied ways in which abuse is described may lead to children not receiving the help and support they require. This was either because criminal investigations took priority, or because cases of grooming and trafficking were handled through multi-agency panels rather than through established safeguarding procedures. Social workers consistently highlighted the limited therapeutic provision and long term social work support available to children and their families after a disclosure of sexual abuse was made.

Social workers were emotionally affected by the cases of sexual abuse that they and their colleagues managed. They undertook the work with a strong sense of commitment and concern for children. Included in this report are examples of good practice and of social workers and their managers providing thoughtful and insightful interventions in complex cases and challenging family situations. Social workers spoke of case load pressures, the expectations of partner agencies and insufficient support and preventative services limiting the responses that they were able to provide to children. Social workers also identified concerns that cases of child sexual abuse might go undetected when more evident indicators of neglect or physical abuse are presented.

There was a general belief that training did not always keep abreast of the increasing challenges of keeping children safe. Social workers suggested that there needed to be more of a focus on non-procedural elements of the work, including more emphasis on direct work with children, multi-agency working and supporting children and their families post disclosure. Social workers spoke of being in the 'front line' when it came to working with highly vulnerable and abused children, but frequently operating without the support, time, knowledge and training they needed to ensure the identification of sexual abuse and the protection and well-being of extremely vulnerable children.

Recommendations called for are:

College of Social Work:

- Develop practice guidance for social workers in investigative and post-investigative work that clarifies their role and authority in multi-agency working to maximize the well-being of the child, particularly in relation to child sexual abuse and exploitation

Educators:

- Programme providers should collaborate to achieve greater consistency regarding the teaching of child sexual abuse during qualifying training

- Promote the links between theoretical learning in areas of psychology, human growth and development, social work methods and application to the practice of child sexual abuse work

- Ensure the curriculum is informed by research and inquiry findings

Local Safeguarding Children Boards:

- Provide consistent leadership in developing and co-ordinating local multi-agency training and ensure that training is part of an authority wide strategy to address and prevent child sexual abuse and child sexual exploitation

- Monitor the response to annual Training Needs Analysis of social workers and support workers in relation to child sexual abuse skills and knowledge development

- Promote multi-agency training and opportunities for developing shared perspectives across agencies

- Provide training that develops effective working relationships between social workers and the police, recognising that their roles will not always be complementary

- Audit training programmes to ensure they promote skills in sexual abuse working within multi-faith and ethnically diverse communities

- Provide training in the following areas (where this does not already happen):
  - Direct work with children who have experienced child sexual abuse
  - Healthy sexual development of children
  - Managing 'difficult conversations'

- Ensure all those engaging children in child sexual abuse work receive appropriate training whether or not they are directly employed by Children's Services including:
  - Foster carers
  - Residential workers
  - Interpreters

- Identify a strategy for promoting ongoing learning such as secondments to other roles within Children's Services and include outcome in Annual Report

Employers:

- Where social workers in the Assessed and Supported Year in Employment (ASYE) have little or no prior experience of direct work with children, consider time-limited placement experience in children's centres, play work, family centres or residential care to develop the skills necessary for understanding the world of the child and developing good communication

- Through the supervision/appraisal process, conduct an annual Training Needs Analysis for all children's workers, with a plan to meet these needs

- Work with service providers in the independent sector to ensure there are no gaps in the range of therapeutic services available and that these can be accessed in a timely manner. This may require consortium arrangements to be made between neighbouring authorities

- Review how disclosures and reported incidents are being captured within current reporting mechanisms

- Ensure ASYE requirements are implemented consistently

- Develop formal peer supervision (as an addition to management supervision) by piloting models that acknowledge the importance of peer support for the well-being and effectiveness of social workers

- Work with local interpreting services to develop a more appropriate and higher quality service to families for whom English is not their first language

Background

The World Health Organisation (2006) in association with the International Society for the Prevention of Child Abuse and Neglect define child sexual abuse (CSA) as:

the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim. (p. 10)

In NSPCC surveys (Cawson *et al*, 2000; Radford *et al*, 2011) 16% of young people reported experiences of CSA, which, when applied to the UK population, means an estimated 2 million young people have been sexually abused in the UK (Brown, O'Donnell, & Erooga, 2011). Although it is not known for certain how many young people experience sexual abuse, it is clear that CSA is a significant problem. However, child protection registration figures and the numbers of children being made the subject of Child Protection Plans for sexual abuse indicate that the current focus on child sexual abuse is lower than it was a decade and significantly lower than two decades ago (Brown et al., 2011).

Children who have been sexually abused are sensitive to the responses of adults when they disclose (Malloy, Llyon & Quas, 2007) and inappropriate responses reinforce any sense of guilt, shame and powerlessness that they already feel. In 2010, 58 young people aged between 10 and 21 and a group of young women at the NSPCC Child Trafficking Advice and Information Line took part in discussions about child sexual abuse (Brown et al., 2011). Amongst other issues, they talked about not being believed or understood; feeling betrayed and let down by those close to them and then by the "system"; the need for local services that meet their needs and that recognise the impact of sexual abuse on the whole family; and, the need for social workers and police officers to have more training in working with sexual abuse.

These concerns are echoed by recent events characterised by poor responses to sexual abuse allegations. The Independent Inquiry into Child Sexual Exploitation (CSE) in Rotherham, 1997-2013 (Jay, 2014) provides substantial evidence of the failures of individual agencies and the Council to hear and believe the voices of young people and professional workers. In so doing, it highlights the collective power source of multi-agency working when agencies fail to challenge each other's practices.

Following the findings from the two-year inquiry into Child Sexual Exploitation in Gangs and Groups (OCC, 2012), the Office of the Children's Commissioner recently announced a national inquiry into Child Sexual Abuse in the Family Environment (Intrafamilial) that aims to assess the scale and nature of both detected and undetected familial CSA in England and the practice arrangements at both agency and inter-agency levels to prevent and respond to the issue. Furthermore, scoping work undertaken by the NSPCC in preparation for the *Assessing the Risk, Protecting the Child* Service established that local authority (LA) social workers felt they did not have the necessary understanding or training to make informed assessments of risk in relation to cases of known or alleged intrafamilial CSA.

Assessing the risk of CSA is a difficult task as it is both predicted by, and predictive of, more general child maltreatment. In addition, the same family environmental risk factors predict both child maltreatment and CSA (Smallbone, Wortley & Marshall, 2008). Nevertheless, although it is possible to identify factors that increase vulnerability in children, it is not possible to predict who will be abused. For example, Fergusson, Lynskey & Horwood (1996) found in a prospective study that the majority of children predicted to be at a high risk of CSA victimisation were not in fact sexually abused. Thus it is difficult to identify children to target for prevention strategies and we are reliant on children reporting their abuse before we can intervene to prevent further abuse.

The numbers of children made the subject of a Child Protection Plan for sexual abuse has fallen steadily over the last decade and it could be hypothesised that the decline over the last decade, which is not commensurate with what we know about the overall prevalence of CSA, has resulted in, or has been the result of, declining levels of professional understanding and awareness in relation to the issue of CSA. It is important, therefore, to understand the extent of social workers' knowledge and competence gap in this area and if there is a gap what can and should be done to address this problem.

The aim of this research, therefore, was to answer the following questions:

- *To what extent do children's social workers feel confident and competent when working with concerns relating to CSA or CSE?*

- *How trained and prepared do they consider themselves to be to manage these cases?*

The objectives of the project were to:

- undertake a statistical analysis of the level and nature of sexual abuse referrals in six local authorities (LAs)

- undertake a series of semi structured interviews with social workers, first line managers, senior managers and Local Safeguarding Children Board (LSCB) chairs in six local authorities focusing on the levels of knowledge, skills, confidence and training needs in relation to working with cases of CSA

- review the impact of any identified gaps and their implications for social work training and practice

Confidence, whilst regarded as an internal feeling, is largely shaped by external factors, such as previous experience, knowledge, skill and level of support. Where ambiguity and uncertainty are present, confidence appears to be diminished. For example, managers need to be confident in the abilities of their staff, and staff confident that managers are providing direction and support. They all need to be confident that systems and structures are the

most appropriate and effective in order to meet the needs of families. The College of Social Work (CSW) suggests that by the end of the Newly Qualified Social Worker (NQSW) year, social workers should have:

consistently demonstrated practice in a wider range of tasks and roles, and have become more effective in their interventions, thus building their own confidence, and earning the confidence of others. They will have more experience and skills in relation to a particular setting and user group, and have demonstrated ability to work effectively on more complex situations. (CSW 2012:1)

Experienced social workers will "*demonstrate expert and effective practice in complex situations, assessing and managing higher levels of risk.*" (CSW2012:1) There is, however, no agreed and objective way through which a social worker's emerging capabilities might be measured or their competences to deal with more complex cases of CSA determined (Moriarty *et al*, 2011). Carpenter *et al* (2013) explored the confidence and competence of newly qualified children and family social workers in England finding that whilst self-efficacy significantly improved during the newly qualified year, there was an over estimation of self-efficacy at the outset.

It is also important to note that although a staff member might say that he/she lacks confidence when dealing with CSA cases, he/she might prove extremely competent in managing such a case. This project explores these issues and while social workers and their managers talk about their confidence in dealing with cases of CSA, no assumptions are made as to how individuals self-measure such confidence, or indeed how managers assess their staff's overall self-efficacy and competences.

Methodology

Research design

A quantitative, collecting statistical data from Local Authorities (LAs), and qualitative, carrying out interviews and focus groups with staff, design was employed. We aimed for diversity by recruiting:

- LAs from across England with a range of geographic and demographic characteristics;

- staff within different parts of the Children's Social Work services; and,

- staff with a range of perspectives including senior managers, team managers, front line social workers and the Chairs of the LAs' Safeguarding Boards.

Ethical approval

An Advisory Group of experienced social work and social care professionals was established in order to guide the research. Ethical approval was sought and obtained from Coventry University Ethics Committee. In addition, approval was sought and granted from the Association of Directors of Children's Services (ADCS) Research Group. No further governance procedures were required for most LAs but LA approval was sought and obtained as required by one LA.

The project was conducted in line with the British Psychological Society Code of Ethics and Conduct, Health and Care Professions Council Standards of conduct, performance and ethics and University's Ethics Policy. All LAs and participants were given full details about the study prior to participation and rights to withdraw and confidentiality were outlined to all participants. To ensure confidentiality, LAs names, locations and participants are not identified in this report, or other communication regarding this study. Each LA was provided with a summary of the key findings respective to that Authority.

Sample and recruitment of local authorities

LAs were approached via a number of means. In order to pilot the research tools we selected one LA which had a smaller than average Children's Services. Our aim was to generate a representative sample in terms of geography, type of LA, and high and low rates of CSA. LAs were invited initially by contacting Director of Children's Services by email or telephone. For a variety of reasons many LAs who were contacted were not able to take part in the research. Of a total of 45 LAs invited to take part in the study, 7 agreed and 6 were able to take part in the study. Three were located in the East and West Midlands; one in London; one in the East; and one in the North West. The size of the LAs varied. In order to maintain anonymity, the LAs are referred to by number (1-6) and summarised in Table 1 below.

Table 1: Participating Local Authorities

Local Authority	Geographic summary	Low or High CSA	No. managers (interviews)	No. social workers (focus groups)
1	West Midlands	Medium	4	12
2	West Midlands	Low	4	12
3	London	Low	4	8
4	North	Low	4	11
5	East	Low	5	12
6	East Midlands	Medium	4	9

Quantitative data

Participating LAs were asked to provide statistics on the numbers of children whose primary reason for Social Care intervention related to concerns regarding sexual abuse and who were 'In need' (CIN), subject to Child Protection Plans (CPP), or under Local Authority Care (LAC). CIN are all the children with whom a given LA children's services department is working. All CPP and LAC are also CIN, but CPP and LAC status are mutually exclusive for all but a few cases. A pro forma was developed to collect this statistical data including requesting:

- the number of children subject to child protection plans (CPP);

- the number of children subject to CPPs primarily as a result of sexual abuse; and,

- the number of children subject to CPPs where CSA was a feature but not the initial indicator of significant harm.

Qualitative data

As the focus of the research was on social workers' confidence and competence in dealing with CSA in its variable forms, it was important that sufficient numbers of social workers, representing a range of roles and experience, were interviewed. Two focus groups were held and attended by between three and six social workers in each of the local authorities (see Table 1 for details of numbers who participated in each LA). Focus group participants represented different levels of experience and where possible, a range of ethnic, religious and social backgrounds. In each LA one focus group included staff working within safeguarding teams and the other was drawn from Duty and Assessment, Child in Need and/ or Looked After Teams where safeguarding issues also emerge. In each LA, a team manager and middle manager with responsibility for safeguarding practice, the relevant senior manager for children's social work services and the Chair of the Local Safeguarding Children Board were also interviewed.

A semi-structured format for interviews and focus groups was used to ensure consistency but not rigidity. All data gathering tools were piloted in the first LA and revised to ensure suitability. Interviews were conducted and focus groups led by one of the first three authors, each with a background in social work practice and/or research. All were digitally recorded and transcribed verbatim. To maintain anonymity in this report, participants who took part in interviews are referred to as managers, and participants in focus groups as social workers. Specific coding is used to reference the number of the LA (i.e. LA1 etc.) and where appropriate the focus group (FG) – FG1 indicating the FG attended by members of Safeguarding teams and FG2 the group attended by members of Duty and Assessment, Child in Need and/or Looked After Teams.

Analysis

The transcripts were analysed using the process described by Richie and Lewis (2003):

1. time was spent becoming familiar with all the data and emerging key themes identified/noted

2. the initial ideas/notes/themes were used to develop an initial thematic framework, which was 'dictated' by the data and then developed into a manageable 'index' of themes by considering the links between them and forming a hierarchy of themes and sub-themes

3. the transcripts were 'indexed'

4. tables/matrices were developed that identified where the themes/sub-themes were represented in each interview

5. these matrices were used to explain themes/ patterns that helped to illuminate where there were similarities and differences between participants (e.g. across LAs, or job roles).

Findings

Key Findings

Many social workers have experience of working with individual children and families who have been sexually abused; they express less confidence in dealing with internet based abuse, grooming, trafficking and CSE.

Social workers have variable knowledge and experience before being expected to investigate and manage cases of CSA. Many felt that they had to 'learn on the job' and were overwhelmed with cases, while others felt more confident because of the experiences they had previously gained in undertaking direct work with children as Family Aides or Children's Centre workers.

Social workers suggested that cases of sexual abuse may be underreported or difficult to identify in situations where child neglect or other concerns are the primary reason for referral.

There is no singular approach as to how LAs organise multi-agency responses to CSE or clarity as to the social work role and contribution.

Staff working in children's services who are not directly employed in safeguarding and / or duty and assessment teams are required to deal with CSA disclosures and require support and training.

No specific or in-depth training in CSA was completed during university social work courses.

On-the job training amongst social workers was variable in terms of availability, access to training, focus of the training, format, quality and relevance to practice.

Senior Managers and Safeguarding Boards were mindful of the importance of training and developmental opportunities for staff. Training on different aspects of CSA and CSE was available but was not always systematically targeted, nor its quality and impact monitored. Social workers reported that generic mandatory training tended to focus on child protection procedures rather than the wider dimensions of social workers' support and intervention roles.

There is a dearth of resources and provision for children and family members once CSA has been disclosed or identified. Social workers reported long waits for specialist services and an inability to undertake long term work with abused children whose cases may be closed once the child is no longer in an abusive situation.

The professional status and identity of social workers needs to be enhanced and supported in order that they have clarity of role and authority during the phase of the abuse investigation which will enable them to challenge decisions which prioritise criminal conviction in isolation from the promotion of the overall well-being of the child.

Both practitioners and managers recognised the importance of regular support and supervision in developing social workers' skills and confidence. Social workers differentiated between supervision of their case work and peer and counselling based support that was seen to be key in managing the emotional impact of their work.

Confidence

The social workers involved in this project reflect the complex picture of levels of confidence in CSA work. Some were extremely experienced, presenting as highly motivated, dynamic and accomplished practitioners, while others were more cautious and circumspect in their assertions. The factors that influenced this differentiation related to training, levels of experience and support, each of which is discussed more fully below. All social workers impressed as understanding the demands and ramifications of CSA work and demonstrated an acute awareness of the shortcomings of the service they were able to provide given the pressure of high workloads and the boundaries of their role.

Social workers recognised that practice relating to CSA was taking place in a rapidly changing environment. They were tasked with needing to be aware of CSA within families and familiar relationships, CSE, child trafficking, internet based grooming, sexting, revenge porn and a myriad of new and ever emerging ways of talking about the abuse of children and young people. They identified the need to know how such behaviours

impact on children and their families in order to assess and identify risk appropriately and act on any concerns. It was also important to have the confidence to critically interrogate such terms and ideas, rather than assume knowledge. The overlap and ambiguity in the categories can be confusing; confidence and clarity in knowing what actions to take in each circumstance are vital. The following themed sections underpin this sense of confidence in knowing what to expect and when and in what ways the confidence of social workers is likely to be challenged. The issue of confidence will be returned to in the final pages of this report.

Training

Social workers were asked about diverse aspects of their training experience, from pre- to post-qualifying. There was a particular focus on the preparation they had received for CSA work through their qualifying programme at university and on-the-job training provided by their employing authority. They were specifically asked to comment on the focus of the CSA training, the provision of mandatory and optional training and the availability of multi-disciplinary/multi-agency training. Additionally, they highlighted specific courses they had experienced and would recommend.

Formal training: university qualifying training

There was a broad agreement amongst social workers that they had not undertaken CSA specific or in depth training as part of their qualifying programme.

There was an acknowledgement that qualifying training provided social workers with the theoretical knowledge that enabled them to contextualise and understand CSA but their courses had not specifically prepared them for the work involved. Recognising that the social work qualification is delivered in partnerships between universities and placement providers, some social workers felt that the university delivery could have been strengthened. Several recalled receiving only one lecture or one guest talk about CSA and suggestions were made for improvements: training to identify children who may be at risk of CSA; disclosure interview training. Additionally one social worker

suggested that a week of lectures would be needed on topics such as children's behaviours, grooming, and the internet, in order to '*be confident enough to go into practice and say, I can do this*' (LA1).

However, a number of social workers commented that it was the availability of placements and experiences within the placements that impacted more on their readiness for CSA work. Not all ASYE's being recruited had experienced a local authority statutory placement during their qualifying training The larger problem, though, was the wide range of experiences students needed to have in preparation for working with both children and adults. The placements themselves were not criticised but it was seen as inevitable that only some newly qualified social workers would have experienced CSA work during their qualifying training. Even those who had, acknowledged that all CSA cases are different, so while their placement experience helped, it was insufficient.

One participant did a psychotherapy course independently, which he suggested had been the most helpful resource in terms of working with CSA victims.

Formal training: on the job

On-the job training amongst social workers was variable – in terms of availability, access to training, focus of the training, format (face to face, in house, external or on-line), quality and relevance to practice. Training on CSA needs to be reflective, allowing workers to think about how they feel when working with victims of CSA.

The requirements of each LA differed regarding CSA training. For example, In LA1, there was no mandatory training, and some social workers noted they had never been asked by their manager to undertake training on CSA particularly. In LA5 however, investigations could not be undertaken without specific training. One of the difficulties in LA5 was that the timing of the required training led to an insufficient number of social workers able to undertake investigations, subsequently resulting in a heavy workload for a limited number of workers. In LA6 training was not promoted as 'mandatory' but there was an expectation that managers would ensure all social workers had undertaken the training seen as necessary for their role.

In LA1 one social worker was doing an e-learning course on CSE that she found on the NSPCC website, which she looked for after being given a case that involved internet abuse. Her managers agreed to pay for it. Thus training appeared to be left to the initiative of the individual. Social workers in this authority explained that there was no requirement for them to undertake training before being assigned a CSA case. An emerging theme in both LA1 focus groups was that individual social workers must take responsibility (referred to below) for their own professional development. Several participants explained that they had asked their managers for permission to do a training course on an area about which they felt they needed to learn because they had encountered it during a case.

Examples were given of social workers (LA1) who had no opportunity to shadow Section 47 case work before undertaking a case and other newly qualified social workers had asked to shadow some complex Section 47 cases, feeling inexperienced in this area.

A social worker who was experienced in working with children from abroad argued that in all the training that she has attended, children from abroad tended to be left out of the discussions. She remarked how she was '*struggling to do any training*' due to being overworked in her team (LA1). One participant noted that a conference had recently been held and the LA paid for social workers to attend. Participants implied that the expense is often a key consideration with regards to social workers' opportunities to attend training. One said that she could not attend training because of work commitments and in LA2 one participant tried to do training on sexualised behaviours but it was oversubscribed.

In LA3 social workers thought that training was both plentiful and accessible and that they were supported appropriately. However, there was an over-emphasis on procedural training. Overall social workers seemed content with the provision of training and one suggested that they needed only to ask for training and the LA would buy it for them. They agreed that individuals should take responsibility for personal and professional development in terms of training needs. Training could be more interactive and participatory, by engaging workers more and inviting discussions of issues that have arisen for them in their work

– almost like a more formalised and in-depth supervision session. This would give workers more control over what they are learning.

Social workers were aware of and had experienced little training that was multi-disciplinary or multi-agency. Many had experienced training that was provided by the police but had not trained with workers from health, education, the judiciary or other family services. While relationships between agencies were reported as good, social workers in LAs 3, 5 and 6 commented on the dissonance between agencies understanding of CSA work and the impact of this difference on children and on their work. A social worker who had attended multi-agency training commented: "*it was quite shocking to see how appalled some of the other professionals were and they were like, oh my goodness, you don't do this, and we're like this is our bread and butter, we do this every day.*" (LA5, FG1)

A number of suggestions were made as to how training could be developed or improved. In LA3 there was discussion about the difficult conversations social workers have with children, young people and their families. These included post-investigation work when some social workers lacked confidence to discuss sexual development with young people who had experienced CSA; there was a sense of skirting around the elephant in the room. In LAs 3, 4 and 6 social workers referred to work experiences they had prior to their current role that had provided the best training and preparation for CSA work: play work, residential work with children, direct work with perpetrators, and telephone counselling were all given as examples. There was a strong feeling that this was central to their knowledge and confidence in CSA work, much more significant than either their qualifying or on the job training. Some had undertaken training in their previous work role, either through choice or because it was a requirement, and had found these experiences extremely positive because they focussed on understanding and communicating with children and young people, rather than focussing on abuse which tended to be the priority of the LA. Social workers in LA3 commented on a particularly good 'in house' course on communication and felt there should be more of this type of training available.

A further suggestion from a social worker in LA6 to address a related concern was that there could be training to develop social workers' understanding of healthy sexual development of children. Unless social workers have children of their own they are unlikely to know at what age children play with different parts of their body, how and when they begin to interact with other children as part of their sexual development, or the difference between behaviours that are considered as part of healthy development and those that are not. This can lead to under or over reaction to information about a child's behaviour. Acknowledging that children are individuals, some guidance on the parameters of healthy development would be useful.

The most significant training gap in terms of impact on children and families experiencing CSA was that of interpreters. Some authorities were using family members to interpret on occasions and while LAs 3, 5 and 6 all had access to agencies that provided independent interpreters, there was grave concern about their skills and knowledge. Concerns included the discomfort some interpreters displayed in response to the nature of the discussion they were being asked to interpret, the accuracy of the interpretation, hostility or disapproval displayed by some interpreters towards families, the implicit messages given to families through the delivery of the interpretation and the barrier to developing an appropriate ambience through body language, expression and delivery, which the skilled social worker is able to create.

> "We have quite a large Roma Gypsy community and I've had interpreters from the Czech community who are really anti the Czech Romas and we were talking to one of these kids and the interpreter turned round and basically just was so rude about this family it was appalling" (LA5, FG1)

> "I think sometimes too, even with the interpreters, depending on the content that you're talking about, they might not be able to handle it. I mean, I was asking a mum if she knew if her son was sexually active and the interpreter looked away shy and he was a male." (LA5, FG1)

While recognising that communicating through a third party will detract from the communication, the lack of understanding demonstrated by interpreters was resulting in a much poorer quality of service for some families. As the services were outsourced the LAs were not in direct control of quality, but need to identify ways of improving the experience of families for whom English is not their first language.

Externally provided training

Externally provided training was referred to and in some cases found to be useful.

In LA3, FG 1 a social worker talked about working with the Tavistock centre and Barnardo's, from which she learned a lot about behaviours associated with CSA and about the signs of CSE respectively. As a result, she felt more confident in identifying signs of CSE than in trying to investigate a case of alleged familial CSA. She suggested that these agencies were more useful for her education in CSA than training at university. Social workers in this LA felt lucky that they have access to the Tavistock centre, which has a lot of experienced workers. Another stated that having conversations with the family about a disclosure and trying to protect the child for the duration of the investigation is '*the hardest part of the work… I think training in this area is so important so we don't get it wrong*'.

One social worker said that LA3 did not provide adequately for collaboration across different social work teams in terms of effectively using resources. She pointed to training that she had done on young people who have engaged in sexually harmful behaviour, which was premised on a dual assessment by a youth offending and a CP social worker. Her subsequent offer to collaborate with the youth offending team in LA3 as recommended was not taken up, which she viewed as a waste of resources.

Therapeutic aspects

Social workers were fairly clear that training should focus more on the therapeutic dimension of working with victims and families.

One social worker (LA 3, FG1) stated that training by Jane Lees on CSA was 'really excellent'. Another had done Jane Lees training on neglect, not specifically on CSA. There is a core training course on CSA that social workers are expected to complete, though some social workers said that it is 'very generic' and descriptive in terms of identifying what CSA is and which CP procedures should be followed and how to work with the police. '*Thinking about what happens next is a bit of a grey area because we'll tend to go more towards the Tavistock Centre about the CAMHS and to think about them taking the lead but then the children, the victims, and the actually family members go through this period of recovering from the disclosure and the initial procedures and the investigation and that's where I think some more specific training would be helpful*'.

This point corresponded with those made by social workers from both LA1 and LA2 - that they lacked confidence and training in how to treat families and children in the period after the CSA disclosure and investigation. Another social worker reaffirmed this point, noting that, in one CSA case, he felt that he was '*winging it a lot of the time*' in that while he was familiar with the procedures that had to be followed, he did not feel prepared to deal with the emotions of the victims.

Other social workers in LA3 felt that doing direct work with young people that have experienced CSA was an area that training could address more explicitly – a training course dealing solely with this aspect of the work, '*being able to feel more comfortable doing direct work*' and appreciating that they are skilled at doing direct work, rather than constantly passing on tasks to other agencies. A training course that could prepare workers for the complexities of the '*practiced realities*' of victims of CSA would be helpful, dealing for example with the question of sexuality amongst these young people. There was a sense that CSA added an extra layer of complexity to working with children.

One social worker (LA3, FG1) recounted an experience working with a young girl who had been raped. She described how distressing and traumatic the experience was for the girl, including the necessary medical and criminal procedures. The long wait before the case got to court and was actually processed added to the strain. '*And its left with you to sort of hold it, it's all left on you*'. From the social worker's perspective, this experience was a difficult one in that she knew how distressing the entire process had been for the child and the strange sense that the system in place to respond to her suffering served to aggregate that suffering rather alleviate it. There was the sense that witnessing the young person's pain was uncomfortable for the social worker due to empathy for the other's suffering. Furthermore, the weight of the emotions experienced by the family was overwhelming for her. It was in these aspects that social workers felt that they could benefit from training and support.

The human element of the job appeared to be particularly challenging. Social workers commented that there were particularly demanding phases of the work emotionally: for example the initial investigation sometimes had a huge impact on families but they were not always sure whether to go into therapy at that point and sometimes prevented from doing so in order not to contaminate the evidence. This increased reliance on the social worker for emotional support.

Social workers expressed how they felt too much focus was given to the criminal aspect of CSA, with too little attention given to the emotional impact it has on children and their families. One suggested that once a conviction is made, the child is assumed to be safe and stable without sufficient consideration of their emotional well-being.

Social workers working in a Duty Team (LA1) have done some training in CSE issues, such as different types of grooming, assessment tools and indicators. This was attributed to the nature of the cases encountered in duty, which often involve an element of potential CSE risk. Several social workers agreed that CSE training and assessments appeared to be a focus within the LA at this time, one suggested that the risk of CSE was '*blown out of proportion a lot of the time*' and '*as a result was taking focus away from other areas*' (LA1, FG1).

Managers

The implication emerging from the data is that training in specific areas is undertaken by social workers when they encounter such issues in the course their work, and not before.

In LA1 there appeared to be a disconnect between the perspective of the managers and the frontline staff with regards to the adequacy of training. Most of the social workers noted how they had not been required to do any specific training on CSA before being expected to work a case. Several had done some training on aspects of CSE as a result of encountering these issues through their work. Managers, on the other hand, suggested that staff were adequately trained for the work that they were expected to do and did not appear to be aware of the social workers' reservations, particularly the less experienced participants, about their levels of skill in handling complex cases of CSE and CSA. Similarly, managers in this LA did not appear to be aware of front line workers' perspectives on their training needs and their sense of being overwhelmed when confronted with unfamiliar situations for which they felt they had received no training. There appeared to be a lack of formal training and consequently a lack of uniformity in the training that social workers received vis-à-vis CSA.

This disconnect between managers' understanding and that of social workers was not the case in other LAs where social workers perceived training to be more accessible and they felt more in control of meeting their own needs by identifying appropriate training opportunities, which would be supported by their managers.

Responsibility for training

In many cases there was an idea that it was the responsibility of the individual to up-skill and to find the appropriate training once they knew they will need it during the course of case work.

A manager in LA1 noted that they were focused on training social workers in CSE at this time. One manager admitted that she had not done any training on CSA since becoming a manager and had missed recent training on CSE. Some managers agreed that, in terms of identifying training needs, the responsibility lies with the individual to update his/her knowledge on different areas of social work. One noted that the LA provided access to a lot of training, as well as the LSCB. When asked about

which areas of training staff could benefit more from, one manager pointed to further training in risk assessment models as a key area for development. ATMs discussed their own use of different risk assessment models and reflected that it was a 'very ad hoc' process.

LA2 used an online learning hub where staff could search for training courses. A manager in LA2 suggested that training needs for social workers were identified through reflecting on particular cases with a supervisor or with the group: '*reflective learning on cases would be shared among the teams but perhaps we need to formalise that a bit better because I think our main area of training is on the protocol that we've developed rather than the skills*'. LA2 social workers could access the support of a psychologist within the LA, who advised them of the work they needed to do. Manager in LA2 admitted that it is still daunting despite the support of psychologists to do work one has never done before. '*It's kind of training on the job, isn't it?*' The social worker seemed to suggest that the type of learning that is facilitated through one to one interaction with the psychologist was such that you were somewhat dependent on the latter – '*you're stuck and it's between me and that psychologist so the learning that you take from that maybe needs to be developed and expanded*'. Developing relationships between social workers and psychologists was regarded as positive.

In summary, learning and professional development are somewhat fragmented and partial. There is no uniformity in terms of the training that social workers undertake throughout their careers. Personal responsibility for development and knowledge is emphasised. Managers do not request that their staff complete training, though some social workers mentioned that emails were sometimes sent to staff from superiors informing them of upcoming training courses. For those who do not do courses on the more specific issues that they encounter in their work, they must rely on the knowledge of more experienced colleagues. Many of these findings are echoed by Handley and Doyle (2014).

Practice issues

Social workers and managers highlighted a range of issues and concerns that largely relate to role and workload. The complexities of CSA work were compounded by role conflict and an over-representation of inexperienced and temporary staff all of which add to the challenges of the work. The value of work experience that enabled social workers to communicate well with families and build trusting relationships with children was a key factor in enabling social workers to work with confidence and knowledge in these difficult circumstances.

Social worker role

Social workers who had broader experience than casework were more confident in working with CSA. The role of the social worker is challenged by the priority given to criminal proceedings, which may conflict with the welfare needs of the child.

In LA6 social workers talked about their experiences prior to becoming qualified social workers as being the most helpful to them in developing skills to have difficult conversations with children and families. The social workers in the FG1 had quite extensive experience of CSA and CSE even though they were relatively newly qualified. This LA had a significant investigation over 20 years ago and since many of the families involved still lived in the area, there was a heightened awareness and extensive experience of this aspect of safeguarding work. However, they acknowledged that not all social workers were comfortable talking about sexual abuse. One of the team managers felt that probation officers were far more confident, partly because of the certainty of their ground; the facts of the case were available to them and there had already been a finding of guilt in respect of the perpetrator, whereas social workers operated in a must less certain environment.

LAs 4 and 5 had also been heavily involved in more recent large-scale CSE investigations. In LA5 this had resulted in a small number of social workers developing their knowledge, skills and confidence and becoming 'experts' within the LA. While managers valued this expertise and were keen to capitalize on it, some social workers felt slightly de-skilled by the differentiation. In the longer term it was anticipated that the 'experts' would be integrated back into mainstream services but in the short-term a distinction still existed.

LA4 social workers thought that CSA and CSE work was integrated and the whole authority had learnt from the experiences of the large-scale investigations. They were, however, also aware of differences in the manifestation of large networks of abuse, such as the movement of both victims and perpetrators across LA boundaries which necessitated different ways of working at times.

The relationship between social workers and the police was recognised as being critical to outcomes for children. In LAs 2, 3 and 5 there was an acknowledgment that the process was often dictated by the police and an understanding of why this is, yet a level of unease in the balance between the criminal and welfare prioritisation. In LA2 a manager thought that social workers should have a stronger role within criminal investigation processes of CSA cases, with social workers' assessments taking a more prominent position within that process. One social worker in LA6 felt that one of the main changes needed was to improve the understanding of the judiciary in relation to young people's experiences, e.g. judges not understanding the difficulties of disclosure for a young person and insufficient weight being attributed to other evidence. However, one of the managers thought the local judiciary was ok.

> "……what the Police are looking for is very different from what we're looking for and especially for younger children…. I appreciate the Police obviously and they have their investigation to do, but it does sometimes feel like we're making it worse for these kids by stalling for so long and telling them that they've done the right thing but actually we're going to do nothing about it for a bit." (LA5, FG1)

Role conflict and lack of role clarity were also raised. One social worker argued that it is uncomfortable for social workers to carry out statutory visits, and then also perform the role that they are instructed to do by the educational psychologist, which involves discussing the abuse with children in a therapeutic context. The social worker argued it would be better to allocate a different worker to do this role. This participant also noted that several social workers have refused to sign off a report after doing a risk assessment '*because they feel that they're actually not equipped or qualified to be conducting*

that piece of work' (LA2, FG1). In the past the LA commissioned the NSPCC to do this work but that has ended, so they now have to perform this function. '*We had to look in-house as to how we would deliver that programme of work*'.

There was also a lack of clarity about the exact purpose of the social worker's role at some points of the process. For example a social worker in LA3 talked about the need to develop a trusting relationship with the children in a family where sibling abuse had taken place, but insufficient time was allocated for this. The social worker tried to plan the visit at the end of the day so the manager would not be aware of the additional time spent doing this.

Social workers noted that there were certain aspects of the job that probably would never be resolved, including high caseloads. A number of social workers pointed out that the difficult nature of the job, which necessitated the individual taking steps to ensure their own emotional wellbeing through a process of emotional detachment, was exacerbated by high caseloads. Dealing with the toxic nature of the work was made more difficult when there was additional pressure brought on by heavy caseload as it leaves less time for social workers to self-heal.

There were some differences in perceived available resources between authorities. Social workers in LA3, FG2 seem pretty satisfied with the resources available to them. One compared LA3 with an LA she worked for previously, where she claimed there were very few resources. Whereas in LA3, workers always know where to take a case if they need help, in the previous LA (not involved in this research), they could not let go of cases because there was still risk but neither could they transfer it to CIN because of lack of capacity, which would result in a drift.

Workload management

Within each participating LA social workers were asked about how caseloads were managed and allocated. Without exception all felt that caseloads were very high and often complex, although the manner in which caseloads were allocated varied across the LAs.

Several social workers in LA1 noted that in the past caseloads were judged on the basis of the complexity of cases, while at the time of the focus groups they tended to be set around a certain number of cases. This was felt to give

little consideration to context. Managers in this authority, on the other hand, claimed that cases were allocated based on complexity, as well as on individuals' capacities to take on more work. The heavy workload that accompanies a case that reaches court was emphasised and it was pointed out that not all cases are 'active' in this way. Social workers in this LA felt that caseloads were increasing because there is a 'myth' that only cases in court were high work-intensive cases; yet cases out of court still kept workers very busy. In LAs 4, 5 and 6 managers commented on plans to reduce caseloads. Some of these were in process and caseloads were decreasing in number, but the managers acknowledged that they were unlikely to reach a desired level.

Across the data it is clear that cases can become very complex rapidly and without warning, so one social worker may have fewer cases than another but just as much or more work to do. One social worker described how she may be allocated a straightforward CIN case that turned complex quite suddenly: '*that can be quite overwhelming if you're not prepared for that*' (LA1, FG2). In this sense, cases cannot always be allocated based on the workers' particular experiences and expertise as issues such as CSA often emerge subsequent to initial referral. One respondent in LA2 was particularly critical of the practice of allocating cases based on capacity for more work, as opposed to relevant experience and knowledge. The implication is that less experienced workers may be allocated very complex cases and therefore need a lot of support, which may be a drain on resources. In LA2 it seemed that cases were often allocated based on who had the capacity to take on more. While capacity was the key criteria adopted in all of the LAs, experience and personal interests were also taken into account. In LA6 a social worker who had qualified fairly recently had acquired considerable experience in CSA work because she had expressed an interest to be involved.

A theme that emerged across the dataset was the concern about the lack of time to focus on the different tasks involved in case work due to the multitude of tasks with which social workers were faced. As social workers become more experienced, they were allocated increasingly complex cases, which required more and more paperwork and thus more demands on their time. Another concern identified by participants in several

authorities was the tendency for other agencies to push cases up to CIN level, which leads to social workers in safeguarding becoming overworked and overstretched; as one social worker explains, '*that means we haven't got the time to do what we should be doing*' (LA1, FG2). High caseloads were a source of stress: One social worker articulated how '*it makes all of this very difficult because it almost feels like your head is like a washing machine going round and round with clothes in... your mind scrambled up*' (LA2, FG2).

Importantly, social workers suggested that cases were not able to '*come back down*' because preventative services have been cut or scaled back. This refers to the context of austerity within which current practice is taking place. A manager (LA2) also pointed to the need for more preventative work to stop cases from escalating though, due to heavy workloads, social workers were often focused on court work with less time to spend on CIN cases (LA2, manager). Some managers suggested that the quality of work social workers can do is impeded by the volume of cases they must deal with. In LA3, an early help team was being developed to enable community bodies to take responsibility for cases that did not need social work assessment, which may impact on the type of cases that social workers receive in future.

It was reported that with increasing workloads, CIN cases got neglected as social workers were trying to keep up to date with child protection and court work. When there was a need for them to be with families in court, it was difficult for them to maintain the CIN cases. A manager in LA2 was sceptical about the forthcoming restructuring, concerned that when '*we're co-located with the multi-agency teams; whether they're going to try push more work into us*'. Having said that, she also did not think that the current system worked either as '*the work varies too much, it's too wide*'. She suggested that senior managers were not in touch with what was actually going on - on the ground (in the context of social workers' concerns about the new working arrangements) and argued for specialist workers, suggesting that the role of the social worker needs to be more clearly defined as there was some confusion.

There were concerns that social workers were working excessive hours with no system for payment or opportunity to take the time back. In LA5 long hours were still being worked but with no recompense for the social workers:

"And the thing is, for me, coming from Government jobs in the past, you know when you're in the police and you have to work late because you've got someone in custody, well you get paid for it, you do a timesheet and you get paid at the end of the month, whereas social work, you get caught up in something and you're at the hospital until 9:00, whatever, you don't get paid for that, you're told to take....but you know that's not going to happen because when are you going to take a whole day off or something and make that up within two weeks, it's not going to happen" (LA5, FG1)

"I actually got to the point the other day when I said to my daughter I might have to take you into care because at least I'd have to see you then. Because it's just constant and I had a go at my manager when she said you need to go out and deal with this home alone. I went I don't know where my own children are. I don't know who's picked them up. I'm dealing with a home alone and I haven't seen my own." (LA5, FG1)

Time for post-investigative work

Both social workers and managers expressed concerns about reliance of outside agencies for post-investigative work. Heavy workloads prevented most social workers undertaking this work themselves, which in turn mitigated against them developing or retaining the skills for post-investigative work.

Social workers also pointed to the large volume of report writing and bureaucracy that was involved in their work, which took time away from doing direct work with children and young people (LA1, FG2). The demands on social workers' time from increased paperwork and recording cases had led, in the view of social workers in child protection, to a shift in social workers' roles. Paperwork and

bureaucracy '*take you away from the direct work*', forcing social workers to delegate this part of the job to family support workers (LA1, FG2). One noted that as a worker becomes more experienced the cases become increasingly complex, which leads to growing paperwork. This concern also emerged from other groups (LA1, FG1).

One social worker noted how she tried to prioritise doing direct work with the child, though it remained a challenge, a point that was echoed by respondents in other LAs. Social workers in LA4 explained how, though they felt confident in their abilities to engage in direct work, that they did not have enough time to spare. This issue overlaps with the frequent assertion by participants that direct work was a weak spot in terms of training and experience. If less experienced social workers did not have time for direct work, there was little opportunity for them to develop these skills and the division of labour between direct work and more administrative tasks undermined social workers' understanding of the issues they encountered and attempted to assess.

One senior manager (LA2) argued that social workers ought to be more accessible to members of the community, with fewer bureaucratic barriers between them. The head of CIN in this authority reiterated this idea, stating that social workers must take the lead on direct work with children and should have the skills to engage children in therapeutic support, rather than relying on specialist agencies.

Focus group respondents in LA2 pointed to financial and resource cuts that have been made in the authority that have put limitations on the way they work. This resulted in a reduction in their hours that meant they were more constrained in the time that was available to do direct work. Social workers could no longer visit children in the evenings and so had to take them out of school, which they felt was unfair to children as it had an impact on their education and also drew attention to their contact with social care.

One social worker (LA3) related a case of CSA in a family and the impact it had on the mother and children; he spent two hours with them after the police had left, trying to offer guidance to the mother and observe how the children were coping.

However, social workers were not allocated time to spend with families in this way and so they so must do this in their own time.

In LA3 one social worker noted that he has been pressured in the past by managers to spend less time on visits with families. He was told to keep visits to 30-40 minutes. Another social worker suggested that social workers did not have the requisite time to dedicate to families to do their jobs thoroughly: '*we're just not given the opportunity or time or space to do what you need to do*'. As with investigative work one impact of having less time than was needed to '*do* [cases] *justice*' was working very long hours and not being able to claim back time off in lieu.

Morale in LAs varied. In LA6 it was generally high but as neighbouring LAs paid more they had some difficulty with recruitment and retention of staff, including losing staff to agencies that paid considerably more. In this LA workloads were high, and worryingly, the protected year that newly qualified social workers should have seemed to be more of a protected six months. Morale across LAs was largely affected by instability, such as the departure of directors, the re-organisation of working practices, pay and conditions and generally unmanageable workloads. The majority of social workers were keen to be able to provide support for families, especially children who had disclosed abuse. New ways of working CSA cases that took the direction of a criminal led investigation served to sway the focus from the welfare of the child to the conviction of the adult. Positive relations with the police were key in influencing the quality of any work that could take place with children and families.

There appeared to be a tension between the desire and expectation that social workers engage in an appropriate level of direct work to complement their assessments and the practical reasons that prevent them from doing so, namely being overworked without sufficient time to fulfil the role. Managers' expectations that social workers take responsibility for direct work was incongruous with the complexities of cases, the extent of caseloads and the restrictions on social workers' hours.

Agency workers

All LAs reported difficulties in recruiting experienced social workers.

To fill short-term vacancies the practice of using agency workers had developed over recent years and so a cycle was emerging of permanent staff leaving posts to become agency workers. Working for an agency was seen as less emotionally demanding and the pay is usually more: "*So I think probably the last three months we probably had 20 or 30 social workers leave to go to agency, a high proportion. And you lose the experience.*" (LA6, Manager). The impact of this development was being felt by social workers in LA5 where specific training had to be done in order to undertake section 47 investigations: "*they keep employing agency social workers that aren't ABE trained, that can't actually pick up the child protection stuff, and the last three agency workers that have been employed are not ABE trained, so if there's any section 47s this week they are mine.*" (LA5, FG1)

The relationship with agency social workers was dynamic and in LA5 there were examples of agency workers becoming permanent staff after a period of time, but this experience was far less common than that of LA staff leaving to join an agency. With such a turnover of staff a strategic approach to the training and development of social workers becomes much more difficult.

Newly qualified social workers

Newly qualified staff were over-represented in social work recruitment. In the early stages the support provided to them was exemplary in spite of the impact on supervisors' workloads. As the year progressed there were differing practices between LAs regarding increasing workloads and complexity of work allocated to ASYE's.

One manager (LA2) explained how many newly qualified workers came from university ill-prepared for child protection work and therefore needed a lot of support. With increased caseloads, managers and more experienced workers were put under greater pressure to support the newly qualified staff. The manager noted how newly qualified social workers ideally would start with CIN cases before moving on to child protection and cases that were in court. However, they '*haven't got that luxury*'

(LA2) and the manager was forced to allocate them child protection cases from the outset due to the high volume of cases received. A senior manager in this authority explained that the problem of high caseloads had not been resolved because when additional social workers were recruited, they were followed by more cases.

It could be difficult when there were not enough experienced workers to mentor and co-work cases with newly qualified social workers, especially given increasing caseloads. A team manager suggested that newly qualified social workers had little knowledge/experience of front line social work but '*we've been able to prove that they can actually do it but they need to be really supported well*' (LA2).

Several social workers in LA3, FG1 noted that in their newly qualified year, when they were not supposed to take on CP cases, cases under their allocation had escalated subsequently into CP. While the case was officially reallocated to a senior worker, they continued to produce all the case reports, effectively doing most of the work. Another said that, although sometimes the decision to allocate a CP case to a newly qualified worker was based on the discretion of the manager in discussion with the social worker, he had felt pressured to take a CP case after about three months into his first year.

There was a discussion of how cases were allocated, which can be a bureaucratic system. One suggested that the system of allocating children into various different categories was sometimes dictated by whether or not a team had the capacity to work with a child under a particular social work stream. This was further evidence, they suggested, of processes becoming '*more important than the actual children.*' The system they described appeared to be inflexible and rigid, in the sense that children were not seen as individuals but were processed in the system according to the rules of that system. One spoke of a case that he felt should have been a LAC case though the manager pressured them to transfer the case as the team did not have capacity to work it as a LAC case. Decisions should not be made on this basis.

A manager in LA3 identified the significance of their role as providing support for newly qualified social workers and being available at all times for them to debrief and talk through difficult cases.

They agreed that while they must offer emotional support to workers, they did not discuss the emotional burden this may have had on them during their own supervision. One explained that, through experience, she had learned to deal with the emotional ramifications of the work by herself.

> In summary, as the task of social work has become more complex, the role of the social worker has become increasingly paradoxical. Their first responsibility, to promote the welfare of the child is threatened by the predominance of criminal proceedings and a wider reductionist approach to social work. They struggle to make and justify time to spend building relationships with children, to work through interpreters who have no knowledge of CSA, to contend with excessive workloads and to provide consistent support to families in a profession where the pay and conditions for agency workers are better than for permanent social workers.

The importance of effective support and supervision

Supervision

Social workers and their managers all recognised the importance of regular supervision, both in supporting staff in the management of CSA cases and in the development of their practice skills and knowledge. One social worker spoke of supervision as 'the key' in terms of getting support and having the opportunity to reflect upon the work and the complexity of the cases. Regular supervision was especially important for newly qualified social workers and those dealing with child sexual abuse cases of which they had little prior experience.

Social workers tended to make a distinction between management supervision of their cases and the kind of supervision that allowed for reflection, analysis and emotional support. Social workers spoke of how supervision often lacked reflective support '*which is really needed when workers are dealing with cases which are really horrific' because of the tendency for it to be 'target and process driven'*

(LA3). Another suggested that: '*all you have time for is going through one's caseload and then you're off on your merry way – they've told you you'll be fine and not to worry'*. Another social worker spoke of their disappointment that after visiting children who had been sexually abused, the supervisor had not asked after the worker's feelings and welfare.

Amongst more experienced social workers there was a belief that increased caseloads and managerial pressures had reduced the opportunity for reflection and emotional support.

Managers

Managers at all levels consistently spoke of the importance of allocating staff time for emotional reflectivity but equally acknowledged that they were often responding to multiple pressures and priorities and that they did not always have the time or skills to deal with the complexity of the issues that CSA cases presented.

Managers had an especially challenging task. They were supervising busy social workers who were managing complex cases of CSA, physical harm and neglect, whilst having to operationally adjust to 'newer' forms of CSA and CSE of which they had limited practice experience. As well as responding to team members' concerns and issues they were dealing with their own stresses and emotions when confronted with numerous examples of abused children, shortages of experienced social workers, multi-agency expectations and limited practical resources. This was especially true of cases of CSE and grooming where the police were viewed as taking the organisational lead and the role of social workers in working with the individual child and family appeared to be subjugated to the broader criminal investigation. In one LA staff spoke of the supportive role undertaken by the LSCB that had commissioned a comprehensive training programme and identified a lead officer responsible for identifying the training needs of staff working with cases of abuses.

Peer group support

While the importance of formal managerial supervision was recognised, social workers especially valued peer support and the advice and guidance offered by more experienced team members.

One social worker spoke of how affected she had been by a case of child rape as she had a daughter of a similar age. The social worker found it easier to 'offload' to other members of the team than she did in a managerial setting. This seemed to indicate a distinction/contrast between trusted colleague and peripheral manager. It may be the case that social workers develop closer bonds with the people they work with every day, compared to supervisors who they interact with less often and that emotional support, therefore, is better offered from a peer as opposed to a superior.

> 'We talk about the feelings, how does that worker feel about it? What is their view about what's going on for the young person and mapping it out and seeing how it links with what you already know' (LA2)

Commonly social workers explained how peers provided support – the understanding that you do not get from a manager you can seek out from colleagues. This seems to imply that the structure of social work is hierarchical; it is not a horizontal organisation which means that workers identified with their peers and less with their superiors. '*You know what you need and if you can't get it from your manager or your supervisor you know you can go to your colleagues… trusted colleagues*' (LA3, FG1).

In LA3, a social worker described his struggle to manage his emotions during a case of CSA involving three siblings, one of whom had abused the other two. He felt underprepared to deal with the emotional processes of the two victims and also his own. The case had a strong impact on him so that when he met the older brother who had perpetrated the abuse he '*felt disgusted'*. This made it difficult to be detached from the abuse whilst working with the siblings – he felt resentment towards the perpetrator though '*he was a kid himself'*. There was no guidance or support for him while he was experiencing these conflicting emotions. This participant was relatively newly qualified. His narrative on the intense emotional

response to the '*horror stories'* that emerged from the case contrasts starkly with the assertions by more experienced workers on the importance of maintaining emotional boundaries between oneself and one's clients in order to preserve own wellbeing and maintain capacity to work as a social worker.

One social worker (LA3) stressed how important relationships with her colleagues were for her, not just for bouncing ideas and receiving advice but for talking through the emotional impact of cases on the self –'*the ones you feel you're able to talk to not just about the case but about the impact on you of the case*'. She added that her husband '*just wouldn't get it*', so she avoided talking about the emotional toll of cases with him. This reflected what other participants reported in that people outside of social work were not able to understand how they felt about the challenges of their work. The implication was that social workers develop strong bonds amongst their colleagues based on a mutual understanding of the intricacies of the job, which makes them best placed to support each other in the emotional demands of the work. This type of reflection, on feelings about a case, can be very beneficial but at times social workers did not feel comfortable doing this because they worried about the consequences for them of voicing an opinion that might be seen as controversial.

Social workers recognised that opportunities for peer reflection often arose spontaneously within the team as cases were discussed with colleagues and mutual support and advice offered. One social worker (LA3) spoke of the value of team colleagues, not simply as a resource for '*bouncing ideas off*' and seeking advice but for talking through the emotional impact of cases. There was a shared belief that other team members 'knew' what an individual was feeling as they too had experience of working with children who had been sexually abused, exploited, harmed and neglected. As such, they were able to directly relate to the multiplicity of emotions the management of CSA and CSE cases evoked, where as some supervisors '*may be a bit desensitised to some of the issues we are dealing with*' (LA3). One LA attempted to afford teams regular opportunities for peer support and team supervision but in general such support occurred spontaneously and irregularly as staff of differing ages, experiences, cultures and backgrounds shared perspectives and practice wisdom.

Specialist advice and support

Social workers expressed some concerns about the support from CAMHS due to the length of waiting time. They had very positive experiences of support from voluntary agencies but commented on the transient nature of some services.

Child and Adolescent Mental Health Services were considered to be insufficiently resourced or flexible to respond to individual cases as they arose. One focus group spoke of a child who had disclosed significant sexual abuse and had been waiting for six months with no support. As one social worker explained, if a child has gone through the traumatic experience of disclosing sexual abuse, examination, criminal proceedings and, as a consequence, possibly seen the breakdown of family relationships, they need counselling and specialist help immediately rather than six months or a year later. In addition, mainstream services were not always viewed as sufficiently flexible to deal with the increased complexity of family life, differing forms of abuse, exploitation and harm and increased religious and social diversity.

In three of the LAs specialist services or individuals had been commissioned to enable staff to get 'expert' advice on complex abuse cases. Staff were able to both confidentially discuss their work and planned interventions and also receive the emotional support and reflective space that social workers consistently identified as essential. This support was (or had been) variably offered through named psychologists, Barnardo's and the NSPCC. This additional resource was of considerable importance where children were without therapeutic support while the criminal investigation and trial were concluding.

While specialist supervision and support did not resolve all of the issues identified by social workers, it did provide 'safe space' in which social workers might better manage the feelings of guilt and responsibility that came from seeing children denied the help they had been assessed as needing. One social worker indicated that such a situation was extremely detrimental to children and their welfare. The social worker explained that it is also stressful for workers having to see children left without services and to witness their suffering as they attempted to deal without adequate support both with the abuse and the consequences of the disclosure (LA1).

There did not appear to be any consistent pattern as to where and why specialist support was offered to social workers dealing with complex cases of abuse. It seemed to be dependent on organisational priorities, historical patterns of provision and / or the emphasis placed upon such support by individual senior managers or Safeguarding Boards. Pressure on budgets made such services vulnerable and two of the Authorities had withdrawn from external arrangements.

Summary

The level of confidence, knowledge and skill in CSA work varies between workers which emphasises the importance of ensuring a strategic and structured approach to their development and to CSA work. LAs have demonstrated, in response to the ASYE year, the ability to provide a coherent structure which nurtures talent through practice and reflective supervision. This is, however, resource intensive and supervision for experienced social workers continues to be largely target-driven, resulting in social workers finding their own informal supports.

Factors affecting morale tended to be organisational rather than connected to the nature of CSA work, instability of the management team, use of agency workers and organisational restructurings for example. Workload demands challenged the ability of social workers to build relationships with children and families and to undertake work beyond procedural requirements. This in itself is a de-skilling process as social workers increasingly relied on external agencies to carry out post-investigative and therapeutic work.

There is some excellent practice taking place and ways need to be identified to capitalise on this. The high turnover of staff, departure of experienced staff to agencies and the problems of recruiting experienced staff pose a threat. Managers are aware of the value of the social workers in their teams and need to ensure this expertise is maximized.

LAs have responded to an increased awareness of CSE with some concern that this may have decreased the focus on intra-familial abuse. As the landscape of CSA work changes a well-considered approach is required to ensure social workers are able to maintain their knowledge and skills. While social workers accepted responsibility for their own development this needs to be steered by managers.

Social workers and the police generally work well together, but the differing priorities and power dynamics impact on social workers' ability to tend to the emotional well-being of the child as does the lack of clarity regarding their role on occasions.

Areas where more focus is needed to increase the confidence of social workers in CSA work include taking account of the cultural and religious context, and managing difficult conversations about sexual activity and behaviour.

Recommendations/best practice suggestions for change

Best Practice

Throughout the interviews the commitment and resourcefulness of social workers was evident. This included their willingness to both seek and provide peer group support and additional training and to identify possible sources of help and expert assistance for children and families with whom they were working. There were many individual examples of social workers exhibiting good practice and a sensitive determination to provide effective support and care for children, even when the situations they were working in where challenging and / or under resourced.

The role of the Local Safeguarding Children Boards was important, not simply through the identification and resourcing of training and business plans but through the monitoring of the impact of initiatives on the welfare of children. LA's provided examples of how each objective within its plan was evaluated for its effectiveness in helping to keep children safe.

A number of LAs recognised the importance of providing abused children with specialist and timely therapeutic support. Good practice included the commissioning of specific services for this purpose.

The support provided to social workers and front line managers dealing with the emotional, practical and psychological consequences of abuse cases was recognised in LAs that provided structured time for individual and team discussions. The provision of such professional support, including by skilled personnel who were external to the line management arrangements was valued by staff and considered to be good practice.

In some LAs newly qualified staff were afforded structured opportunities to gain experience and enhance their capabilities through mentoring and shadowing more experienced social work colleagues. This was considered good practice, whilst also recognising that the nature of social work does not always allow for the complexity of individual cases to be known at the outset.

Key Points

Disclosures of sexual abuse may not necessarily be made to social workers working in child protection/ safeguarding teams but may occur when children are settled with foster or adoptive carers, when they are leaving care or in later adulthood. CSA may also feature in cases that are originally referred because of concerns about child neglect. This means that a wide range of staff and carers may need access to specialised advice in how best to support the young person post disclosure. This is especially applicable for those people who may have little specialised training but who are in a primary care role.

Whilst it is not necessarily helpful to seek to isolate CSA from other forms of harm, a need for more consistency (but not prescription) in what is taught on qualifying courses about sexual abuse appears to be needed. Universities have an important role in assisting social workers in training to understand child sexual abuse, the law and policy surrounding child abuse and the important contribution of research, inquiry reports and theoretical insights. Universities can also assist students through the study of psychology, human growth and development, social work methods, social work theories and the social context that shapes individual and family life. They cannot however provide the 'hands on experience' to which theory, reflection and intellectual inquiry needs to be applied. The opportunity to undertake LA placements where safeguarding work features appears to be hugely variable across universities despite social workers suggesting that such placements are invaluable in applying theory to practice and in developing practice skills .

Where social workers do not have previous experience of undertaking direct work with children, consideration might be given to promoting time limited secondments, 'job swops' and work experience opportunities in children's centres, family centres, play groups and related settings. Social workers who had specific child care experience prior to entering social work considered it invaluable for their current roles.

Defining the sexual abuse of children and young people

Sexual abuse is sexual abuse. The 1989 Children Act (S47) defines children suffering or at risk of suffering significant harm while *Working Together to Safeguard Children* (DOE 2013) establishes the process of investigating such harm and, where required, safeguarding the welfare of children. Sexual abuse may take different forms, which have been captured with terms such as CSE, trafficking, grooming, sexting, peer to peer, but the fundamental issue is the abuse of a child or young person and the need for her/ his protection. Attention needs to be paid to the way in which disclosures and reported incidents are being captured by Children's Social Care services as there appears to be ambiguity in the categorisation of such cases. This is not always avoidable, for example, when a case of neglect later is seen to be also a case of CSA, but serious consideration needs to be given to categorising CSE as separate from CSA, for a number of reasons, not least because statistics become distorted and the number of children being made the subject of Child Protection Plans for sexual abuse appears to be lower than the perceived prevalence of such abuse. In those authorities that had established Multi-Agency Protection Panels led by the police, social workers appeared confused as to when and if S47 safeguarding procedures applied and their role in ensuring the welfare of individual children identified as in potential danger of being groomed.

Therapy and support for sexually abused children

Social workers stressed the importance of children who had experienced sexual abuse being able to access appropriate counselling and therapy. Social workers suggested that the services available to young people and children in the aftermath of a disclosure need to be expanded. Different types of therapy – such as art and play therapy – ought to be included. Where it was available children may wait for their name to come up on a waiting list. Two LAs had previously or currently commissioned specialist services to undertake counselling support for abused and vulnerable children. These were highly regarded by staff.

Support and supervision for social workers

Managers recognised the importance of timely and well-structured supervision for social work staff. They often struggled to provide it with the frequency and depth they might like owing to workload pressures, their own inexperience and / or an increasing managerial model that placed emphasis on targets and the evidencing of procedures rather than the emotional well-being of staff.

Recently qualified social workers spoke positively about the Assessed and Supported Year in Employment (ASYE) that was introduced in September 2012. It did however appear that the ASYE operated very differently between LAs, with some graduates experiencing a full year of lowered caseloads and additional training and support, while others were expected to be fully operational after six months.

High caseloads

There was a general sense that CSA cases should be allocated according to experience, knowledge and complexity, rather than on the basis of capacity yet capacity was often the basis on which allocations were made. However, there was recognition that cases initially referred for reasons such as neglect can become complex quite quickly, in these cases it was suggested that support should be available. It was also regarded as poor practice for newly qualified social workers to be allocated Section 47 cases, however this practice did happen in a minority of LAs as caseloads were high and work had to be shared. Capacity to work with cases at different levels was an issue; as differential resources are attached to each category there are occasions where children are allocated according to resource rather than need. Linked to this issue of resource, social workers cannot risk transferring cases from CPP to CIN where there is any 'risk', as the lack of capacity in the system to then manage CIN cases may mean that such cases become overlooked. Finally, there has been a shift in the role of social workers in CPP and they have less time for direct work, which is both a personal regret and a professional concern, as the important skill of communicating and engaging with children may diminish over time or not be developed in the

first place. In addition, concern was shown that overall focus of investigations has moved from the welfare of the child to the conviction of the adult perpetrator.

Equality and Diversity

Only in one LA did social workers appear confident in discussing CSA within the context of cultural or religious diversity or in recognising the skills that might be required. It is an undoubted 'truth' that all children are equally as entitled to safety and protection. Without the skills, confidence and knowledge to meet diverse needs practice might of itself be discriminatory and may limit the potential for the disclosure of sexual abuse if people do not feel that services will be responsive to their needs and beliefs. Whilst this complex issue is outside the remit of this study, further work needs to be undertaken in assessing social work skills and training needs when working within multi-faith and ethnically diverse communities.

Concern was raised as to the limited availability of specialised interpreters and the vulnerable position sexually abused children and their families were placed in when they did not speak English. Social workers identified the use of generalist interpreters who had no specific child protection knowledge or training, or, in specific cases, having to rely on family or community members. If all children are entitled to equal protection then this must include children and non-abusing family members being able to talk about what has occurred and being able to understand and be an active part of the child safeguarding activity that will possibly follow.

Recommendations

The following are therefore recommended to improve social work practice in relation to CSA and CSE:

College of Social Work:

- Develop practice guidance for social workers in investigative and post-investigative work that clarifies their role and authority in multi-agency working to maximize the well-being of the child particularly in relation to child sexual abuse and exploitation

Educators:

- Programme providers should collaborate to achieve greater consistency regarding the teaching of child sexual abuse during qualifying training

- Promote the links between theoretical learning in areas of psychology, human growth and development, social work methods and application to the practice of child sexual abuse work

- Ensure the curriculum is informed by research and inquiry findings

Local Safeguarding Children Boards:

- Provide consistent leadership in developing and co-ordinating local multi-agency training and ensure that training is part of an authority wide strategy to address and prevent child sexual abuse and child sexual exploitation

- Monitor the response to annual Training Needs Analysis of social workers and support workers in relation to child sexual abuse

- Promote multi-agency training and opportunities for developing shared perspectives across agencies

- Provide training that develops effective working relationships between social workers and the police, recognising that their roles will not always be complementary

- Audit training programmes to ensure they promote skills in sexual abuse working within multi-faith and ethnically diverse communities

- Provide training in the following areas (where this does not already happen):

  - Direct work with children who have experienced child sexual abuse

  - Healthy sexual development of children

  - Managing 'difficult conversations'

- Ensure all those engaging children in child sexual abuse work receive appropriate training whether or not they are directly employed by Children's Services including:

  - Foster carers

  - Residential workers

  - Interpreters

- Identify a strategy for promoting ongoing learning such as secondments to other roles within Children's Services and include outcome in Annual Report

Employers:

- Where social workers in the Assessed and Supported Year in Employment (ASYE) have little or no prior experience of direct work with children, consider time-limited placement experience in children's centres, play work, family centres or residential care to develop the skills necessary for understanding the world of the child and developing good communication

- Through the supervision/appraisal process, conduct an annual Training Needs Analysis for all children's workers, with a plan to meet these needs

- Work with service providers in the independent sector to ensure there are no gaps in the range of therapeutic services available and that these can be accessed in a timely manner. This may require consortium arrangements to be made between neighbouring authorities

- Review how disclosures and reported incidents are being captured within current reporting mechanisms

- Ensure ASYE requirements are implemented consistently

- Develop formal peer supervision (as an addition to management supervision) by piloting models that acknowledge the importance of peer support for the well-being and effectiveness of social workers

- Work with local interpreting services to develop a more appropriate and higher quality service to families for whom English is not their first language

- Review how cases are allocated to social workers to consider case load, case complexity and case requirements, social workers' skills, competences and levels of experience

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