

SOCIAL WORKERS' EXPERIENCES OF WORKING IN CHILDREN'S SERVICES: A  
GROUNDED THEORY STUDY

**Portfolio Volume 1: Major Research Project**

**Social Workers' Experiences of Working in Children's Services: A Grounded  
Theory Study**

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*“The problem of burn out is not in our heads or our hearts, but in the real world where there is lack of justice. The people I work alongside don't burn me out and they don't hurt me, they transform me, challenge me, and inspire me. What harms me are the injustices and indignities suffered by my clients, and my frustrating inability to personally change the unjust structures of society they struggle with and live with” (Reynolds, 2009, 2011)*

## **Dedication and Acknowledgments**

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### **Dedication**

This thesis, and all of my professional and personal achievements, are dedicated to my Safta, Segulla. Our treasure, our charm that supersedes logic. You are in my heart and in my being, you give me the strength to keep going, and you are with me in all that I become and all that I do.

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A huge acknowledgement and thanks to the relationships that got me through this period. My girls, my partner, thank you for supporting me through everything, but especially my grief, and for making sure that I had the energy and love I needed to continue with this thesis.

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My family, oh my family. Thank you, Mum and Dad, for seeing my potential, and making sure I knew it. Thank you for supporting me on my millions of journeys, even when times were difficult for you. Everything I have I owe to you. Billie, my inspiration; Tiger, my sunshine; Aden, my twin; Marley, my girl. Thank you for keeping me smiling throughout this process. And finally, my Safta. You came to this country so young, to create opportunities for us all. Because of your bravery, your love, and your laughter that we still hear in our walls and feel in our veins, all of this, and so much more has been possible. I love you.

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## Abstract

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Children's Services in England are the frontline services supporting the protection of vulnerable children and families. Surprisingly, there is minimal literature attending to the experiences of the social work profession, despite the work environment being characterised by high risk, large caseloads, and inadequate resources (Antonopoulou et al., 2017; Hussein, 2018; Littlechild et al., 2016). The current study aimed to address this, by exploring workers' perspectives on the social policy and agency processes that shape their experiences of working in child protection services. The study employed a qualitative constructivist grounded theory methodology. Seventeen qualified social workers and managers were recruited, each with their own level of experience working in child protection. Findings showed that social workers experienced their work as working within an oppressive system, with this filtering into the work they do with families. When balancing the unrealistic demands placed on them, participants co-constructed struggling to restore balance and hope. There was a craving for relationality from the system, with peer support being a main source of survival at work. Finally, participants envisaged a new system of embedded action, which included increased collaborative working, embedded reflexivity in practice, management being more connected to the groundwork, and targeted work to fight societal stigma of social work. Findings highlighted important implications for the social care profession, local authority organisations and the government, with a promotion of radical relationality at the core of recommendations.

## Chapter 1: Introduction

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### 1.1 Overview

This study aims to explore the perspectives of Child Protection (CP) social workers, and the social policy and agency processes that shape and influence their experience of work. This chapter provides background to the project, beginning with the researcher's position. Literature on the historical and current context of working in CP as a social worker in England will be discussed, with reference to the current policies and procedures, and the ways in which this dictates the working environment. Attention will also be paid to research exploring the impact of the role on workers' wellbeing.

### 1.2 Situating the Researcher

It is widely agreed that qualitative researchers are not neutral observers of data (Charmaz, 2014), but rather, are central figures who actively construct the collection, selection and interpretation of data (Finlay, 2002). This researcher believes their own experiences will influence this research and will therefore engage in and offer critical self-reflexivity, presented in italics. The aim here is not only to invite the reader to assess the impact of the researcher's personal perspectives on the research process, but to also take the reader with the researcher, on their journey through examining how the insider-outsider experience inhibits and enhances the research process. In this section, the researcher will begin to discuss their epistemological position and relationship to the research.

#### 1.2.1 *The Insider-Outsider Position*

*My journey towards this project started when I was a teenager. My mother kept a drawer in her room filled with old school reports, letters, pictures from my childhood. I*

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*would find myself immersed in the contents of the drawer from time to time, whenever I felt nostalgic. During one search, I found some old social work reports; an assessment of my own family, observations of me as a child. I found this both jarring and intriguing. I knew my mother had been dealt some incredibly tough cards, and I wondered how and why she had the resources to pull through without support from children's services, unlike many others.*

*My early life experiences propelled me into the caring profession, initially finding my feet in social work, before I sidestepped into clinical psychology. I trained as a social worker in children's services, working predominantly with families on child in need or CP plans. It was there that I was exposed to the harsh reality of the demands placed on social workers, as they embarked on helping the most vulnerable families in society, families that could have easily been my own.*

*During my time as a social worker, I had the privilege of witnessing some truly inspiring practice. The vast knowledge base social workers held, the deep connection and candour they had with families, the camaraderie, commitment and community within teams. What I also bore witness to was the mounting pressure people were under, the high expectations of social workers and families alike, and the missing relational links between systems.*

*Upon gaining a place on the clinical psychology doctoral programme, I grappled with the decision of where I should be. I decided that by taking a place on the programme, I would be in a unique position to find a way to build bridges between psychology and social work. I hoped that by gaining insight into the experiences of CP social workers on the frontline, I would also become privy to innovative ways the caring professions can come*

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*together to support each other and challenge the systemic structures that make working together so challenging.*

*As I write this, I sense a passion and drive sparking within me. I understand that I must remain aware of these feelings, what they bring and how they influence co-constructions in this project. I must also acknowledge that although I was an insider, I am now an outsider, and awareness of this is key to ensure the people involved feel heard. I must make my intentions clear that I am not putting their work under a microscope, nor am I hoping to step inside as a saviour, and then step back into psychology. I just hope to build bridges. I offer this story as an acknowledgement of my own journey, an awareness that this journey may impact my interpretation of others' experiences and also my dedication and commitment to remaining aware of this in order to honour participants' stories.*

Although one must be acutely aware of the experiences of others, one must be as acutely tuned into one's own preconceptions and biases that may influence meaning-making of the data (Maykut & Morehouse, 1994). The researcher can be considered an insider to the population of study, and the impact of this must be considered (Dwyer & Buckle, 2009). It can provide a unique depth and breadth of understanding that may not be accessible to outsider researchers. However, engaging in reflexivity when one may be particularly close to the topic being studied is essential for good quality research (Kanuha, 2000).

Although historically being a part of the culture under study, the researcher will not necessarily understand all subcultures of social work. Furthermore, as a current Trainee Clinical Psychologist, one could be seen as even more of an outsider, who made the choice to leave social work, only to return to analyse it. Therefore, care must be taken throughout the

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journey of data gathering and analysis to ensure these potential issues are attended to<sup>1</sup>. The researcher hopes to utilise their insider status, without making assumptions, and maintaining an awareness of one's own biases (Asselin, 2003; Rose, 1985).

With the researcher's oscillation between insider/outsider status, one may sit in the space between; a notion that challenges the restrictive insider-outsider dichotomy (Dwyer & Buckle, 2009). Arguably, rather than locking into an oversimplified notion, we must take a relational approach; one which is fluid, multi-layered and complex, representative of the human experience (Dwyer & Buckle, 2009). By occupying this space between the two perspectives, it may allow for a deeper knowledge of the experiences studied (Dwyer & Buckle, 2009), to remain intimate with the study, without making assumptions or retreating to a distant researcher role due to fear of contaminating findings (Flores, 2018).

### *1.2.2 Epistemological Position*

A purely social constructionist stance believes that our understanding of the world is created and maintained through social processes (Burr, 1995). However, this position could be criticised for the denial of the reality of contextual factors, for example social work pressures and the real impact these can have on people's lives. In contrast, critical realists assume that reality does exist independent of an individual. Phenomena exists at the level of experiences and events, but also at a deeper non-observable level. For instance, for critical realists, burnout cannot be seen, but its impact can be observed and perhaps felt. This project sits somewhere in between the two epistemological stances, thus being aligned with the critical realist social constructionist (CRSC) stance (Harper, 2011).

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<sup>1</sup> See methodology section for further details.

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*It is important to acknowledge my epistemological position, as this influences how the research is framed and the ways in which the data is conceptualised. I align myself with a CRSC position for this research. I believe that truth exists separately from human subjectivity, for example, I believe the oppressive systemic structures social workers sit within, exists independently from the accounts participants of this research give, and my interpretation of these. However, I also believe that the ways in which I may make sense of truths is mediated via the filters of language and social context. In other words, the sense making of truths is socially constructed (Charmaz, 2014).*

*Throughout this project, I will endeavour to provide co-constructions of participants' accounts that honour the context in which they exist, and the ways in which we co-construct meaning through our conversations. Through engaging in reflexivity throughout this process, I will strive to acknowledge my assumptions and biases, and attend to my value base of equity, anti-oppressive practice and social justice, which may shape these constructions.*

### **1.3 An Overview of CP in England**

To begin outlining CP practices within social work and the ways in which they can be influenced, one must first go backwards, to uncover how CP practices were formed in England. The Ecological Systems Theory Model (Bronfenbrenner, 1979) will be utilised to aid in conceptualising the historical development and current state of the CP context. Using this model as a guide ensures the consideration of the socio-political influence, the media, the organisational culture and context, and the individual experience. As such, after a historical analysis of the emergence of CP practice, consideration will be given to how government reformation has impacted current organisational structures, the current ways of working, and the impact of working within the current CP context.

### ***1.3.1 Introduction and Definitions***

Key terms used throughout the research will be outlined for clarity of understanding. The term Social Worker<sup>2</sup> is used to refer to an individual who has undertaken a degree, post-graduate diploma or master's degree in social work, leading to a professional registration with the Health and Care Professionals Council (HCPC) or Social Work England governing bodies. In the context of this study, the social worker role discussed will be in the context of working with children and families within a Local Authority (LA) statutory setting. This is typically referred to as Children's Services or CP Services. Under the *Children Act* (1989, 2004), which provides the legislative framework for CP in England, workers have a statutory duty to investigate and act to safeguard and promote the welfare of vulnerable children and families.

Within children's services, the worker will be working with children subject to a Child in Need (CIN) plan, Child Protection (CP) plan, or Children Looked After (CLA) plan (see Appendix 1). CIN and CP plans set out how the child can be kept safe, how things can be made better for the family and what support they will need. Section 17 of the *Children Act* (1989) stipulates that children will be placed on a CIN plan if they are unlikely to achieve or maintain a reasonable standard of health or development, or are likely to be significantly impaired, without the provision of services. This is a voluntary plan, whereby parental consent and agreement to any social work intervention is necessary. Section 47 of the *Children Act* (1989) stipulates that children will be placed on a CP plan if there is reasonable cause to suspect that they are, or are likely to suffer, significant harm. Harm is typically categorised in four forms: sexual, physical and emotional abuse, and neglect. Parents do not

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<sup>2</sup> Mostly referred to as 'worker' for the purpose of the current study



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need to consent for a CP plan to go ahead. CLA are children who have been taken into the care of the LA, temporarily or permanently, due to being at ongoing risk of or experiencing significant harm. The LA has a duty to safeguard and promote the welfare of those children, as set out in Section 22(3) of the *Children Act* (1989).

The ways in which CP services have developed over time is important to understand the current organisational culture. Therefore, an overview of the historical developments of CP services in England will be discussed.

### ***1.3.2 History of CP***

A key moment in modern history came when England criminalised child cruelty by passing the *Prevention of Cruelty to and Protection of Children Act* (1889). It was argued that at this point, since police were formally allowed to enter families' homes to prevent danger to children, an interventionist relationship between parents and the state was created (Hendrick, 2003). By the 1900's, workers were charged with the legal powers and responsibility to enter homes to protect children, changing the core approach from prosecuting parents to supervising families in their homes to create change (Ferguson, 2011). This shift from relieving parental responsibility to enforcing it (Ferguson, 2004) meant that prosecution rates dramatically reduced from 18% in 1890 to 3% by 1906 (Ferguson, 2011).

In 1948, the state took primary responsibility for social work. The United Kingdom (UK) established LA children's services departments (Packman, 1981). This period also saw a shift in focus from inspection to drawing on theories of psychoanalysis (Freud & Bonaparte, 1954) and attachment theory (Bowlby, 1969). This meant that workers began addressing the emotional needs of families (Stevenson, 1963; Berry, 1972). In 1970's,

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uniforms were abolished, seen as a symbolic reflection of the shift from inspection to partnership (Ferguson, 2011). Around this time, a radical social work movement emerged, focusing on highlighting oppressive practices that pathologised individuals, ignoring social causes that determined their need for social services (Pearson, 1975; Bailey & Brake, 1980, Lymbery, 2005).

The 1980's saw high-profile and public criticisms of workers in cases of child abuse (Parton, 1985), as LAs came under increasing pressure, beginning to be dominated by a legalistic and narrow focus on CP (Parton, 2014). This meant that services began characterising cases as 'high-risk', conceptualised in terms of 'dangerousness of families' (Parton & Parton, 1989) to differentiate them from the rest. However, there was a shift in thinking in 1989 when the *Children Act* (1989) was passed, as concerns broadened from CP to safeguarding (Parton, 2010). The Act enshrined principles that encouraged collaborative and partnership working with families, with a focus not only on CP, but supporting families with children in need. This Act also allocated the statutory duty of safeguarding and promoting the welfare of children to the LAs. This created a new challenge, as the need to use authority in CP conflicted with the partnership approach (Ferguson, 2011).

By the mid 1990's, reports found that due to the heavy focus on preventing incidents of abuse, many families in need of services were unattended to (Department of Health and Social Security, 1995). The *Children Act* (2004) was updated, placing statutory obligations on other agencies to unite in supporting and safeguarding children, and further policy developments (e.g., *Working Together* guidelines (HM Government, 2006)) strengthened the shift towards a partnership approach. However, this added to the lack of clarity around the power and authority of workers. Research highlighted the dilemma of care versus control in

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practice, in the context of increasing pressure towards risk-averse practice, to ensure they do not fail to protect children (Spratt, 2000, 2001; Spratt & Devaney, 2009).

A major change was seen in children's services after the death of Victoria Climbié, an eight-year-old girl murdered by her great Aunt and boyfriend. The longstanding abuse and neglect failed to be detected and communicated by multiple agencies (Laming, 2003). The inquiry report recommended the importance of multi-agency collaboration and information sharing. Updated *Working Together* guidance (HM Government, 2006) was published, and new information technology systems were introduced to allow multi-agency information sharing on one database.

Lord Laming's (2003) report also resulted in the new Labour government launching the *Every Child Matters* document (Department for Education and Skills (DfES), 2004a), which highlighted the importance of prevention as well as strengthening protection (DfES, 2004b). Soon after, 17-month-old baby Peter Connelly, who was on a CP plan, was murdered by his mother and stepfather. Enquiries found that multiple services had over 60 contacts with the family, triggering public outcry. The media response vilified services, with The Sun newspaper delivering a petition to the Prime Minister containing 1.5 million signatures for the dismissal of all professionals involved in the case (Jones, 2012; Warner, 2013). This saw the order of urgent reviews of the CP system (Laming Report, 2009), with attention paid to barriers workers faced in doing their jobs effectively (Social Work Task Force (SWTF), 2009).

Recruiting and retaining children's social workers nationally became challenging (London Government Association (LGA), 2009). Morale was low and anxieties high, shown

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by a 50% increase in applications to court, and 2009 seeing the highest demand for children going into care ever recorded (Children and Family Court Advisory and Support Service (CAFCASS), 2009). It seemed the deaths of Victoria Climbié and Baby Peter, in addition to the acrimonious media reaction and blame targeted at professionals involved, provoked high anxiety amongst workers, managers, and government officials (Garrett, 2009). Government reports emphasised the need for transformation of social work training and profession (HM Government, 2010), potentially locating issues within the competencies of workers themselves, ignoring the wider systemic issues.

The Social Work Task Force (SWTF, 2009) recommended a total reform of social work more widely to raise the quality of practice. This included reforming initial education and training for workers, universal standards for all employees, dedicated training and support for managers, and the establishment of an independent national College of Social Work (CSW), providing the profession with leadership and a voice in public policy development (SWTF, 2009). To combat negative media coverage and its impact on recruitment, retention and morale, CSW-led action was recommended which included raising public awareness of what social work entails, and its positive contribution to society as a whole. Recommendations highlighted the need for government support and strong intervention whenever these were perceived to be at risk.

Arguably, after the tragic deaths of Baby Peter and Victoria Climbié, there was a reversion to the 1990's whereby risk avoidance and blame culture increasingly permeated children's services (Parton, 2015). Defensive practice was increasing, with a large growth in the number of CP enquiries, on top of large increases in referrals (Association of Directors of Children's Services, 2010). Early intervention was no longer seen as preventative work, but

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rather seen as formally intervening earlier (Hannon, Wood & Bazalgette, 2010). Growing criticisms emerged regarding policies and practices. It was argued that computer systems increased the top-down bureaucratic demands of the role, which privileged processes over practice (Broadhurst et al, 2010a; 2010b; White, Hall & Peckover, 2010). It prevented direct work with families (Hall et al., 2010) and increased the surveillance not only of families, but of workers themselves (Peckover, White & Hall, 2008; White et al., 2009). On top of this, 'risk' became the language used not only to prevent harm, but to avoid the worst-case scenario (Hebenton & Seddon, 2009), exacerbating a culture of risk-averse working.

When the Conservative Liberal Democrat Coalition came to power in 2010, an independent review of CP in England was announced. Professor Munro was commissioned to scrutinise and advise on reducing bureaucratic burdens in children's services (Munro, 2010, 2011a, 2011b). Report recommendations included the allocation of increased funding for early help services to share responsibility of supporting vulnerable families. It also specified rules for multiagency working, and recommended the removal of timescales and prescribed practice. The hope was to reduce the focus on following procedures and increase relationship-based practice<sup>3</sup>. Due to the domination of prescribed work, the centrality of relationship forming with families had been obscured, believed to have prevented workers from taking responsibility over their knowledge and skill. Therefore, as initially recommended by the SWTF (2009), Munro highlighted the importance of improving knowledge through Continued Professional Development (CPD), and the designation, in each LA, of a Principal Child and Family Social Worker, who is still doing direct work, to advise on enhancing

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<sup>3</sup> The focus on helping children and families through the means of the professional relationship, and placing the relationship at the heart of practice (Ferguson, 2011)

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practice skills. Importantly, this role would take responsibility for relating views of workers to commissioners and policymakers.

The review also highlighted that workers should have greater visibility within the government, thus recommending the appointment of a Chief Social Worker to advise the government on effectiveness of practice. Recommendations also endeavoured to address the longstanding neglect of the emotional dimension for workers in CP. Munro (2011a) argued that without addressing this, workers' actions and reasoning could become distorted by unconscious biases. The government accepted six out of the twelve recommendations. However, the hoped-for results have not been attained (Featherstone & Gupta, 2018). Below are some possible reasons why.

### ***1.3.3 Early Impact of Austerity***

Despite support for the recommendations (DfE, 2011), austerity measures were taken, defined as the government's political priority being a reduction of financial debt (Smith, 2019). Severe cuts to public services occurred, with public services open to tender, delivered largely by private providers. Reduction of public expenditure included cutting 28% of funding for LAs (CIPFA, 2011). Cuts were harshest in some of the poorest areas (Ramesh, 2012), with cuts to early intervention and preventative services for families taking the brunt (Gill et al., 2011; HM Treasury, 2010).

Similarly, Child and Adolescent Mental Health Services (CAMHS) government funding for the Early Intervention Grant had been cut by almost £500 million since 2013, resulting in specialist services turning away one in four children (LGA, 2021). In 2017, less than one third of children referred to CAMHS received treatment within a year, highlighting

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lack of capacity within the workforce (LGA, 2021). Taken together, these budget cuts are likely to have stoked greater demand for CP services despite the already considerable strain. Additionally, demands on CP were growing. Assessments were on the rise, and the number of registered CP plans had increased (Brooks, Brocklehurst & Freeman, 2012; Department for Education (DfE), 2015). Applications for care orders surged, the number of children in care increased, all whilst LAs were required to reduce all delays in the adoption process after the government recommendation fast-tracking children into new homes (CAFCASS, 2013; DfE, 2012, 2015).

Around this time, the Social Work Reform Board (SWRB, 2012) published a report detailing their implementations of the recommendations of the SWTF (2009). The recruitment of the first Chief Social Worker for England followed, and The College of Social Work (CSW) was created, however it was disbanded in 2015 as a result of failures in financial governance and strategy. This may have resulted in a distrust of funding sector-led independent approaches, hampering government reforms (McNicoll, 2016). Despite the fight for improving training, support and practice (Munro, 2010, 2011a, 2011b; SWRB, 2012), referral and assessment trends showed workers remained preoccupied with detecting abuse (Devine & Parker, 2015). Data showed that despite the increase in intrusion and surveillance of families, there was no proportionate increase in the level of child abuse found in referred children (Devine & Parker, 2015). The system had become increasingly geared towards protection over supportive interventions, with deprivation levels being a key driver of referrals (Hood et al., 2016; Bywaters et al 2016). Risk averse practice may have been further embedded by Prime Minister Cameron's announcement of the "unequivocal message that professionals who fail to protect children will be held accountable" by criminal prosecution and imprisonment for wilful neglect (Naqvi, 2015, p. 1). This may have reinforced a climate

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of persecution despite the decision to prosecute being rejected by government (Stevenson, 2018).

The neoliberal individualising of blame and othering of families who were vulnerable was quickly becoming the dominant policy discourse (HM Government, 2013; Warner, 2015). This othering was further enhanced by the conceptualisation of risk being based on White Eurocentric norms and values, leading to an expectation of assimilation into Eurocentric familial practices (Wroe, 2021). Despite the prominent guidance rhetoric of *Working Together* (HM Government, 2013; 2018), disintegration when working with families was more typically the case (Parton, 2015; Hood, Nilsson & Habibi, 2019). This, together with the moral narrative of prevention through early intervention, produced some disturbing developments in the system (Featherstone & Gupta, 2018). Within the context of austerity, it became incredibly challenging to reunite the primary values and principles of the profession with frontline practice (BASW, 2014).

Feeling powerless, voiceless and inadequate characterised many families' experiences of the CP process. Families themselves were reporting how inherently shaming they found the CP system to be (Gupta & ATD, 2015), on top of the shame and stigma they were already facing due to inequity and poverty (Gibson, 2015). The shift back into policing in such a risk averse context was shown to foster fear and distrust for families and workers alike. This was reported to often result in families feeling too scared to turn to children's services for fear of punitive reactions (Gupta et al., 2016; Morris et al., 2015). Families reported feeling disempowered, judged and unclear of what they needed to do, and how (Birmingham City Council, 2014).



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A study examining parents' experiences of the English CP system (Smithson & Gibson, 2017) found some positive features, including positive working relationships (communicative, humane) and receiving practical support. However, the overwhelming theme of experiences was rooted in a system that was uncaring, inflexible, and harmful. The power imbalance was immense, with some feeling a lack of control in decision-making to improve their situation and others feeling threatened, silenced or coerced by the potential consequences or constant moving of goalposts. Authors argued that the intended reforms towards relationship-based practice were not evident, as their research saw a greater focus on authority over facilitative and supportive approaches (Smithson & Gibson, 2017). Parents expressed feeling that workers' priorities centred on meeting the requirements of the organisation (i.e., timescales, meetings). Authors concluded that for workers to meet the needs of parents, they will need a system that enables them to do so. An exploration of the current organisational context and the impact on practice is needed and will now be considered.

### **1.4 Organisational Pressures**

A key factor appearing to shape current practice is a culture of pervasive and disproportionate accountability, whereby practice is open to the potential of being subject to internal and external scrutiny (Whittaker, 2011). Public expectation that risks faced by children can be eradicated implies that if a child is harmed, the professional must be at fault (Cooper & Whittaker, 2014). In such a climate, studies have found that practitioners use case notes to engage in defensive practice, a form of pre-emptive exoneration, to protect themselves from blame. This may serve to help practitioners manage their anxieties, but at the cost of focusing on the child (Cooper & Whittaker, 2014).

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An added pressure are the ways in which workers and LAs are monitored and regulated in England<sup>4</sup>. Gibson (2018) argued that regulatory systems have been developed for comparison and competition. The legitimacy of such regulation in children's services has been heightened by the perceived systemic failures in high-profile cases addressed previously. Furthermore, a study analysing inspection reports between 2009-2016 found that recommendations were strongly oriented towards process issues and compliance with standards (Hood et al., 2019). This may reflect a risk-based approach to regulation, adding to the pervasive culture of disproportionate accountability and defensive practice. As noted above, this can detract from relationship-based practice, impacting the quality of support families receive (Smithson & Gibson, 2017).

### **1.5 Media and The Adversarial System**

It may be unsurprising that the organisational drivers to meet targets, linked to risk and fear of disproportionate accountability, have been shown to be partly driven by societal pressures. An undeniable influence of societal expectations is mainstream media perspectives. The publication of Serious Case Reviews<sup>5</sup> may contribute to the development of a more accountable and careful system, but may also introduce unhelpful public biases, a climate of fear, mistrust and blame (Ayre, 2001). The media's role is arguably key in this. By reporting on extreme adversities, news media encourage public moral panic, reinforcing negative perceptions of social work (Ayre, 2001; Jones, 2012). This fear extends to

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<sup>4</sup> The Office for Standards in Education, Children's Services and Skills (Ofsted) is a regulatory body, developed to provide assurance that vulnerable children are getting the help, care and protection that they need (Ofsted, 2020). Ofsted has a grading system (inadequate, requires improvement, good and outstanding).

<sup>5</sup> Serious Case Reviews are reviews of professional and organisational ways of working conducted when a child is harmed, are brought to public attention. They result in the publication of recommendations to LAs, with hopes to prevent recurrence

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policymakers and professionals alike, with some arguing that the allocation of resources is driven by fear of negative media coverage (Ayre, 1998).

The climate of fear and mistrust must only be increased when media coverage accentuates drama. A UK study exploring media portrayals of social work from 1960–2016 found that television and film portrayals of social work often encouraged and reinforced negative, hostile and overly simplistic representations (Edmondson & King, 2016). Workers were characterised as bureaucratic, incompetent, misguided, but well-meaning. Unsurprisingly, this centred predominantly on CP and the removal of children. These one-dimensional portrayals have been shown to contribute to negative public perceptions of social work, whilst potentially endorsing neoliberal ideologies of the welfare provision (Edmondson & King, 2016). These media messages can have a powerful impact, “doing little to generate public confidence in services which come across as sometimes too weak, sometimes too strong, but never to be trusted” (Ayre, 2001, p. 890). There are movements towards challenging this portrayal, with some social workers volunteering to debunk myths on news outlets (Mason, 2018), yet little attention is paid to the successes of workers or organisations. However, the media is not solely to blame, as noted previously, the adversarial system itself, defined as a system characterised by conflict or opposition (Welbourne, 2016), played a crucial role in the generation of a risk averse and blaming culture.

### **1.6 Impact on Practice**

In light of the above, it seems imperative to consider the impact pressures have on frontline work. Studies have demonstrated that social work is amongst the most rewarding jobs (Rose, 2003), with self-reports of high levels of satisfaction when working with clients and high commitment to making a difference to people's lives (Coffey, Dudgill, & Tattersall

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2004; Eborall & Garmeson 2001; Huxley et al., 2005; Jones, 2001). However, findings also highlight feelings of being undervalued by employers and wider society, whilst experiencing limited support, high staff turnover and poor resources (Huxley et al., 2005), on top of potential exposure to hostile or threatening situations (Littlechild, 2005a; 2005b; Robinson, Cossar & Quayle, 2014). This may result in a high turnover in staff, subsequently resulting in higher pressures on the existing workforce, ultimately impacting the families they work with (Healy, Meagher & Cullin, 2009; Lord Laming, 2003).

This demand has been taken even further in recent times, as COVID-19 has drastically changed the environment for workers. A recent survey (Silman, 2020) found that during the pandemic, workers experienced a reduction in peer or managerial support, and working virtually meant the role has become even more administrative than relationship-based, leading to workers feeling deskilled in direct work. Workers reported feeling increasingly overworked, with partner agencies relying on them heavily to conduct face-to-face visits to assess risk, without sharing responsibility (Silman, 2020).

### **1.7 Role of Supervision**

To support and sustain workers throughout the journey of their role, and subsequently help the families that they work with, supervision is essential (Wilkins & Antonopoulou, 2019). This may be in the form of individual or group supervision. This may even be through 'live' supervisory support, in the form of office-based discussions in small teams, shown to facilitate a culture of reflection (Ferguson et al., 2020). There is yet to be a clear answer on what effective supervision for all workers looks like, however, support, professional development, learning and case management is found to be key (Morrison & Wonnacott, 2010; Saltiel, 2016). Particular importance is placed on the supervisory relationship (Bogo &

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McKnight, 2006), adding to the improvement of retention, job satisfaction, and reduction of burnout (Carpenter et al., 2012). The British Association of Social Workers (BASW, 2011) supervision policy endorses a supportive and safe environment for supervision; however, researchers argue that the CP environment is one of adversarial behaviour and professional fragility, as a result of stifling timeframes that lead to ineffective practice (Bartoli & Kennedy, 2015; McGregor, 2012; Munro, 2010, 2011a).

Supervision has become infected with regulatory processes and performance audits (Morrison & Wonnacott, 2010), shown by an analysis of 244 supervision records, highlighting that supervision was utilised for management oversight of practice and social worker accountability (Wilkins, 2016). This reductionist approach paralyses the supervisor/supervisee, detaching them from the reality of frontline work, and eroding the core role of supervision in social work; to nurture, guide and teach (BASW, 2011; Houston & Griffiths, 2000; Morrison, 2010). Bartoli and Kennedy (2015) argue one-to-one supervision has become the vehicle for a dangerous “snooper-vision virus” (p. 244), leaving children invisible in the CP process.

### **1.8 Burnout and Wellbeing**

Understandably, among workers, burnout can be a frequent complaint (Gibbons, Murphy & Joseph, 2011; Hussein, 2018; Ravalier & Boichat, 2018). Review literature defines burnout as a “psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job” (Maslach & Leiter, 2016, p. 103). By reviewing research over time, authors described symptoms to include feelings of detachment from and cynicism of the job, overwhelming exhaustion, and a lack of accomplishment/sense of ineffectiveness (Bakker & Costa, 2014; Maslach & Leiter, 2016). The individual stress experience is placed

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within the social context of the organisation and role. Exploring the variations of models and empirical research on the causation of burnout is beyond the scope of the current thesis.

However, most models make explicit that certain situational/individual factors cause people to experience burnout, and once burnout occurs, certain situational/individual outcomes follow (Maslach & Leiter, 2016). Causal factors are believed to originate in a demand-resource imbalance (Bakker & Demerouti, 2007), persistent threats to available resources (Hobfoll & Freedy, 1993), or person-job mismatch (Leiter & Maslach, 2004). However, most research involves cross-sectional correlative designs, with variables typically assessed via self-reported measures. Stressors are believed to include work overload, lack of control, insufficient recognition and reward, lack of support and value-conflict on the job (Bakker, & Costa, 2014; Maslach & Leiter, 2016). Moving away from individualisation of wider organisational and social issues, Reynolds describes burnout as “spiritual pain that we hold when we are forced to work against our ethics” (Reynolds, 2011, p. 28), thus placing burnout solely within the unjust structures of society, rather than on one’s resources or abilities.

There have also been attempts to understand workers’ experiences of secondary trauma via self-report measures, with some workers stating that vicarious trauma is “part and parcel of the clinical work” (Rasmussen, 2005, p. 19). Findings demonstrate workers experience higher than average levels of secondary trauma when compared to averages of the population (Bride, 2007; Linley & Joseph, 2007; Hussein, 2018). Workers may be particularly vulnerable due to high work demands, ineffective bureaucratic structures, and little opportunity for advancement (Turley et al., 2020) in an uncertain environment (Griffiths et al., 2019). Furthermore, the context is highly emotive, with families often experiencing past or present trauma, and can sometimes be hostile toward or fearful of social work intervention (Hussein, 2018). To try to combat this, workers are required to engage in and

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maintain a therapeutic relationship with families, to build trust and often, support them in regulating intense emotional distress at times where there is threat, upheaval and instability (Bride, 2007). If workers do not feel they have the necessary containment and supportive infrastructure, this may challenge their capacity to manage the emotional distress of families they work with.

The demands workers feel are not unique, with timescales and outcomes stressed throughout the managerial hierarchy (Stanley & Goddard, 2002). Due to systemic pressures, such as fear-induced defensive practice discussed above, experience of supervision is commonly dominated by timescales, completion of written records, case closures, and other organisational procedures and pressures (Stanley & Goddard, 2002; Munro, 2011; Hunt et al., 2016). This leaves little time to thoughtfully consider the families workers work with (Munro, 2011). Embodied social work practice containing fear and anxiety “can be thought of as akin to taking part in extreme risk sports and that this is an unhealthy experience that is likely to skew decision-making and adversely affect the lives of social workers and service users” (Smeeton & Connor, 2020, p. 1).

Evidently, promoting wellbeing in the workplace is crucial. This pertains to both physical and mental wellness, conceptualised by some as a positive antithesis to burnout (Maslach & Leiter, 2016). This may include feelings of contentment and satisfaction, an increased ability to cope in the face of adversity, build positive relationships and experience role fulfilment and productivity (Maslach & Leiter, 2016, NICE, 2017). Importance is placed on the working environment to actively promote and embed this throughout organisations, working cultures and leadership approaches, with benefits believed to include reduced sickness and higher performance (Suff, 2019). Working recommendations highlight the

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importance of policy development, to guarantee a work-life balance by ensuring staff have manageable demands, feelings of control, support, positive relationships, and an understanding of role expectations (NICE, 2015). A full review of these ideas are beyond the scope of the thesis, however this does demonstrate that although wellbeing may be an individualised experience, the onus is on the organisation to ensure staff wellbeing is maximised.

If one can postulate that burn out is “spiritual pain” (Reynolds, 2011, p. 28), then it appears understandable, even somewhat obvious, that workers' wellbeing will be at continuous risk whilst working in the confines of the current organisational structure (Forrester et al., 2008). Several academics suggest a somewhat radical paradigm shift from risk management to relational support for parents and families (Bilson, Featherstone & Martin, 2017; Cottam, 2018; Featherstone & Gupta, 2018). However, what remains unclear is how workers experience their role within the current organisational context and climate.

### **1.9 Conclusion**

The research discussed has highlighted that the social work role can be characterised by high bureaucratic demands, linked to defensive practice and fear of being held accountable. This can have implications on workers' wellbeing and the support that they receive. In addition, workers' perspectives of their role often go unrecognised. Although the literature speaks to the importance of workers' capacity and capabilities to support and protect families, it fails to unpack the ways in which workers experience their role, and the consequences of this on practice. Consequently, to examine existing knowledge pertaining to *how children's services social workers experience their role*, a systematic review of peer-reviewed primary research was conducted and will be presented below.



## Chapter 2: Systematic Literature Review

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### 2.1 Overview

This chapter provides a systematic review of the literature examining *how children's services social workers experience their role*. The focus is on evaluating peer-reviewed primary research. An analysis of the papers identified is presented, followed by a critical appraisal of the research. Gaps in the current literature are identified alongside a rationale for the current study.

### 2.2 Search Strategy

The search strategy focused on identifying papers examining social workers' experiences of working in children's services. A University of Hertfordshire search planning form (see Appendix 2) identified initial terms, which were developed through consultations with the supervisory team, reading the literature around workers in statutory settings, and database suggestions of related terms (see Table 1). Terms were truncated where appropriate, with multiple versions of the social work title used. Only English research from 2010 was included due to statutory differences within the UK and globally, and to focus on the current period of austerity<sup>6</sup>. Searches were conducted from November 2019 - January 2021. The researcher also received email alerts via databases, to identify new papers meeting the criteria for consideration (see Appendix 3 for example search strategy).

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<sup>6</sup> Initiated by the coalition government as the political response to the financial crash, with funding implications across public sector services (Smith, 2019)

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**Table 1**

*Search Terms Used in Systematic Literature Search*

Search Terms	AND
"child* services" OR "child protection" OR "family safeguarding" OR "children's social care" OR "child* social care"	"social worker" OR "child and family social worker" OR "family safeguarding social work*" OR "child* social work*"

Searches were carried out in Scopus, Social Care Institute of Excellence (SCiE), Pub Med and Google Scholar databases, generating 212 papers. Publication titles were reviewed and, in addition to the aforementioned search limits, papers with no reference to social workers within children's services were excluded. After accounting for duplicates, the remaining 92 papers' abstracts were reviewed and excluded based on the inclusion and exclusion criteria (see Table 2). At this stage, papers were excluded if they did not focus on the experiences of workers working within CP settings; if the focus was not on the role, but rather, an intervention or personal characteristics of the social worker (e.g., resilience), and if the study was not empirical. The remaining 25 articles were read in full. Reference lists were searched to identify additional relevant articles not captured by the database search, and studies referencing the 25 articles were searched for more recent papers. This ensured an extensive search, minimising bias or errors in the searching process. This generated an extra 8 articles, 5 of which were excluded based on the criteria in Table 2. Key authors and the supervisory team were also contacted with the criteria, however no articles were found this way. The literature search ultimately generated 8 journal articles for review. A PRISMA flow

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chart summarising the process is shown in Figure 1. The systematic review was registered with PROSPERO to avoid duplication of findings.

**Table 2**

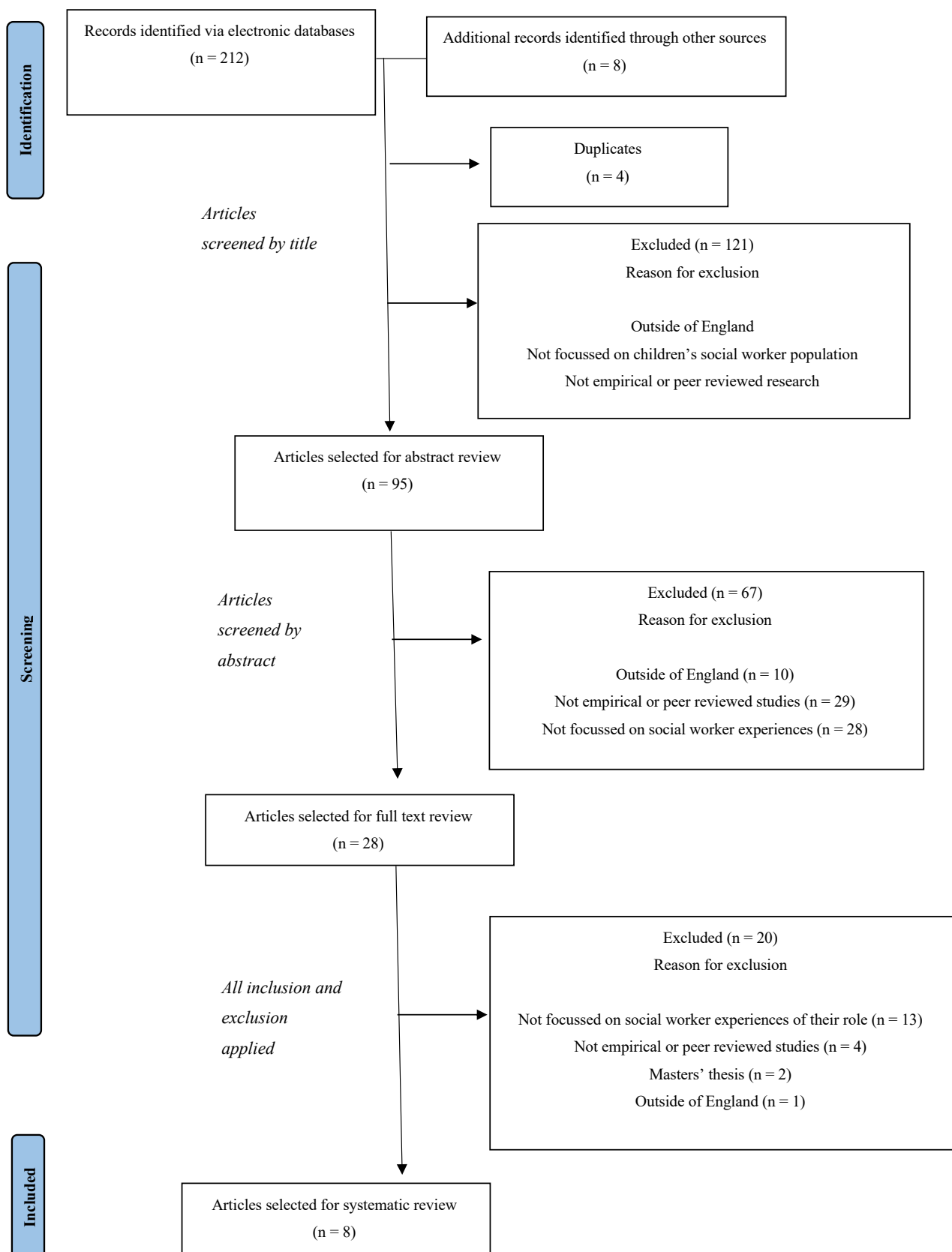
### *Inclusion and Exclusion Criteria*

Inclusion	Exclusion
England (not wider UK due to systems specific to England)	Outside of England
Children's services statutory local authority	Adult social services/charity
Qualified social workers	Not before 2010 due to austerity
2010-2021 due to changed political landscape from 2010 onwards (austerity)	Not research related to an intervention
In English	Grey literature
Empirical peer-reviewed research	Reviews or discussion articles

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**Figure 1**

## Systematic Searching Process



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## **2.3 Systematic Review Method**

This review aimed to critically evaluate and integrate findings of the systematically chosen peer-reviewed literature, relevant to the research question. The purpose was to extract the known data, identifying relationships and contradictions between concepts, and formulate an overarching understanding of the topic area, to thus inform the current study (Cooper, Hedges & Valentine, 2009). The researcher followed Siddaway and colleagues' (2019) review process and steps to thematically synthesise findings.

Quality appraisal tools appropriate for the methodology were used to begin the process of critically evaluating the studies. The researcher carefully read all articles, paying particular attention to the methodology and results. This included extracting data from papers using common features of standardised data extraction forms (Noyes & Lewin, 2011; see Appendix 4). This process helped orient the researcher to the papers. The researcher then noted and compared recurring themes utilising Braun and Clarke's (2006) six steps of thematic analysis. This included integrating themes into categories for discussion, and re-checking against papers to ensure a representative synthesis. This thematic process is likely to be influenced by the researcher's biases and perspectives, therefore themes gathered were discussed with the researcher's supervisory team. Heterogeneity of findings were also considered and reported alongside main themes outlined below.

## **2.4 Summary of Reviewed Literature**

A total of eight articles were reviewed for their aims, findings, implications and quality. Three studies were quantitative, one was qualitative, and four used mixed methods. Sample sizes varied between 21 – 1511. Experience levels ranged from newly qualified to managerial positions.

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Findings of the reviewed studies are presented in five thematic areas: (1) organisational influence; (2) support workers receive; (3) impact on their role; (4) impact on personal lives; and (5) implications for improvement. The review findings are synthesised into an integrated evaluation towards the end of the chapter.

## **2.5 Synthesis of Findings**

### ***2.5.1 Organisational Influence***

Four studies explored what aspects of the organisational culture impact workers' role experiences. The studies linked organisational factors, such as defensive practice and surveillance of work, with the experience of pride, shame, burnout and personal accomplishment, on micro and macro levels.

Antonopoulou, Killian and Forrester (2017) conducted a quantitative analysis of three separate studies that utilised self-reported questionnaires, given to 193 qualified social workers in CP services across five LAs in England. This sample included managers, social workers and agency workers. Six questionnaires examined psychological stress, work conditions/environment, job satisfaction, and experience working with families. The analysis only included cases with full datasets, thus missing data may have altered aspects of these findings. Furthermore, the amalgamation of review findings produces inconsistencies in data collection. Findings showed only organisational factors were significantly associated with high stress scores. Specific structural elements were found to be critical for workers' self-reported job satisfaction, and perceived workplace opportunities. Interestingly, the most stressed workers still reported high satisfaction working with families. This is similar to Hussein (2018), who found the nature of work was not significantly associated with burnout

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of workers, but rather, spending the “right amount of time” (p. 919) on administrative tasks. However, it remains unclear what the right amount of time was. Authors highlighted that key factors impacting worker experiences pertain to organisational structure, and are thus within the influence and responsibility of managers and policymakers to manage, in order to create a positive working context.

Gibson (2016) conducted an ethnographic case study of two CP teams in one LA using data collected through emergence, observation, and enquiry to examine organisational influences in more depth. Despite the multiple methods of data collection and the depth of understanding this enabled, the author acknowledged the high susceptibility to individual bias. Findings were based on the information the researcher was privy to, dictated by the workers observed and questioned. The research highlighted the prevalence of systemic pride, shame and humiliation within institutions and organisations, and embedded through administrative work regulations. For example, Ofsted graded the LA inadequate, and managers learned to prioritise administrative tasks and episodically shame workers if they did not, to avoid further institutional shaming. These factors became an inherent part of practice within teams at micro and macro levels, thus influencing the actions of the workers. The author reported that over time the LA ensured workers understood the conditions to be shamed (for transgressing boundaries) and praised (for adhering to institutional prescriptions). For the LA to avoid shaming via regulating institutions (e.g., Ofsted), workers were forced to accept administration as a dominant feature of their work.

*I'm doing a good job for the department if I'm ticking all the boxes. I'm doing a good job for [team manager] if I'm keeping in all the timescales (Gibson, 2016, p. 125)*

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Boundaries were embedded through the surveillance of workers' tasks and outward accountability instilling "the notion of being under constant scrutiny" (Gibson, 2016, p. 125). Shame and pride were further embedded by publicly monitoring and ranking team performance and individually shaming workers to ensure timescales/paperwork were prioritised. This served to alter current workers' behaviour and establish conditions for criticising and shaming future workers. Again, this research highlights the organisational influence on workers' role experience, specifically how a context of surveillance and accountability influences what workers do and how they do it. It is questionable how workers can have the capacity to engage in decision-making informed by ethical guidelines and theoretical models in such a context. Instead, workers might be forced to engage in decision-making based on avoidance of scrutiny and shame. While this is not directly noted in the paper, it does acknowledge that institution identities are dynamic and subject to a recursive relationship where "the institution affects the individual and the individual affects the institution" (Gibson, 2016, p. 122).

In a similar vein, Hussein and colleagues (2014) conducted a longitudinal study examining job satisfaction among Newly Qualified Social Workers (NQS) post-graduation, and 18-months into employment. Only 49% of participants were child social workers, therefore findings might not generalise. Furthermore, the paper only reports cross-sectional data, rather than comparisons over time. Survey findings showed that job satisfaction was predominantly influenced by the organisational context, with the quality of learning and development, and the work environment, as constant themes throughout. Interestingly, job satisfaction was linked to being well-prepared, the ability to express values in practice, and high job engagement<sup>7</sup>, but not to a manageable workload. However, the differences in

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<sup>7</sup> Including learning and development, and working in partnership with service users



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participants' roles means these findings lack clarity and precision, creating an inability to link findings to certain organisational influences of children's services LAs.

Despite the variation of focus between these three studies, they all highlight the influence of the organisation in workers' role experiences.

Hunt and colleagues (2016) conducted a mixed-methods survey study exploring organisational responses to workers' experiences of violence. They found workers frequently experienced threats, intimidation, and in some instances actual violence from parents they work with. Many workers felt the organisational response was inadequate, "appearing neglectful of workers' safety, defensive of the organisation, even aggressive towards workers, and accepting of hostility as part of the job" (Hunt et al., 2016, p. 19). Some management responses exacerbated the situation, rather than resolving the issues. For some, management bullying or intimidation was the most threatening aspect of work.

*I was pretty much told that I had to have a 'backbone' to work in this field and to tough it out (Hunt et al., 2016, p. 14).*

Participants described managers protecting themselves and the organisation by meeting administrative requirements, rather than caring for workers.

*It makes you feel that you do not count, the only thing that does count is that the stats are met every month (Hunt et al., 2016, p. 14).*

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Recommendations included creating national guidelines and resources for response consistency. However, if organisational responses are embedded in systemic shame and humiliation (Gibson, 2016), the root cause of inadequate responses may remain. Similarly, Wilkins and Jones (2018) found that when simulating supervision, managers took an expert problem-solver approach, demonstrating an overemphasis on prioritisation of administration and risk management over reflexivity<sup>8</sup>. Authors placed this focus within a system-level context of defensive practice. The artificial simulation lends little to the generalisability of findings, however, the research commonalities of defensive practice, possibly rooted in systemic shame, cannot be ignored.

### ***2.5.2 Support Workers Receive***

Three studies focus on the type of support workers receive, in the form of supervision, professional development and relational reflexivity<sup>9</sup>.

Wilkins and Jones (2018) conducted a simulation study using a supervision session between thirty managers and a NQSW actor to compare different approaches taken in response to the same scenario. The descriptive nature of the study meant that data posed more questions than answers. Further, the simulation itself may have influenced the response managers gave, possibly due to time limitations, or managers believing their knowledge was being analysed, rather than their communication style. Findings show most managers follow a similar structure; they sought out information via a series of closed questions before providing direction. Concerns were clarified and adherence to procedures were ensured.

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<sup>8</sup> Reflexivity can be defined as an examination of one's own beliefs and judgements impacting meaning-making and practice (Ixer, 2010).

<sup>9</sup> The process of explicitly engaging one another in coordinating resources, to create a relationship with "therapeutic potential. This would involve initiating, responding to, and developing opportunities to consider, explore, experiment with and elaborate the ways in which they relate" (Burnham, 2005, p. 4)

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Questions relating to the worker's wellbeing were asked in some instances, however no explicit links were made between the emotional impact of the scenario and decision-making. Task orientation and lack of emotional debrief was also found in another study (Hunt et al., 2016), suggesting organisational pressures may impact managerial responses.

Four out of thirty managers took a more reflexive approach, focussing on the *how* over the *what*. This approach evidenced an interest in the worker's autonomy and agency in decision-making, rather than positioning themselves as the expert problem-solvers. The authors hoped for formal supervision training as a minimum standard, to enable a more reflexive stance, however acknowledged that expecting this had to be balanced with the acknowledgement of the risk-saturated and bureaucratic context of CP. This is important, as it may be unrealistic to expect a manager to be reflexive over action-focussed, given resource and time constraints, and the possible organisational shaming culture discussed earlier. One must also be mindful to not locate the entirety of an issue in a single practice. The authors analysed managers' communication behaviours using a Motivational Interviewing tool (Moyers et al., 2010), and whilst this may offer a good descriptor of communicative methods, it does not encompass the range of factors occurring, nor topics covered, in a single supervision session. Nonetheless, the study topic is an important experiential aspect to consider for workers.

Taking a different angle, Szwarc and Lindsay (2020) looked at the key factors influencing workers' use of feedback. Thirty-four workers completed a survey, and six were interviewed. Although the small-scale and descriptive nature of the study limits the generalisability of findings, the authors acknowledge the potential for researcher bias and subjectivity in the analysis, which lends credibility to the paper. Findings showed that

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feedback was mostly given in supervision, focusing more on the standard of tasks undertaken and ways to improve, and less on strengths and professional development. Again, the focus on direction and action may suggest the organisational focus on the monitoring function of supervision over relational reflexivity.

*We may just have case consultations but that is about casework so not about individual worker's feedback, it's about cases. . . not about how you are working as an individual with this family (Szwarc & Lindsay, 2020, p. 947)*

Participants felt suspicious and envisaged criticism when given feedback, pointing to the defensive culture highlighted in studies discussed earlier. The manager-worker relationship was highlighted as an influential factor in utilising feedback. Similar to Wilkins and Jones' (2018) findings, relational reflexivity was seen as a core component of the supervisory relationship, impacting the way feedback was given, received, and thus utilised. This also links to findings that supportive managerial and team relationships were key in workers remaining in their role (Hussein et al., 2014).

### **2.5.3 Impact on Role**

Two papers explicitly discuss how experiencing violence and intimidation can impact working capacity, particularly if receiving inadequate support. Littlechild and colleagues (2016) and Hunt and colleagues (2016) report on the same research project with the same methodology, but use different research aims, analyses and findings. The project collected information from a large sample, likely being representative of workers across organisational and geographical regions. High female representation (82%) possibly skews results, however this may also be a reflection of the professional demographic. Further, one may hypothesise

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that women are more likely to experience violence and intimidation to account for this high percentage. The authors acknowledge that targeting workers who experienced violence and intimidation might bias the sample and over-represent the scale of the problem. However, the survey was designed to understand the experiences of that specific sample.

Littlechild and colleagues (2016) found that experiencing violence and intimidation from parents had a cumulative and circular impact on workers' personal lives, confidence, and effectiveness at work.

*It affects my emotional well-being which in turn impacts upon my personal relationships and my ability to accomplish things I need to do both in and out of work (Littlechild et al., 2016, p. 6).*

Workers needed support and supervision from managers who understood and responded appropriately to resistant, threatening or violent parents, to ensure workers felt protected, thus enabling them to protect children. Some workers reported avoiding families out of fear. Consequently, they felt unable to sufficiently protect the child, which the authors link to serious case review themes to highlight the gravity of the situation.

Hunt and colleagues (2016) found that nearly half the participants felt the quality of care they could provide to children was poorer due to inadequate organisational support or supervision. The accumulation of these issues ultimately led to workers leaving their role, however it was unclear whether this was due to the impact of the violence, or the inadequate organisational response. The authors described the study as exploratory and highlighted the

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unanswered questions for further investigation. The quality of the paper was notably enhanced by linking findings to past research and implications for practice.

Evidently, as discussed, empathetic and thoughtful support is imperative for good practice. This was also highlighted by Wilkins and Jones (2018), who found that managers in simulated supervision tended to problem-solve rather than explore hypotheses, which prevented alternative hypotheses and led to potential stereotyping and oppressive practice. A positive supervisory relationship is also imperative, as Szwarc and Lindsay (2020) found; workers who felt suspicious of feedback or envisioned criticism from managers rarely sought supervisory feedback proactively. This inevitably impacts professional development and safe practice. Drawing these findings together, it seems that the supervisory dynamic has a powerful role in shaping the experiences of workers, and thus their ways of working.

### ***2.5.4 Impact on Personal Life***

As we begin to see the relationships between the impact of the organisational culture, the support offered, and the impact this has on practice, one must consider the ways CP work impacts workers' personal lives. Only three papers attend to this.

When surveying experiences of violence, Littlechild and Colleagues (2016) found serious impacts on participants and their families: having police protection or purchasing extra home security, having to take time off work and experiencing racist abuse. The authors found one respondent "suffered a miscarriage that resulted from an assault and had a garden fork pierced into their leg" (Littlechild et al., 2016, p. 5). Participants reported receiving inadequate organisational support. Participants also reported the emotional impact, describing

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suffering from symptoms of depression, anxiety, burnout, and panic attacks. Some participants relocated or changed names, impacting partners and family members.

*Not been able to go out . . . not been able to work in certain areas . . . double checking all doors are closed in day and night-time, etc. There are endless implications on work and personal life (Littlechild et al., 2016, pp. 5 - 6).*

With the complexities of the CP role, experiencing higher levels of burnout compared to adult workers may be expected (Hussein, 2018). However, research also highlights the potential for quality organisational support to diminish these feelings. This is supported by Antonopoulou and colleagues (2017), who found overall levels of stress across LAs were above clinical cut off; however, a detailed inspection showed that this differed according to structures of LAs. The least stressed LAs had smaller teams, higher supervisor-to-worker ratio, access to administrative support, and more training options. This variance implies stress is not inherent to the job, but rather, determined by organisational factors within the remit of managers to address.

### ***2.5.5 Implications for Improvement***

To fully appreciate the value of this research, it is imperative to consider the clinical implications.

Antonopoulou and colleagues (2017) identified some core organisational elements that enhanced worker satisfaction and wellbeing, including “clear values about the priorities of the work in the organisation, small teams, high staff-supervisor ratio, and good organisational practical support for the workers” (Antonopoulou et al., 2017; p. 49).

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Alternatively, Gibson (2016) highlighted the role workers had in shifting the organisational culture, suggesting that workers should communicate their experiences of shame and humiliation to colleagues and managers in the moment to undermine the prioritisation of admin and auditing. By appealing to managers' humane side in this way, workers may help them notice and shift this way of working. This implication is somewhat reductionist; failing to acknowledge the power of excruciating systemic pressures workers and managers are under, which their findings demonstrate.

Hunt and colleagues (2016) recommended national guidance and resources to enhance the responsibility, consistency and accountability of management and the organisation. Aspects of this should specifically target aiding supervisors in providing adequate support to address the impact of parental aggression. Littlechild and colleagues (2016) agree, suggesting that this is key for staff to then "challenge parents effectively with authoritative but not authoritarian practice" (Littlechild et al., 2016, p. 8). Wilkins (2018) suggested formal supervision training for management as a minimum requirement; however, precisely what good supervision looks like and the various ways it can be provided requires clarity.

When thinking about specific ways of working, Hussein's (2018) findings highlighted factors organisations must consider to ensure a positive working experience and reduce burnout risk. This includes having sufficient admin support, developing confidence to challenge practice decisions, using mistakes as learning opportunities, prioritising supervision and reducing staff turnover. Some readers may view these as individual or team responsibilities, but arguably, this cannot be effective without wider system support.



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Finally, Szwarc and Lindsay (2020) emphasised the importance of a high-quality supervisory relationship in developing practice for workers. The authors define this relationship by “its collaborative essence, where the expert-novice positions no longer matter so much, but the lived experience of the other is what is seen as important, and as driving the motivation to explore how to do things differently” (Szwarc & Lindsay, 2020, p. 953). They recognise performance feedback as imperative for workers’ motivation, validation, and safe practice. The context in which others provide feedback is crucial, with workers preferring to receive peer feedback when co-working or via supervision. Workers also prefer evidence-based and specific feedback, with practical suggestions to improve performance. This skilful facilitation of reflection is seen as equally important to the provision of high-quality feedback. Supporting supervisors to develop these skills and creating more opportunities for feedback is essential to help normalise the process, reduce apprehension, and promote enhanced practice.

### **2.6 Comparative Quality Summary**

The researcher reviewed the quality of these studies using three appraisal frameworks to match the variety of methodological approaches and capture nuances (see Table 3). Comparison across studies was more challenging, however this was mediated by ‘zooming out’ (Siddaway et al., 2019) to provide a conceptual overview of studies by linking their universal methodological strengths and limitations. The quality appraisal frameworks used can be found in Appendix 5. Checklists were used as a guide to appraising research and were not solely relied on (Siddaway et al., 2019).

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**Table 3**

### *Quality Appraisal Frameworks Applied to Studies*

Methodology	Appraisal framework
Qualitative	Qualitative study checklist (Critical Appraisal Skills Programme, 2018)
Quantitative	Appraisal tool for Cross-Sectional Studies (Downes et al., 2018) <sup>10</sup>
Mixed-Methods	Mixed-Methods Appraisal Tool (Hong et al., 2018)

A common feature of these studies was the high proportion of female participants. Sampling bias may play a role in this, perhaps women are more willing to participate in research. However, the majority of social workers are female, and it is likely that this apparent bias actually reflects the general worker population. Only three studies explicitly included team managers (Antonopoulou et al., 2017; Gibson, 2018; Wilkins & Jones, 2018). Others may have, however did not make roles clear, instead stated years of experience (Hunt et al., 2016; Hussein, 2018; Littlechild et al., 2016; Szwarc & Lindsay, 2020). Gaining a wide range of views across roles is critical when considering the organisational impact on the experiences of workers.

Participants in all studies either volunteered or were asked to participate by their LA, which implicates potential sampling bias. Studies specifically using management to recruit participants puts into question what power dynamics were at play and how these might influence findings. No studies consider this (Antonopoulou et al., 2017; Gibson, 2016;

<sup>10</sup> This included one study utilising a longitudinal design, however only reporting cross-sectional data, therefore being better suited to this appraisal (Hussein et al., 2014).

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Hussein, 2018; Szwarc & Lindsay, 2020; Wilkins & Jones, 2018). This possible sampling bias may mean similar responses were provided by those who chose to cooperate, thus increasing the chances of yielding an unrepresentative sample. This is harder to account for without demographic information (Wilkins & Jones, 2018).

The majority of findings in this review were based exclusively on self-report measures (Antonopoulou et al., 2017; Hussein, 2018; Hussein et al., 2014; Hunt et al., 2016; Littlechild et al., 2016) with one study following up by interviewing selected participants (Szwarc & Lindsay, 2020). The majority of studies did not consider general issues with self-reported measures, such as the oversimplification of social reality, the influence of question presentation, and the high subjectivity in findings. Two studies (Hussein et al., 2014; Hunt et al., 2016) did consider selection bias, possibly overrepresenting the scope of the findings, or underrepresenting alternate views. However, Hunt and colleagues (2016) argued that their survey was designed to understand the experiences of the specific sample, rather than the number of workers experiencing threatened and actual violence.

Only one qualitative study was reviewed (Gibson, 2016), and considering the exploration of workers' experiences, or the impact of the role on their wellbeing, it seems surprising that most studies relied heavily on quantitative measures. Szwarc and Lindsay (2020) interviewed workers to gain a more in-depth exploration of their experiences, which was a strength of the study. These researchers also report working alongside an experienced scholar to enhance reliability of the interpretation process, and recognised the selection of a convenience sample for interviews may reduce confidence in the transferability of these data. It is unclear how the authors analysed interview responses, as the key method stated was

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grounded theory, however reference was made to coding in line with thematic analysis. This transparency is crucial, considering their stated social constructivist paradigm.

Gibson (2016) utilised an ethnographic methodology, considered most appropriate to get close to the experiences of workers in context. The study findings are limited, however, to the specific LA studied at the specific time of data collection. The author noted that due to their epistemological stance, findings remain tentative and thus no generalisations can be made, which is a strength. It is also the only study where the researcher considered their role in influencing the data, which could be due to its qualitative approach. When critically appraising this study, it was found to be rigorous, clear and valuable.

Five studies reference ethical considerations (Gibson, 2018; Hussein, 2018; Hussein et al., 2014; Szwarc & Lindsay, 2020; Wilkins & Jones, 2018), however only three discuss these in detail (Gibson, 2018; Hussein, 2018; Wilkins & Jones, 2018). Interestingly, the studies that do not reference ethical considerations focused on topics related to workers experience of violence (Hunt et al., 2016; Littlechild et al., 2016).

This review includes two quantitative studies with cross-sectional designs (Antonopoulou et al., 2017; Hussein, 2018). Both studies recognised their limitations of only reporting on certain aspects of workers' experiences, with many left unrecognised (i.e., personal life). This means there is little room to understand a bidirectional relationship between home and work stress, or the impact work stress may have on workers' lives more generally. One quantitative paper claimed to report on a longitudinal study, however, focused on one time-point (Hussein et al., 2014). It could be that the research aim fitted with a cross-

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sectional analysis, however if so, this was not made clear. A strength of this study was the clear reporting of statistical analytic steps.

Four studies used a mixed-methods approach; some used open and closed survey questions (Hunt et al., 2016; Littlechild et al., 2016), and others used interviews or observations (Szwarc & Lindsay, 2020; Wilkins & Jones, 2018). These studies included quotes from participants, to enrich the data for the reader. None of these mixed-methods studies considered the researcher's influence on the qualitative analysis process. The qualitative analysis is unclear in three studies; no process is given, thus other researchers cannot replicate these studies (Hunt et al., 2016; Littlechild et al., 2016; Wilkins & Jones, 2018). One study used an observational tool they claim as ground-breaking (Wilkins & Jones, 2018), which could benefit future research, however only examined communication styles in supervision.

All studies reviewed were either descriptive or exploratory in nature, which highlights the lack of research into this particular area. Exploratory studies can make valuable contributions by formulating, specifying, and allowing for greater familiarity of concepts under study (Littlechild et al., 2016). Some studies gave outstanding consideration to implications for practice and policy development. One paper placed findings into real life practice context by linking their results to serious case review analyses (Littlechild et al., 2016), highlighting the gravity of implications. A further four studies discussed avenues for organisational development, ideas for developing national resources and guidelines, and practical implications for practice development (Antonopoulou et al., 2017; Hunt et al., 2016; Szwarc & Lindsay, 2020; Wilkins & Jones, 2018). Two studies made little reference to

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clinical implications, which undermines the potential for policymakers, practitioners, and researchers to build upon the findings (Hussein, 2018; Hussein et al., 2014).

Overall, the methodologies of studies reviewed were adequate, and although being exploratory or descriptive pieces of research, many provided important implications for practice and policy development. While the use of peer-review as an inclusion criteria may indicate publication bias, the peer-review process can be a filter for poorer-quality research. Accordingly, no studies included in this review were excluded based on quality. The quality of papers reviewed was not considered a central aspect of importance as all were exploratory in nature, and subsequently supports the rationale for further research in this area. Specifically, this review highlights the importance of continuing research which delves deeper into workers' experiences, using a more explicitly rigorous methodology.

### **2.7 Evaluation of Review Findings**

This review demonstrates the profound impact organisational culture can have on workers' experience of their role. Many studies find LAs engaged in defensive practice and surveillance of work, consequently ensuring workers prioritised administrative tasks. Findings showed that time spent on administrative tasks, and not the nature of social work, might drive burnout. Studies also highlighted the critical role organisations play in ensuring positive role experiences. Workers placed high importance on support, with a reflexive approach suggested as most useful, but least likely provided. Reasons behind this remain unclear, but one hypothesis is that administrative priority and regulatory pressures are linked (Gibson, 2016). Multiple studies highlighted the need for further supervisor training and development (Hunt et al., 2016; Szwarc & Lindsay, 2020; Wilkins, 2018). However, placing the problem within the context of supervisor capabilities may obscure structural concerns and

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diminish the responsibility of non-supervisors to consider their role in providing inadequate support for workers.

Some impacts of the role on professional and personal life were found, depicting a cyclical process whereby role experiences impact workers' wellbeing, which in turn impact their capacity to fulfil their role. There is variation in how these difficulties manifest; findings suggested that without adequate support from managers and organisations, workers experience high levels of stress and burnout, amongst other things, conceivably resulting in feelings of professional inadequacy and turnover intention. However, the personal and professional impact is under-represented in this review, demonstrating a strong need for focus in this area. Overall, this research shows the power of organisations and its actors to influence the experience of CP social work. This is even the case with findings specifically relating to workers experiencing violence from parents; it was the organisational response, not the violence, that had the most profound impact on workers (Hunt et al., 2016; Littlechild et al., 2016).

The overarching findings implicitly give light to the complexities of the role, and the power dynamics at play. This review shows that workers have professional, relational, emotional, and safety needs that are not being adequately met for them to perform to the standards organisations expect. This not only puts their role and wellbeing at risk, but also the safety of children and families they work with. Findings also highlight the extent to which shame and fear of accountability are embedded within organisational culture, evidencing how broad the scope of change is. This puts into question where the responsibility to contemplate the intricacies of the necessary changes, and ensure these are being made, sits. The studies reviewed here begin the process of identifying the flaws within organisations, the unmet

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needs of workers, and the impacts these may have. However, without being interwoven, these studies typically examined singular factors under the umbrella of organisational processes. What is missing is an overarching understanding of the agency processes. This cannot be understood without an in-depth exploration of the perspectives of workers and managers themselves. With only one qualitative study, this review is unable to provide this.

### **2.8 Research Rationale and Aims**

Despite studies highlighting the various factors at play influencing the experiences of workers in CP, there are few attempts to address the reasons why these factors have such a strong influence. Furthermore, when attempting to understand the *why*, one must consider not only the internal organisational context, but the external structures within which the organisation sits; the government, the media, the social policies, and the ways in which these interact. By doing so, research might generate findings that target core aspects of the problem, rather than position blame within singular workers, teams or organisations. It is critical that addressing these research gaps is done with an in-depth exploration of the perspectives of workers and managers on the frontline.

The present study intends to address these gaps. By generating qualitative data from the perspective of workers and managers, the objective is to address the following research question:

*What are child protection social workers' perspectives of the social policy and agency processes that shape and influence their work, and their experience of their work?*



## Chapter 3: Methodology

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### 3.1 Chapter Overview

This chapter provides an overview of the researcher's epistemological position and rationale for utilising Grounded Theory to address the research question. The design of the study, participants involved, data collection and analysis will be detailed. Particular attention will be paid to the ethical issues within this area of research, and the ways consultations and reflexivity were used to form and reform interpretations, to ensure quality of the research.

### 3.2 Epistemological Position

The methodology of the current research has been informed by a CRSC position (Harper, 2011; Willig, 2012). This postulates that there may be an objective ontological reality, but descriptions of this reality will be mediated through the filters of social context, language and meaning making (Willig, 2012). Within this position, the researcher aims to acknowledge their influence over the data gathering and analysis, as detailed below. In line with this epistemological position, a Constructivist Grounded Theory (GT) method was chosen. This method specifies that reality is "multiple, processual and constructed" (Charmaz, 2014; p. 13), with a core aspect of this methodology being an acknowledgement of the researcher's position and perspectives as an inherent part of the research (Charmaz, 2014).

The aim of this project was to explore the constructions workers have made of their experiences working in CP, how these have been impacted by societal and cultural narratives, and how this has subsequently impacted the work that they do. Utilising Constructivist GT will involve a deep consideration of the influence of the researcher's part in this construction.

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It is hoped that the co-constructions of workers' experiences are foregrounded, thus contributing to the wider 'knowledge' that is held about the profession, with an identification of ways in which discourses of social work can act as a constraint for social action within particular contexts (Willig, 2012).

### **3.3 Managing Insider-Outsider Status**

Holding an insider-outsider position can pose many benefits for the current research. Having a shared language prevents linguistic distance (Saidin, 2017), and may enable the interview process to occur with more ease, as the researcher has prior knowledge of the CP processes and acronyms. It may also aid in rapport building, facilitating openness with participants (Saidin, 2017). However, it may raise issues of undue influence of the researcher's personal perspectives whilst co-constructing the data (Asselin, 2003). To minimise this and remain grounded in the data, the researcher engaged in reflection, remaining cognisant of personal perspectives and biases (Dwyer & Buckle, 2009). This was attended to via a reflective diary, utilising supervision, consultation and engaging in peer-reviewed coding of interview transcripts. A pilot interview was undertaken to ensure relevance and appropriateness of questions, and member-checking was undertaken once a draft model was completed, to ensure the analysis aligned with the co-constructed experiences gathered.

### **3.4 Design**

Qualitative research is instrumental in exploring meaning-making of participant's experiences (Willig, 2012). As seen in the systematic review, in-depth exploration of the overarching experiences of social workers is limited. Furthermore, as the present study sits within the CRSC position, a qualitative approach was chosen to align with this, and answer

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the research question by allowing for a richer exploration and analysis of the complexity of social workers' experiences (Banister et al., 2011).

### *3.4.1 Constructivist Grounded Theory*

Grounded theory (GT) was chosen as the most suitable research method to answer the proposed research question. This was due to its bottom-up approach, and for the generation of a new theory grounded in the data, rather than methodology that aims to 'prove' or extend existing theories (Clarke, 2005). It is seen as particularly valuable in fields of research where little is known about the investigated phenomena (Holton, 2007). As the systematic review revealed a current lack of deep exploration of workers' experiences, particularly pertaining to the influence of LA and wider organisational systemic processes, and workers' relationship to these influences, GT seemed even more fitting. It was hoped that by developing a theoretical model, workers and managers would have a greater understanding of the social and agency processes that shape and influence their work. Another suitability factor for GT was the support for development of social policy (Charmaz, 2012), as the research will be seeking to co-construct workers' experiences of the social processes and policies that inhibit and enhance their practice.

Crucially for the present study, GT does not solely focus on researching the "what", or the "how", but also in a deepened understanding of the "why" (Charmaz, 2008). When answering the current research question, this is fundamental, as the aim was to explore the ways workers construct their experiences, rather than seeking a description of what happened to them. There are several different versions of GT, which are explored in detail below. However, for the purpose of this study, constructivist GT was selected.

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### *3.4.2 Incarnations of GT*

GT has several versions, three of which are considered most widely used (McCallin, 2003); the Glassian, Straussian and Constructivist approaches. They have a recognisable set of resemblances (Bryant & Charmaz, 2007) that are hallmarks of a GT study (Rieger, 2018). Yet there are also noteworthy differences between them that need to be examined before embarking on a study (Charmaz, 2014).

The classic version of GT, conceived by Glaser and Strauss (1967) and further developed by Glaser (1978), locates itself within the post-positivist paradigm. The premise being by systematically following methodological procedures, the researcher will reveal the objective theory that is situated in the data, with revelation of the same theory irrespective of the analyser. This has been widely criticised as incongruent and contradictive of qualitative methodology principles (Bryant & Charmaz, 2007). Strauss and Corbin (1990) reformulated the classic model, developing the analytic techniques and providing step-by-step guidance on coding, however it remains situated in post-positivism (Heath & Cowley, 2004). This approach has been criticised for its rigidity (Keddy et al., 1996) and prescriptive nature, distancing itself from the inductive principle of GT (Willig, 2012).

In response to this, constructivist GT was developed (Charmaz, 2000), acknowledging existence of the relationship between the researcher and data. The researcher is not seen as an objective observer, but rather as an intrinsic part of the constructed reality of the research process. This method also “assumes the relativism of multiple social realities, recognises the mutual creation of knowledge by the viewer and viewed, and aims toward an interpretive understanding of subjects’ meanings” (Charmaz, 2003, p. 250). The present study used

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constructivist GT to ensure methodological rigour, strengthen the coherence of the study and enhance the credibility of the findings (Birks & Mills, 2015; Cutcliffe, 2000).

The flexible nature of constructivist GT compared to the other methods was considered a strength in the bottom-up inductive process of the current research. As the constructivist approach offers an amalgamation of the classic approaches and the value of a constructivist approach within research (Breckenridge et al., 2012), it will allow the researcher to co-construct the data without taking an expert position (Charmaz, 2003; 2006). As the researcher has a dual insider-outsider role within this study (Dwyer & Buckle, 2009), high importance is also placed on the acknowledgement of subjectivity within meaning-making of the data.

### ***3.4.3 Considerations of Other Methods***

Consideration was also given to other qualitative methodologies, namely Interpretative Phenomenological Analysis (IPA) and Narrative Analysis (NA). IPA research aims to study how participants view and understand the world, through making explicit the underlying assumptions in the person's explanation of their experiences (Willig, 2012). It involves in-depth descriptions and close analysis of participants' lived experience, to begin understanding how meaning is created through embodied perception (Starks & Brown Trinidad, 2007). Similar to GT, IPA expects researchers to consider how their explicit assumptions of participants' experiences impact the analysis of the data. The drawback would be that with the rich detail gathered, the method does not generate a theory connecting different experiences of workers, to develop resources, impact social policy and thus inform future organisational practice. Furthermore, the current study seeks to enquire about how the social structures and processes influence social work, which is fitting for GT.

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NA studies the stories people tell about their lives, and which societal discourses they draw from to tell these stories (Squire, Andrews & Tamboukou, 2013). This may have been a valuable methodology, particularly if there was a focus on how workers' narratives are shaped by wider social and cultural narratives, and how these impact on the work they do. This could be a consideration for future research, however, it was decided that for the present study, GT would be pertinent to begin exploring the sparsely researched area and generate a theoretical understanding of workers' experiences.

## **3.5 Ethical Considerations**

### ***3.5.1 Ethical Approval***

The current research project was granted ethical approval by University of Hertfordshire Health and Human Sciences Ethics Committee with Delegated Authority on 13<sup>th</sup> February 2020 (protocol number: LMS/PGT/UH/04078, see Appendix 6). The research was conducted in line with the BPS Code of Human Research Ethics (The British Psychological Society, 2014).

### ***3.5.2 Informed consent***

To obtain informed consent, a similar process was followed for each participant. During recruitment, interested individuals were contacted and sent an information sheet and consent form (see Appendix 7). Potential participants were requested to read through the information sheet, ensuring they had time to read and process the information, and ask any questions if they wished. If satisfied to continue, participants returned the consent form and subsequently booked themselves in for the interview.

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Prior to the interview commencing, time was taken to explain the project in detail: what the interview process would entail, hopes for dissemination, and discussion of the researcher's insider/outsider status. Opportunities to withdraw were offered, with a reminder that this can be done at any point until data was anonymised. Participants were also reminded that they could redirect or not answer any question. Participants were again asked if they consented to the interview. All participants gave informed consent to take part.

### *3.5.3 Maintaining Confidentiality*

Confidentiality and anonymity were particularly important to this population of participants, due to the sensitive topics of conversations relating to the LAs they worked in, and the families they worked with. It was explained that interviews were anonymised from the point of transcription, and that access to the original voice recordings was limited to the researcher. An encrypted audio recorder and password-protected laptop were used. All transcription documents were password protected, and identifiable information was altered or anonymised. All data was kept confidential and used in line with the Data Protection Act (UK Government, 1998, 2018).

During transcription, any identifiable information was removed, including descriptions of locations or individuals. One master document containing participants' real names connected to anonymised names was saved on a password-protected laptop and was only available to the principal researcher. All consent forms were kept electronically and saved on a password-protected computer. All forms will be securely destroyed on completion of the study. Participants were informed that confidentiality will be upheld unless there are legitimate reasons for this to be breached, and they would be informed of any decisions that might limit confidentiality. This was not the case for any participants in this study.

### ***3.5.4 Ensuring Participant Wellbeing***

When considering the content of the interview, participants becoming distressed was a potential risk. Participants were asked to speak of their experiences working in CP services. This required them to reflect on times when they were forced to set priorities within a highly emotive resource-constrained environment; where organisational priorities may not have aligned with their values and they may have felt disempowered. This may have been experienced as morally distressing (Mitton et al., 2010). Therefore, sensitive interviewing was employed (Dempsey et al., 2016) to manage any distress, including therapeutic interactions of empathy and validation, use of compassionate language (Knox & Burkard, 2009), and humour where appropriate. This also developed the interviewer-participant relationship, crucial for self-disclosure, and the depth of information shared about their experiences (Knox & Burkard, 2009).

Participants were given the opportunity to debrief after the interview, and to have a space to reflect on the process, and provide any feedback. Resources for support were given prior to the interview, and participants were reminded of this post-interview.

### ***3.5.5 Issues of Power***

It is important to discuss the possible influence of the insider-outsider status. The researcher needed to consider ways to ensure they were not seen to take an expert position as a previous social worker, to know any of the 'answers', or influence the comfortability of participants to be open with their responses. Furthermore, due to the societal blame culture and the adversarial system the workers may have experienced, participants may worry that their capabilities or decision-making would be questioned. This could be further impacted by



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the researcher's insider status, as participants could be wary of how their answers would be perceived by someone who holds some experience of the work. It was crucial to have awareness of this throughout interviews, to ensure the perceived sameness did not mean the researcher lent on "assumptions of familiarity to negotiate the researcher-participant relationship" (Reicherzer et al., 2013, p. 83).

To ensure workers' experiences were centred through this research, it was made clear during the interview that the space was not to analyse their competencies, decision-making or the specifics of cases. Rather, it focused on exploring the emotional impact of their work, to understand the wider social and agency processes at play, and to co-construct an account of their experiences. The aim of these interviews was for participants to have a dedicated space to describe their personal experiences, and share their hopes for systemic change, to ensure they are resourced to best support families they work with.

Ongoing reflexivity for the researcher was crucial within this process. It was hoped that by promoting self-examination in the various stages of research (e.g., using memos, reflective diary, supervision), ethical risks were reduced, and benefits were increased from the study conducted (Herz, 1997; Karnieli-Miller, Strier & Pessach, 2009).

### **3.6 Consultation**

Conducting consultations throughout this project was fundamental in placing the research within current social work practice. Practice guidance providing recommendations of the feedback cycle; how and when to request and give feedback, was utilised (CRiPACC, 2018). A social worker currently working in CP services was consulted with when developing the interview schedule. This was to ensure appropriateness of the questions,

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shared understanding, and to ensure non-blaming language. After this, a historical CP social worker currently working as a lecturer of social work took part in the pilot interview.

Feedback was given regarding the information sheet and debrief form, the interview questions, and any thoughts and feelings that came up during the interview process. This led to some questions being altered, making them less jargonistic and easier to understand. This also led to the addition of utilising the Ecological Systems Theory model (Bronfenbrenner, 1979) to provide a diagrammatic flow of the questions asked, and to help participants be guided through the interview process (see Appendix 10). During data analysis, regular consults were undertaken with a social work manager, which provided validation that the developing themes were in line with and relevant to the current social work context.

### **3.7 Participants**

#### ***3.7.1 Inclusion and Exclusion Criteria***

Participants were qualified social workers. The requirement to participate was to hold any experience of working within CP services in England as a qualified social worker. Experience in England was important to understand the impact of austerity. To ensure the data reflected the pressures of LAs, this criterion meant the exclusion of student social workers who were yet to qualify.

#### ***3.7.2 Participant Recruitment***

Participants were recruited through social media avenues, including Facebook, LinkedIn and Twitter. The recruitment advertisement (see Appendix 8) was posted, and workers contacted the researcher to express interest. They were then sent the information sheet and consent form and offered a discussion regarding what the study process would entail. After this, the participants were offered a time to be interviewed, through the mode of

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their choice. All interviews were conducted via telephone, Zoom or Skype. The option of face-to-face was not offered (or requested) due to the restrictions of COVID-19. A purposive sampling method was utilised, with the main objective being to produce a sample that can be relatively representative of the population. Emphasis was placed on ensuring participants were recruited from different levels of the social work profession by directly requesting interest from participants who have a range of roles via the recruitment advertisement and social media avenues.

Eleven participants were initially recruited and interviewed. After this, four participants were recruited to expand and enrich the developing model. This is known as theoretical sampling, a process whereby pertinent data was actively sought to elaborate and refine categories (Charmaz, 2014). The number of participants interviewed reflected the amount of data needed to reach saturation, a timepoint when no new conceptual insights are generated, and an explanatory model has formed (Charmaz, 2014). Two participants were recruited to discuss the model and explore their relationship to it, to enhance trustworthiness of results (Birt et al., 2016). Two participants were then recontacted to discuss the model, ensuring it aligned with the experiences co-constructed in the interviews. The consultant on the project was also contacted to share the model.

It has been contested that there is no agreed method of determining when saturation occurs (Timonen et al., 2018), as multiple constructions of data are possible. However, sufficiency of data is more open in Constructivist GT, occurring when no new information emerges to add meaning (Dey, 2007). The aim was to recruit until a co-constructed and coherent theory, that accounted for the majority of data, was achieved. Therefore, recruitment concluded after interviews did not produce new information. At this point, previous

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participants were re-interviewed, finding that the co-constructed model resonated with their constructions of their experiences, and categories did not need further refining.

### *3.7.3 Sample*

Seventeen participants were interviewed over thirteen months (see Table 4, all identifying details anonymised). Age ranges were given to aid anonymity. Furthermore, locations of participants were not given to ensure anonymity of LAs discussed. Professional roles were provided, ranging from newly qualified workers in their Assessed and Supported Year in Employment (ASYE) to Heads of Service. Participants interviewed were from a range of locations all over England. To support participants to feel the project was collaborative and to allow them to feel ownership over their own data, they were invited to choose their own pseudonyms for the write up. This would also allow participants to be able to identify their own quotes, and to see how their participation directly influenced the analysis and final model. This idea was discussed with them prior to the interview commencing, and many expressed eagerness to choose their own name, and identify their input in the data. Some chose names they found amusing, others chose names of their loved ones, or names they admired.

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**Table 4**

*Participant Demographics*

Pseudonym	Age	Gender	Ethnicity	Professional Position	Years Qualified
Alex Green	35-40	M	White British	ASYE Social Worker	1 year
Lucy	25-30	F	White British	Social Worker	1 year
Sabrina	46-50	F	White and Black Caribbean	Senior Social Worker (Previously Team Manager)	18 years
Ray	20-24	F	White British	ASYE Social Worker	2 years
Lewis	25-30	M	White British	Team Manager	8 years
Elizabeth	25-30	F	White British	Senior Social Worker	5 years
Princess Consuella Banana Hammok	36-40	F	White British	Social Worker	3 years
Shirin	25-30	F	Black African	Social Worker	4 years
Sofia	25-30	F	White British	Social Worker	2 years
James	60-65	M	White Welsh	Team Manager	5 years
Daisy	25-30	F	White British	Social Worker	3 years
Steve	31-35	F	White, New Zealand	Team Manager	11 years
Lisa	41-45	F	Black Caribbean	Service Manager	7 years
Linda	60-65	F	White European	Head of Service	40 Years
Jessica	46-50	F	White British	Team Manager	7 years
Skyler Smith	31-35	F	Black Caribbean	Team Manager	7 Years
Biggus Dickus	31-35	M	White British	Social Worker	3 Years

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## **3.8 Procedure**

### ***3.8.1 Developing the Interview Schedule***

In line with constructivist GT stating that initial data must be detailed and full (Charmaz, 2014), open-ended interviews were chosen as the mode to collect data. This style was applied through an interview schedule, with questions based on the overarching areas wished to be researched. In line with GT methodology, this schedule was adapted for later participants during theoretical sampling. See Appendix 9 for the two interview schedules.

An interview schedule was developed for both social workers and managers, after consultation with the supervisory team, and a reflection on the aims of the research. The main difference between the two interviews was the request for managers to reflect on what skills they felt were essential for CP social workers to hold, and how able they felt to develop those skills. Both interview schedules explored the same areas aligned with Bronfenbrenner's ecological systems theory (1979, see Appendix 10), and how those areas impacted their work with families. Throughout the interviews, the researcher remained mindful to raise topics without influence on how the topic should be experienced, and without the researcher's own positioning being evident. This was done by ensuring questions were mostly open-ended and not leading, balanced with validation and empathy of the participants' experiences.

### ***3.8.2 Interview Procedure***

Data gathering took place in stages. Early interviews were open and explorative, and as the data collection progressed, interviews became more focussed, adapting to the analysis that was occurring parallel to the later set of interviews. The final set of interviews were conducted to present the model to new and former participants, gaining feedback on the model developed. All interviews took place virtually due to COVID-19 restrictions.

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Irrespective of the stage of the interview procedure, the process had a similar structure. At the start, the researcher placed the interview in context. There was a discussion of the researcher's insider-outsider position, reasons for the research, and topics of questions that would be asked. After feedback from the pilot study, it was decided that at this stage, a map of the ecological systems would be shown (see Appendix 10), demonstrating the order of the areas the questions would focus on. This was to ensure topic areas of questions were followed with ease.

Throughout the interview, the researcher encouraged a deep exploration of the topics discussed, with a request for elaboration of points if needed. All interviews were ended with an opportunity for the participant to reflect on how the process felt, to ensure participants were not distressed and had an opportunity to ask any questions about the process, or the next steps. All participants were thanked for their time, and for giving the researcher the privilege of hearing their views and experiences. Participants were asked if they were available to be contacted in future to ask additional clarifying questions if needed, and to feedback the final findings from the data. Participants seemed particularly enthusiastic to hear about the findings, and the prospect of dissemination amongst their LAs.

### **3.9 Data Analysis**

The data was analysed holding in mind constructivist GT principles (Charmaz, 2014), and following guidelines outlined by Charmaz (2014) and Urquhart (2013). The computer programme NVivo-12 was used to facilitate the data analysis process. Analysing data electronically has been criticised for the risk of the software processes taking the researcher out of the data (John & Johnson, 2000). However, in this case, the software aided the

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researcher in keeping rigorous track of codes, what sections of the interviews they related to, what memos they linked to, and how to logistically formulate a hierarchy of codes. This was an invaluable tool to ensure the researcher attended to core aspects of the data.

The process of analysis began with interviews. Soon after, reflections in the form of memos were written. The interviews were then listened to, to ensure familiarity with the data. Memos were altered or developed if necessary and interviews were then transcribed prior to analysis.

### ***3.9.1 Initial coding***

The first phase of interviews was analysed using line-by-line coding, the initial coding principles of GT (see Appendix 11 for an extract). This involved fragmenting the data and coding each segment with a label that intends to capture the essence of what is being expressed. To ensure action was captured by the descriptive codes, it was advised that gerunds were utilised where possible. Coding with a fine-tooth comb at this stage aims to help the researcher begin to make sense of the data, to remain open to any possible theoretical directions, whilst ensuring these interpretations stay closely grounded in the text to avoid premature theoretical leaps. GT workshops were used to discuss initial coding and provided a peer-reviewed process for doing so. Research supervisors were also utilised to code sections of interviews, to compare and contrast interpretations of the data, and ensure the researcher was not missing important processes within the data.

### ***3.9.2 Focussed Coding***

The next stage involved reviewing initial codes that occurred frequently, or codes that appeared significant in portraying meaning. The initial codes that were generated across the



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first round of interviews were reviewed, and the most central and frequent ones were pulled into more focussed codes. Memos were utilised throughout this process to help illuminate the processes constructed from the codes. Focussed coding allowed development of key ideas about what was happening in the data. Once these codes were developed, they were used to analyse the remainder of interviews in a cyclical process. As the interviews were analysed against these codes, the codes were refined and developed, thus engaging in a constant comparison across all data sets and across stages of analysis. Line-by-line coding was returned to if focussed codes did not adequately account for sections of the data. This process continued throughout the analysis and aided in testing out and revising the compatibility of the focussed codes on larger segments of data from subsequent interviews. For example, *jumping through hoops to get resources* was an early initial code, pulled up into a focussed code as it was repeated throughout interviews, and captured an overarching social process in the data.

### ***3.9.3 Defining Categories and Subcategories***

The established focussed codes were synthesised into provisional categories and subcategories. This process involved clustering focussed codes together under overarching conceptual descriptions, to begin to capture what was happening in the data. All focused codes were printed out and physically grouped and regrouped together as relationships were constructed (see Appendix 12). Creating a document mapping the interview quotes, focussed codes, and categories helped to ensure understanding of the processes as they related to the data (see Appendix 13). In some cases, a name was developed to capture a theoretical description of the data. In others, existing codes already had the power to illuminate key processes and could then be elevated to category/subcategory status (e.g., focussed code *detaching or burning into ashes* progressed into a subcategory). At this stage, theoretical

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sampling occurred, with a sole focus on interviewing managers, to further elaborate on categories.

### *3.9.4 Theoretical Coding*

This final stage of analysis involved conceptualising how categories related to one another on a theoretical level. The purpose was to integrate the data that has been constructed in order to tell a coherent, comprehensible and analytical story (Charmaz, 2014). An integral part of this process was to utilise written memos and develop new memos that began considering hypotheses about the processes involved in workers' experiences of CP, and how these related. As multiple hypotheses were generated, interviews were revisited to ensure the theoretical links were able to explain the similarities or differences between participants. To aid this clarification process, several drafts of emerging theoretical models were drawn out (see Appendix 14). The final model chosen was the one in which theoretical codes and concepts accounted for the data and helped "weave the fractured story back together" (Glaser, 1978, p. 78).

The draft model was shared with two final participants, to ensure categories provided an adequate and meaningful co-constructed response to the research question. As these interviews did not generate any new theoretical leads, it was decided that the categories were approaching theoretical saturation, and the process of data gathering came to an end (Glaser & Strauss, 1967). The final model was then shared with two past participants as part of member-checking, to ensure it aligned with the experiences that were co-constructed.

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### *3.9.5 Memo-writing*

Informal analytical notes are pivotal in GT methodology, serving as a data trail of the emerging ideas developed over the course of the study. Memos were used throughout every stage of the analysis process and were crucial in supporting the development of ideas and tentative hypotheses about processes in the data (see Appendix 15).

## CHAPTER 4: RESULTS

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### 4.1 Overview

This chapter will present the findings generated in this study, starting with an overview of the GT model, developed in collaboration with participants. It represents a co-constructed understanding of participants' experiences of working in children's services as a Social Worker (SW), Team Manager (TM), Service Manager (SM) and Head of Service (HoS). Individual categories representing the different elements of the GT model will be described. Quotations from participants will be used to illustrate these processes.

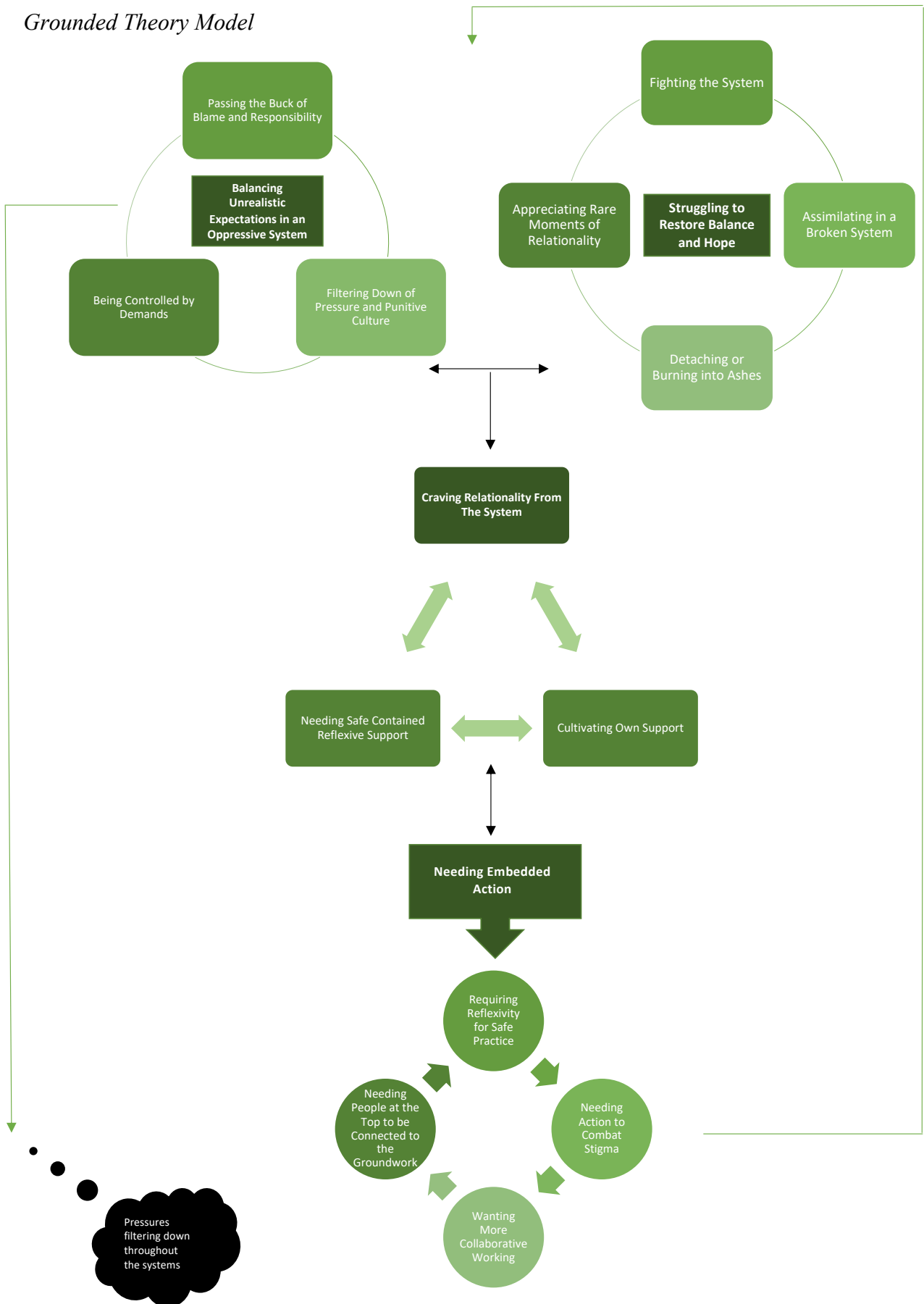
### 4.2 Introduction to model

The model co-constructed from the data is presented below (Figure 2). The core categories include *balancing unrealistic expectations in an oppressive system* and the ways in which participants are *struggling to restore balance and hope* when responding to the system. The common co-construction gained from interviews was the ways in which participants were *craving relationality from the system*, being seen as a core aspect of the work, to tackle the oppressive system, and the responses to it. And finally, participants co-constructed *needing embedded action* to begin changing the oppressive structures of the system, to ultimately gain relationality from the system. Importantly, the *filtering down* arrow/bubble represents the ways in which the co-constructed experiences embedded in the core categories filtered down the hierarchy, from senior and middle management, through to social workers, and that this subsequently impacts the work with families.

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**Figure 2**

*Grounded Theory Model*



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**4.3 Detailed Analysis**

Each of the core categories and the subcategories will be explored in greater detail below.

**Table 5**

*Social Processes of the GT Model*

Core Categories	Subcategories
Balancing Unrealistic Expectations in an Oppressive System	Being Controlled by Demands
	Filtering Down of Pressure and Punitive Culture
	Passing the Buck of Blame and Responsibility
Struggling to Restore Balance and Hope	Fighting the System
	Assimilating in a Broken System
	Detaching or Burning into Ashes
	Appreciating Rare Moments of Relationality
Craving Relationality from The System	Needing Safe Contained Reflexive Support
	Cultivating Own Support
Needing Embedded Action	Requiring Reflexivity for Safe Practice
	Wanting More Collaborative Working
	Needing Action to Combat Stigma
	Needing People 'at the Top' to be Connected to
	the Groundwork

#### 4.4 Balancing Unrealistic Expectations in an Oppressive System

This core category describes the social processes relating to participants' experiences of working in the CP system. The following subcategories were co-constructed: *filtering down of pressure and punitive culture, passing the buck of blame and responsibility, and being controlled by demands*. Participants shared that the identified oppressive system, and the impact of this, filtered down throughout hierarchical roles and onto families they worked with. A central aspect of experiencing the system as oppressive and adversarial was having to meet impossible demands with fear of retribution.

##### 4.4.1 Being Controlled by Demands

Throughout interviews, there was an identification of the dissonance between organisational expectations of workers, and their capacity to manage bureaucratic demands. Many wished to prioritise time with families, however the demands of the work, and the build-up of bureaucratic tasks prevented a deeper understanding of families<sup>11</sup>.

*It's very much driven by stats... sticking to plans and time frames. It's very regimented in that sense, which doesn't really go hand-in-hand with building client relationships, I find it's like a balance of almost ticking the boxes, to satisfy the system (Alex, SW)*

Many workers expressed feeling as though they were being “set up to fail” (Alex, SW) by the expectations placed on them, as “the caseloads are such that people are bound to be

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<sup>11</sup> Key Performance Indicators (KPIs), the high caseloads, the multiple processes to hold in mind, the paperwork and the timescales meant that workers were desperately trying to keep on top of their workload.

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*burnt out and people just jump - authority to authority and so you can't get the stability, the consistency you need" (James TM).*

All interviewees discussed being trapped in the processes of CP. Some expressed working on autopilot, as a coping mechanism, because thinking about all the demands felt "too overwhelming" (Elizabeth, SW). Processes and demands were seen to originate in the hope to safeguard children, however importance placed on them was seen as counterproductive by all participants interviewed. Fear of punitive repercussions was co-constructed as a driver for process-driven work.

These unrealistic expectations were seen to be further embedded by professionals outside of the LA system, who were described to envisage workers/managers as "miracle workers" (Lewis, TM). When asked why this could be the case, participants described being perceived as having more power than they do, seen to act quickly, able to do all the challenging work. This was seen to enable other professionals to avoid holding risk and difficulty, thus positioning them as "having a magic wand" (Alex, SW).

Many questioned how they could sufficiently protect children, without time allowing for a deeper understanding of families they worked with. All workers described being forced to prioritise high-risk families, impacting work with families viewed as less risky in the context of harm.

*Just made me incredibly stressed 'cause you can never be perfect. You could never do all those things that are expected of you ever. You then just start picking which things are the most important, which things mean that the child won't die (Sofia, SW)*



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These unrealistic expectations were acknowledged and experienced by management too, agreeing that caseloads and bureaucratic demands are too high, with limited administrative support.

*I think we have put social workers in positions where they can't do the things that we need them to do and where we can't provide them with the help they need to do it*  
*(Linda, HoS)*

Feeling controlled by demands was reported to filter into individual supervision practices, whereby workers experienced supervision as “*formula-led*” (Princess, SW), “*process-driven*” (Daisy, SW), and with “*no space for learning*” (Shirin, SW). Many experienced supervisions as irregular, without enough time to focus on the magnitude of their cases. This left discussions of their own wellbeing at the bottom of the agenda or experienced as a quick tick-box exercise.

Feeling controlled by demands was believed to be caused by the narrative that timely data<sup>12</sup> equated to good work.

*I think the KPIs are the biggest demands and that's just the thing that's on you, all the time. So unfortunately, at times it becomes less about doing meaningful work and more about ticking boxes* (Lisa, SM)

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<sup>12</sup> Including KPIs, keeping to timescales of visits and paperwork

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Many workers described not having enough staff, questioning whether employing less staff was a money-saving tactic; not having enough funding or funding used to prioritise other things, on top of service pressures in the context of austerity. Managers agreed, adding a layer of viewing the LA as a business that is allocated certain funding, and must evidence spending outcomes and justifications for what they need. The lack of understanding of the LA as a functioning business was seen as potentially problematic for one manager, due to the lack of training and transparency given to employees, to understand the how and why of the LA functionality.

*We didn't study business or management in university so that is why this is just a shit show and it's always gonna be a shit show unless we get management experience or like how to run a business (Steve, TM)*

When moving up the hierarchy, all managers stated that data has to become a priority, as commissioners want to see the performance outcomes of the LAs, to thus continue providing funding. Providing this is an expectation of their managerial role. Rather than eliminating this, managers discussed the need for simplifying and streamlining processes, to aid employees in working more efficiently. However, there was an acknowledgement of the challenge to capture the content of the work professionals do with families.

*Data can tell you that we're not doing things, but it can't tell you that what we are supposed to be doing is being done well (Linda, HoS)*

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### *4.4.2 Filtering Down of Pressure and Punitive Culture*

Participants reported that, as part of the balancing act, they must also manage exposure to cultural and organisational blame and shame. Again, this was believed to filter down into the experiences of families. There was an identification of tremendous pressure workers and managers were exposed to, feeling constantly “*under a microscope*” (Princess, SW). As noted, bureaucratic demands are high, and with this comes the pressure of needing to meet demands, to avoid blame or punishment. One worker recounted a time she was put on a support plan due to being unable to meet timescales.

*If I did something wrong, the blame would be put on me and then they would talk about my competency or capability or stuff like that to deflect what was the actual issue, which was too much work and not enough time to do it (Shirin, SW)*

A punitive approach was commonly constructed in interviews, via managerial and organisational approaches. This was viewed to filter down, as workers spoke of seeing their managers face pressures, which were then imparted onto them.

*She goes to the manager meeting, and of course they've all said, 'this is unacceptable', and like 'why have they only done 70% of the visits'. When it's fed to you every fortnight, the same drill, the same deal... (Alex, SW)*

*Our manager has even come out of a management meeting crying... she's offloaded and said, 'The management meeting has been horrendous. The stats. We've got to improve the stats'. So then that becomes pressure for us to get all those visits all done (Sabrina, TM)*

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Workers reported a lack of acknowledgement of contextual factors when managers asked about untimely visits. One worker talked about openly disagreeing with the pressurising approach, but the question of alternative approaches was put back to him. He felt positioned as responsible for shifting the culture into a more supportive approach.

One manager talked about the pressures she faced, being outwardly named and shamed if her team statistics were poor. There was a sense amongst managers that they had to be a buffer, to receive blame from upper management, whilst empathising with and protecting their workers. One participant left the managerial role to return to being a worker, to avoid this.

*You would be outed in management meetings. [Senior management] would confront you in front of everybody. They would say, "Why are your stats so poor? What are you playing at? You're bringing the whole organisation down" ... You would be shot down. I found it really unbearable (Sabrina, TM)*

Organisational structures embedded within the routines of workers were sometimes seen as vehicles for punitive culture. Team meetings were used as spaces for "being told off" (Lucy, SW); and competitions were set up by management, where teams with the lowest statistics had to "buy the other team lunch" (Alex, SW), a financial implication for workers who were unable to meet the demands of the service.

There was an awareness of pressures felt throughout the hierarchy. All managers described trying to protect their workers from the risk-orientated pressures and punitive

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culture, “*the heat from the higher ups*” (Lewis, TM) whilst also “*fighting fires*” (Lewis, TM) themselves. Managers also expressed working beyond their capacity, impacting the support they could offer workers. These pressures filtered down into the approach workers took with families too.

*The way [senior management] work trickles down into the whole atmosphere, the whole procedures and also what you take into families' homes... It must be really difficult to then not become punitive with families because you know that your job is on the line (Daisy, SW)*

For some, the fear or experience of penalisation “*from all levels...plagued my confidence*” (Sofia, SW). To avoid blame of not meeting unrealistic demands, many participants reported that their practice became risk-averse, process-driven, having to prioritise bureaucracy. This reduced the amount of meaningful time spent with families.

*I was used to working so risk-aversely and with such management oversight, and scrutiny... that was the kind of atmosphere..., like it didn't feel like you could miss things or otherwise it could come down on you like a tonne of bricks (Shirin, SW)*

### **4.4.3 Passing the Buck of Blame and Responsibility**

Participants also co-constructed feeling controlled by fear of blame, leveraged by other professionals who positioned workers as the sole protectors of children they worked with.

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*They think that we have a magic wand, and that when they put a referral in, they think we will just wave a wand and fix it. And when they can't deal with something they just push it on us... what they don't realise is that in most situations, we, it is very limited what we can actually do (Alex, SW)*

*I wonder that a lot of it comes from serious case reviews and these awful extremes of cases... no one wants to be held accountable for the fact that you know, they could be to blame for something that goes wrong, so it's like there's so much it seems to be covering your back or expecting so much just in case something bad could happen (Alex, SW)*

Many workers challenged the dominant narrative of professionals working together to protect children. They felt sole responsibility, as they were the ones carrying the burden of 'protector' in society, at risk of losing their jobs and being scapegoated by the media. Contrastingly, workers also felt positioned as powerful, able to hold all the anxieties of the professional network whilst managing any conflict.

*You'd go to meetings and stuff and they would, the ownership would be put totally on you to come up with a solution or to figure out what's happened or to make things better... they didn't wanna be involved in any conflict - it had to be you (Shirin, SW)*

Participants reported to experience this passing of responsibility within their own organisations too, sometimes at the cost of relationships.

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*If you've got staff that are not performing, then it may just get to a point where you're just like, you know what, I just need to go very task-focused and then the relationships go out the window, and that's the way you protect yourself (Lisa, SM)*

Passing the blame was co-constructed as a personal protective mechanism, for managers to avoid burnout.

*You burn out. You burn out.... They just become disillusioned with the role that they're just like, "I can't be bothered. I'm getting battered so you're just gonna have to get battered (Lisa, SM)*

There was a desire for collective responsibility, to lessen the burden of being positioned as a sole protector, with the hope that this may prevent organisational blame and public outcry when unrealistic expectations are not lived up to<sup>13</sup>.

### **4.5 Struggling to Restore Balance and Hope**

The second core category describes the social processes relating to participants' responses to working within the CP system, when trying to restore balance and hope. The following subcategories were co-constructed: *fighting the system, assimilating in a broken system, detaching or burning into ashes, and appreciating rare moments of relationality*. Participants shared that they oscillated between these subcategories, and that these responses filtered down into work with families.

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<sup>13</sup> Explored in more detail in section 4.7.2 below.

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### 4.5.1 *Fighting the System*

This subcategory describes the ways participants challenged the status quo. Workers advocated for and aligned themselves with families over CP processes that felt oppressive. Workers described resisting 'doing to' families, but rather, working alongside them therapeutically, despite the authoritarian nature of the role. Managers joined workers in this, by promoting therapeutic modes of working, and resisting system anxieties by holding onto the notion of "*safe uncertainty*" (Lewis, TM)<sup>14</sup>. Linked to this, becoming a problem-solver in social work was seen as risk-averse practice. One manager spoke of the importance he places on flexibility, not sticking to the rigidity of the system, but instead, finding ways to empower families to do the work themselves.

*The ultimate value is that people will have the answers deep down themselves (Lewis, TM)*

One of the ways workers discussed fighting the system was by "*jumping through hoops*" (Lucy, SW) to get the resources they needed for families, or to access training. This was followed by expressions of frustration over the laborious processes they had to go through.

*You have to go a long way sometimes to get something... if you're particularly tired or you're overwhelmed then you're not gonna do that as much (Ray, SW)*

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<sup>14</sup> Safe uncertainty is defined as holding a position of 'authoritative doubt' in social work, to encompass both expertise and uncertainty, coined by Mason (1991).



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Interestingly, a HoS resonated with this, sharing the ways she has to jump through hoops too, to get decisions verified, to thus provide resources to workers.

When considering why resources were inaccessible, workers constructed the view that saving money was held at the centre of service priorities. Services were seen to be “decimated by austerity” (Lucy, SW), and there was a powerful sense across the dataset that there were more demands than resources available. Due to austerity and the funding cuts leading to a closure of external support services, workers felt they were taking on multiple professional roles. Some workers felt that staff morale was being sacrificed to save money. A SM discussed having to prioritise money when in senior positions, as one’s responsibility is no longer for the individual worker, but rather, the workings of the holistic system, the KPIs, and budgeting. Senior managers are still being held accountable for their work; however, they are providing answers to councillors, not social work managers.

*Money is a massive... So you're asked to do more with less money... The higher you go up, it just becomes, you have to look more at the bigger picture. So the individual bits, you're not really interested in. It's just about, as a whole, the big picture is, you're not doing so great, explain it and the councillors<sup>15</sup> don't wanna hear, “Oh, this social worker's got fifteen cases.” They don't care. So that's the struggle (Lisa, SM)*

Workers had many unanswered questions, craving clarity and transparency over the finances of the LAs they worked within, why processes existed, and why certain decisions

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<sup>15</sup> Participant is referring to government councillors who play a substantive role in decision-making about the funding allocations of social care.

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were made. One manager emphasised the importance of providing workers with answers as part of her role, as *"confidence is built with knowledge"* (Steve, TM) thus enabling workers to confidently fight their position.

However, fighting the system came with consequences, as one worker spoke of being accused of *"colluding with the families"* (Alex, SW). Other workers described being *"on constant hypervigilance to fight the invisible system"* (Skyler, TM), experiencing this as draining and demoralising. This was particularly prevalent in interviews when questions were asked about what support workers receive. One worker said continuously advocating for her own supervision *"was draining. So then I just stopped advocating for it and tried to seek it out from friends or colleagues instead. Which I think is quite dangerous"* (Sofia, SW). Fighting the system was also seen to be destabilising for the work with families too.

*You want the families to know that you're grounded in something solid and rational and that you're aligned with. Rather than being like, "Fuck the system!" and like, "I don't agree with it." ... in some ways it's quite good for them, that you acknowledge that you think it's not fair. But for yourself, it feels unsettling, that you're working in that system (Sofia, SW)*

Acts of resistance had personal implications, as some were branded as *"troublemakers for trying to do the best for families"* (Skyler, TM). To fight systems and be listened to, workers had to provide solid justifications to management, and *"maintaining that high level of practice came at the cost of my own health"* (Skyler, TM).

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### ***4.5.2 Assimilating in a Broken System***

Workers and managers also spoke of feeling irresolute to what they constructed as the unhelpful aspects of the role. Some found it easier to assimilate, "*churning through cases...pushing them through the system*" (Sofia, SW), "*cracking on*" (Jessica, TM) to get the work done. Some described being reactionary and directive with families, due to frustration over lack of changes with families, or worry about a child's safety. Some workers expressed being less likely to do difficult things for families, such as get extra resources, due to the bureaucracy behind accessing this. When making decisions, it was sometimes easier to agree with management, even if workers disagreed, and one worker described shifting her practice to be more in line with her manager. This linked to a fear of being held accountable, that the worker would be doing something wrong and get challenged for it. Others described assimilation as easier sometimes, particularly if not challenging the system provided more headspace to focus on direct work with families.

*There was elements of the work you don't agree with so you were almost fighting it, but the problem is that was just exhausting, so for me part of to keep the balance I just have to accept and let go and know there are elements that I may not agree with, and just focus on the family and the work I can do (Alex, SW)*

### ***4.5.3 Detaching or Burning into Ashes***

All participants co-constructed responding to the system by detaching from the work, or burning out. Workers expressed feeling consumed by thoughts of risk, noticing the knock-on impacts of their role on their personal lives. Levels of patience and empathy for families were described as reduced, and some workers found themselves doubting their own capabilities, "*questioning if I had what it takes*" (Alex, SW). Managers discussed trying to

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mediate burnout amongst their staff, by “*sharing the load*” (Steve, TM) where possible, reminding workers to prioritise their own wellbeing, and offering a space for support.

*When people get caught up in the doing and the doing constantly, they forget to look after themselves and they forget to concentrate on themselves. I think that's the only problem with having people that can crack on, is that then the burden is huge and that's what you've got to protect them from (Lewis, TM)*

However, many workers expressed not having a safe supportive space to share these feelings.

When reflecting on how to manage burnout, some workers discussed putting in more boundaries; “*finishing work on time, switching my laptop off (Elizabeth, SW)*”. However, other workers left their team, the service, or changed roles completely.

*Towards the end, it stopped being - there wasn't that reward there, it was just challenge, constant challenge, constant stress, constant feeling like you were never gonna get anything done, ever (Shirin, SW)*

Two managers wondered if becoming emotionally detached was a coping mechanism, to avoid burnout, “*otherwise if you're taking on everybody's cases and everybody's stress then you're just going to burn yourself out. So I think there needs to be a balance*” (Steve, TM).

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It was co-constructed that the unrealistic demands placed on workers, and the lack of safe and consistent support, meant that they were left at risk of burning out or detaching, as the system was not enabling them to work in a sustainable manner. Support and spaces for debriefing were considered essential, with one manager discussing the need for therapeutic supervision in LAs. When considering supportive mechanisms the CP system could offer, relationships were always held at the centre.

### ***4.5.4 Appreciating Rare Moments of Relationality***

It was co-constructed that some participants experienced glimpses of relationality, typically when feeling valued by families and managers. Feeling valued came with positive feedback from peers, managers and families, and when requested funding for learning and role development was awarded. Open lines of communication between the hierarchies were appreciated, particularly when encouraged to share professional views with senior management, rather than being “*seen as ‘oh, us and them’*” (Sabrina, TM). Participants expressed feeling particularly sustained when families expressed gratitude.

*A lot of the families are just saying, ‘Thank you. We didn’t really want social services in our life but, actually, we are really grateful that we’ve got them’* (Sabrina, TM)

However, this was not readily available, or equally provided for all workers/managers. All workers who discussed experiencing relationality caveated this with feeling “*lucky to have it*” (Lucy, SW). The rare moments were coming from individual workers/managers, rather than being embedded in the system itself. All workers and managers relationally sustained themselves through peer camaraderie (see Section 4.6.2 below), however those moments were too exceptional to mediate detachment/burnout.

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*My manager now, I feel like she does care about me, like she really does, she values me as a person... it's a rare find I'd say (Alex, SW)*

Wanting to be valued came along with craving an acknowledgement of the unfairness of the system, positioning workers as having no room for error without disproportionate accountability. Workers wanted to be seen as fallible humans, and they wanted to see families in this way too.

*I think with this job it's made me realise, I could end up with a social worker in the future. You just don't know what - where your life's gonna turn (Elizabeth, SW)*

## **4.6 Craving Relationality from The System**

The third core category describes the social processes relating to what participants co-constructed they need from the CP system. The following subcategories were co-constructed within this: *needing safe contained reflexive support* and *cultivating own support*.

Participants shared that relationality was at the core of their positive working experiences; times when they felt best supported, felt their work was meaningful, and felt most valued. However, the relationality that participants needed was not readily available, impacting the capacity workers had to manage the demands of their role.

### **4.6.1 Needing Safe Contained Reflexive Support**

This subcategory was co-constructed when participants discussed the support they receive in their role, the support they cultivate, and the support they hoped for. Individual supervision for participants was identified as the main place of organisational support.

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Participants who described supervision as effective described having a safe and open supervisory relationship, whereby they were encouraged to be reflexive. Participants valued having a space to consider the emotional impact of their work, however this space needed to feel safe.

*Coming into supervision basically saying like, I'm really struggling... open up to someone and cry, and hoping that actually I would get support and actually I got the opposite, I got 'well I don't know if you've really got it in you to be a social worker' (Alex, SW)*

Having support was described to make stressors and demands more manageable. Yet some workers described supervision as insufficient, as there was a lack of secure and regular supervision slots, questions about workers' wellbeing were experienced as a 'tick-box' exercise, and the core focus was on case management and direction. This impacted workers' learning and development, a view shared by managers too.

*I can't remember having good reflective supervision as a manager. It was very much task-focused. So I can't remember having a conversation about... if I found something difficult or why I particularly liked a member of staff and... what may I then overlook, what are my blind spots. Nothing like that, at all. I mean, you don't even get management training (Lisa, SM)*

Managers described working at full capacity, which impacted their ability to provide ad hoc support. Workers described delaying seeking support from managers due to assuming their lack of capacity. Many described feeling let down by their supervisor, particularly when

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having to advocate for having their own supervision. Workers expressed wanting more avenues for support, and one worker considered creating personal “*safety plans*” (Alex, SW) to access emotional support when workers are experiencing difficulties.

Many participants described the importance of having supervision training and standards for managers to learn how to balance case management and reflexivity. The space needed to feel emotionally safe and containing. This was co-constructed as feeling emotionally safe enough to share emotions and reflections of cases, subsequently knowing what steps to take with direct work with families.

Supervision seemed to be most easily accessed when workers were explicitly told and shown that they can approach management when needed, formally and informally.

*She has said, all the time, “I’m here. I’m open. Whatever, whenever, just pick up the phone.” So I picked up the phone and because she answered that almost confirmed that what she says is true (Princess, SW)*

Having a strong supervisory relationship and reflexive support was also seen as essential by managers.

*The whole point of your training is to learn this ability to be reflective and then bring that into your practice and then have that topped up by your supervisor. But I don't think that happens. It gets lost in all of that... The complicating factor is, how good is that supervisor relationship and how good is that supervisor at managing those things? because there is no - supervision training is very poor (Lewis, TM)*



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Some workers discussed their positive experiences of reflexive supervision, however there was a recognition of how fortunate they were to have this, with some experiences being *“pretty positive compared to a lot of others”* (Lucy, SW) demonstrating that this was not the norm.

### ***4.6.2 Cultivating Own Support***

As organisational support provisions were experienced as insufficient, participants discussed cultivating their own support networks. Workers set up their own peer supervision spaces, used trainings as a space for peer support, and utilised personal resources. This included gaining emotional support from family/friends and accessing personal therapy. This was shared by managers too.

*My sense of support mainly has been drawn from the way I inhabit those informal support networks, rather than my formal line management structure (James, TM)*

Participants depended on what was co-constructed as peer camaraderie. There was a dependence on team and peer relationships, making the demands more manageable. Some managers joined in the camaraderie.

*I picked up some of the things that she was stressed out about so she didn't have to do them, which was a little bit stressful for me but at least she's not going home worrying about things (Steve, TM)*

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One worker particularly valued when a culture of team support and containment was facilitated by management, by having team building exercises for relationship-building. However again, this was not the norm across participants. When discussing ways of cultivating support, there was a co-constructed sense of disappointment among participants, that the responsibility to cultivate and access support was on them, rather than it being embedded within organisational structures.

At the core, importance was placed on working relationally. Participants needed and valued being in a relationship with their colleagues and their managers, being crucial to manage the demands of the work, physically and emotionally. These relationships were also described as crucial for safe working, to challenge each other on practice without causing rifts.

Participants described valuing working relationally with families too; *“not finger wagging but really being committed to relation work ... looking for strengths, looking for exceptional circumstances where the family did much better than they're doing at the moment”* (James, TM). Building and nurturing relationships with families, working in a humanistic way, and finding ways to provide families with the opportunity for connection was seen as crucial to engage families. This allowed for more collaborative working, coming alongside families and telling them *“let's do this together”* (Princess, SW).

However, the system was not always set up to enable this type of working. Workers expressed frustration at wanting to go deeper with families, to remain *“committed to the relational work”* (James, TM), however, the managerial push for prioritisation of bureaucratic demands restricted this.

#### 4.7 Needing Embedded Action

The fourth core category describes the social processes relating to the ways participants co-constructed embedding change within and throughout the system, to improve their working experience, and the outcomes for families. The subcategories co-constructed included *requiring reflexivity for safe practice*, *wanting more collaborative working*, *needing action to combat stigma*, and *needing people 'at the top' to be connected to the groundwork*.

##### 4.7.1 Requiring Reflexivity for Safe Practice

High importance was placed on the reflective capacity of workers and managers by all participants. They recognised the ways their similarities and differences, their life experiences, and their own emotions impacted their work with each other, and families.

*It is silly to pretend that we don't get drawn in certain families more than we do others, and we don't want to support certain families more than others (Daisy, SW)*

Engaging in reflexivity was seen as crucial to “*ensure we are making the right decisions for the right reasons*” as “*we all carry baggage with us*” (Linda, HoS).

Managers discussed that attending to the tensions in one's values is crucial, viewing self-awareness as a core tenant of relationship-based practice. Reflecting in-action was described as critical, “*that noticing and listening to your head and your heart*” (Lewis, TM) to prevent action-orientation and linear views of families' difficulties. There was consensus amongst interviewees, highlighting however that the system needed to promote and embed slowing down to be reflexive over fast decision-making.

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*Even some supervisors who are very big on [reflexivity] still get stuck when things are hitting the fan. When the risk is increasing... time for reflection goes out the window and it becomes very much driven on, "So what are we gonna do? When are we gonna do it by?", without any conscious awareness of why people feel that they've been led down this path (Lewis, TM)*

Participants discussed that for the system to enable reflexivity, they needed dedicated spaces to develop this skill. More time was needed for meaningful work, to think and process, to plan visits, and debrief afterwards.

*I felt often I was just rushing out...there was a visit planned, a visit due, and I hadn't had time to even spend five minutes thinking about what the visit might look like (Lucy, SW)*

Supervision was seen as key in developing reflexivity (see Section 4.6.1). Participants constructed that by having an emotionally responsive culture, whereby self-awareness, relationships and reflexivity were prioritised, the work with families would become more meaningful and thus, more effective.

### **4.7.2 Wanting More Collaborative Working**

Another action interviewees unanimously co-constructed was increased collaboration. This was constructed in two different forms; wanting more oversight of work within teams and wanting the wider network to take on more responsibility.

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Due to lack of management oversight, workers spoke of feeling unsafe emotionally, and in their practice. Workers constructed that if managers are controlled demands, their capacity to oversee cases in-depth was limited.

*I was very aware that I was the one who had to identify risk... that's really scary. Especially when you know that your manager has no eye on it at all so it's literally just you (Sofia, SW)*

The lack of regular opportunities for oversight or collaborative working also impacted work with families.

*When you aren't having that constant contact... and checking in with senior management of risk-related cases, it feels a bit like you're giving families different information all the time, 'cause you don't really know what's gonna happen (Daisy, SW)*

Workers wanted smaller teams, or higher worker-manager ratios, with more collaboration to make decision-making safer. Many interviewees did not want a sole reliance on supervision, and viewed small-group case discussion as beneficial, to have multiple conceptualisations of difficulties workers/families may be facing.

Participants also wanted more external collaboration, as they valued the views of multi-disciplinary professionals, making decision-making feel safer. However, to get this, participants discussed having to challenge wider networks to take on responsibility.

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*I've definitely been sat in professionals' meetings and professionals have gone, 'God, good luck!' and I'm thinking, 'No we're in this together' (laughter) (Elizabeth, SW)*

Managers spoke of having to encourage workers to delegate to the wider network, showing the network that responsibility is shared.

*I don't think, as an organisation, we're very good at challenging the wider professional network... that is a huge organisational pressure on the social worker, if they're expected to go and visit a family every single week, when there's nine other professionals round the table (Lewis, TM)*

Some interviewees experienced push-back when trying to co-work. One interviewee constructed why this may have been the case:

*What they don't realise is that in most situations, we, it is very limited what we can actually do with the families... It's almost like they don't want to. Or they want to, but another thing that drives it again, is the fear of accountability that something goes wrong... So a lot of it is passing the buck, the blame, right let's get the social worker involved... if they don't, well it's all on them (Alex, SW)*

### **4.7.3 Needing Action to Combat Stigma**

Another aspect of embedded action participants co-constructed related to the damaging societal stigma and negative narratives of social work. When asked about public perceptions of social work, the unanimous answer was – “*children snatchers*” (Elizabeth, SW), there to “*remove children*” (Lewis, TM).

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*One of my colleagues came back from a visit, it was something quite routine... the mum had packed a bag for the child, thinking that the child was gonna be removed, and I remember just thinking 'Oh, my God'. (Lewis, TM)*

*'I know you get a bonus for removing the children. How much is it?' I've actually had a kid say it to me (Elizabeth, SW)*

Workers were misconstrued as holding the power to remove children, without an acknowledgement of the multiple steps in between<sup>16</sup>. These negative narratives were believed to be fed by the media; the ways media outlets publicised serious case reviews, vilifying workers, and placing them at the forefront of systemic failures. Additionally, participants discussed ways the government places social work at the bottom of the public services priority list, with minimal public recognition of the work they do.

These narratives and misconceptions impacted professional working relationships, as workers were seen as exceptionally powerful to make decisions and implement change, or ineffective. Either way, set up to fail. These stigmatised views also filtered down to parents, as many participants described having a social worker being experienced as threatening and shameful. These stereotypes were seen as a barrier, as families can be resistant to engaging with workers, and building trust can be difficult.

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<sup>16</sup> Workers cannot remove children by law, only police can, and the courts must grant this.

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*It is so engrained, this fear of social workers and our job that it takes a good month or more to get that, to start, kind of calming down and then you can build the relationship and actually move forward (Princess, SW)*

Participants co-constructed the need for embedded action within the CP system, government, and media. At the foreground was the need for clarity of the CP role for society.

*I don't think people really know what we do... I think we're still stuck with this absurd and simplistic impression that we're people that every now and then make terrible mistakes... I just don't know why we can't move on from that (James, TM)*

*I think it is unbalanced representation of social work as well, in that nobody ever publicly, says about the good stuff (Princess, SW)*

In this light, participants discussed the need for the government to take action.

*The government just almost never talks about children's services. It just feels like it's bottom of the agenda... It still just feels like it's undervalued and underfunded and that means that the training is not as good as it should be, before you start and then the support when you're doing the job is not as good as it should be and obviously caseloads are higher because there's less money for more social workers (Lucy, SW)*

There was discussion of needing more funding for research, and the need for a more public social worker voice to increase a positive social media profile, and give a more balanced view of the groundwork, thus counteracting stereotypes. Again, relationality was



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seen as crucial, as “*being in a relationship with families positively influences how they see your role*” (Elizabeth, SW).

### **4.7.4 Needing People ‘at the Top’ to be Connected to the Groundwork**

Participants co-constructed the hope for managerial roles to be more connected to the groundwork, as workers felt management were disconnected.

*Her solution at one point to like very widespread, like years long of issues, was to take the child to McDonald's and everything will be fine. Which made me just realise that she had no understanding of what was happening on the ground and was just like very much, had maybe forgotten what social work was like (Sofia, SW)*

This translated to the support workers received too, with focus shifting from the family onto process-driven aspects of work. Managers themselves spoke of trying to find ways to stay connected, by managing their time to have some direct contact with families and opportunities to see workers in practice. However, when moving up the hierarchy, managers said pressures change the focus becomes less about specific families and more about overarching processes and support for the team.

*If I'm out doing visits all the time, I'm not really available for my team as well, which is not helpful (Steve, TM)*

*Senior managers don't always appreciate the stress that social workers feel. Social workers don't get the other side of it either (Linda, HoS)*

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However, some managers fought against these pressures, stating *“I get that there’s these KPI’s but yeah, it just wasn’t my biggest context”* (Lisa, SM).

Despite having to prioritise data, managers discussed the disparity between the aspects of work KPIs measure, and what is perceived as more meaningful work<sup>17</sup>. All participants co-constructed a hope for the processes and paperwork to be streamlined and more meaningful, allowing for more connection to the groundwork for all.

Training was co-constructed as a mechanism to keep employees connected to the groundwork. However, identifying training as poor was a common response. One worker described the usefulness of training led by *“teams that are in-house already”* (Princess, SW) to share own existing knowledges and skill. Some workers suggested that improved training may bridge the gap between different modes of practice amongst workers, as some practices were described as *“much more process-driven than family-focused”* (Daisy, SW).

Many workers wanted consistency amongst the workforce, with trainings focussing on direct work with families that are applicable practically. Many participants hoped for trainings that would aid and develop reflexivity skills, to *“really reframe or rethink about all the things and slowing it down and actually thinking about decision making”* (Ray, SW). Importance was also placed on ways workers and managers are supported to think about their own professional development, and what trainings they need to feel most confident in the development of their practice.

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<sup>17</sup> Direct work with families, ways of recording change.

## CHAPTER 5: DISCUSSION

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### 5.1 Overview

This final chapter will discuss the findings in relation to the research question and existing literature, whilst highlighting areas where these findings offer novel contributions to the field. A summary of key clinical implications is offered, with reflections on the impact of the COVID-19 pandemic, and the strengths and limitations of the study, before recommending areas for future research. The chapter concludes with a personal reflection on the completion of study.

### 5.2 Synthesis of Findings

Previous research examined the ways organisational factors influence how workers experience their role, highlighting a culture of punitive repercussions and defensive practice within CP in England. However, an overarching examination of the social and agency processes at play was lacking; considering where these factors came from and why they were so influential. To address this gap, a substantive GT of how social workers experience working in CP was generated, addressing the following question:

*What are child protection social workers' perspectives of the social policy and agency processes that shape and influence their work, and their experience of their work?*

When exploring the social policy and agency processes that shape and influence workers' experiences and subsequent impact, the findings generated a model conceptualising the ways workers experience and respond to the CP system, uncovering the unmet needs of workers, and their hopes for a future system.

### ***5.2.1 Working in and Responding to The System***

The ways in which workers experience the system is central to how it is conceptualised as oppressive, due to *balancing unrealistic expectations*, whereby the demands placed on workers<sup>18</sup> outweigh workers' capacity to complete these tasks. As well as balancing demands, participants describe having to manage the pressure of the role, feeling as though they are working under a microscope, with fear of punitive repercussions should something go wrong. A crucial aspect of these findings is how unrealistic expectations, pressure, and a punitive culture filter down; an experience shared throughout the hierarchical system and believed to be felt by the families they work with.

The findings also highlight a further demand placed on participants; feeling positioned by society as the sole protectors of children, thus allowing other professionals who work with the family to pass responsibility of CP over to them. Holding sole responsibility subsequently links to holding all accountability for actions and decision-making, despite clear central guidance (HM Government, 2018) specifying CP is everyone's responsibility, requiring collaboration among professionals. Workers can feel set up to fail due their perceptions of limited authority on one hand, and others' unreachable expectations on the other.

Responses to the system centre on *struggling to restore balance and hope*. These may vary over time, oscillating between *fighting the system, assimilating, detaching or burning into ashes*. Throughout these responses, participants appreciate *rare moments of relationality*. When fighting, participants seem to resist or challenge the status quo in order to practice in a

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<sup>18</sup> High caseloads, rigid timescales for visits, magnitude of paperwork, and other bureaucratic tasks.

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way that aligns with their values when working with families, and ensure families get the resources they need. However, the consequence of fighting includes feeling drained and destabilised, possibly leading those participants to oscillate into other responses. Assimilating seems to occur when participants feel irresolute to aspects of the role they do not agree with, or working in a way that misaligns with their values, such as being directive or reactive with families, or agreeing with decision-making despite holding conflicting views. Participants also spoke of emotionally detaching from the work as a response to the system. This may be a method to protect against burning out. Burnout<sup>19</sup> seems to be a common experience, ostensibly due to the system disabling them from working in a sustainable manner. Participants expressed feeling energised when experiencing moments of relationality, such as receiving positive feedback from families, management, and the wider system, experiencing open communication between hierarchies, and when encouraged to participate in learning and development. Although helpful for the short-term, these rare moments of acknowledgement are not a 'cure'.

### ***5.2.2 Craving and Needing a Different System***

Within the dynamic CP context, the findings suggest participants value and crave supportive relationships within the system. Supervision is seen as key and sometimes the only place to access support. Participants value supervision as a supportive reflexive space to consider the emotional aspects of their work, rather than being a task/action-oriented exercise. However, managers discussed the challenge of being consistently emotionally present for workers, due to their own lack of capacity and support. All participants described having to cultivate their own support; relying on colleagues and peers for both emotional and

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<sup>19</sup> Generally defined in research as experiencing feelings of detachment from and cynicism towards the job, overwhelming exhaustion, and sense of ineffectiveness (Bakker, & Costa, 2014; Maslach & Leiter, 2016).

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practical support. It seems that participants cherish the culture of peer support in CP. Valuing relationships filters down to working with families too, and participants described this as central to working effectively. However, building and nurturing these relationships is challenging as the majority of time is spent on bureaucratic demands.

Findings highlight several hopeful avenues for change in the system. Central to this is the idea that effective sustained change needs embedding between and within systems. Developing reflective capacity in workers and managers is important to prevent action-orientation and ensure relationship-based practice. Supervision and trainings could be mechanisms to develop this skill. However, participants require an emotionally responsive culture throughout the system to enable reflexivity. Another avenue for change is more internal and external professional collaboration, to enable more oversight of the work and share responsibility, thus mitigating feeling sole responsibility over the work. Findings also highlight the damaging impact of societal stigma, and the need to address this. Participants discussed ways to do this, including publicising positive aspects of social work, and providing the public and external professionals with a nuanced understanding of the roles and remits within CP social work. Finally, participants highlighted the potential benefit of removing barriers between professionals in management positions and CP groundwork, with hopes that this would decrease process-driven pressures from management, subsequently increasing relationality.

In summary, findings illustrate that organisational and wider socio-political CP structures may be detrimental to the ways in which participants feel able to practice, subsequently impacting the families they work with. The parallels identified between the

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impact of wider structures on workers and families alike highlight a hypothesis that embedded action could directly benefit families.

### **5.3 Relevance of Findings to Literature**

This theoretical model bridges the distinct pieces of research identified in the literature, offering a more coherent and robust understanding of the ways in which workers and managers experience and respond to the CP system. Each category of the model is now discussed in reference to past literature.

#### ***5.3.1 Balancing Unrealistic Expectations in an Oppressive System***

Over a decade ago, Munro (2010) recommended shifting focus from procedures to ensure the promotion of centring relationship formation with families. This remains to be implemented. In this research and based on the findings of unrealistic expectations placed on workers and managers, the CP system was co-constructed as oppressive. The co-construction of feeling controlled by demands adds further support to past research, highlighting organisational factors (i.e., high caseloads, high admin, frequent staff turnover, narrow risk focus and scarce support) that negatively impact workers' experience of their role (ATD, 2017; Antonopoulou et al., 2017; Hussein, 2018). Current findings support earlier research suggesting an entrenched culture of pervasive accountability (Whittaker, 2011), particularly the expectation that workers are at fault if a child is harmed, and the ways in which workers engage in defensive practice to protect themselves, at the cost of focusing on the families (Cooper & Whittaker, 2014). Some researchers suggest that defensive practice may help workers manage their anxieties by reducing risk of punitive action (Cooper & Whittaker, 2014). Contrastingly, the current findings suggest it may be a way to cope emotionally by

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assimilating or detaching, which may impact workers wellbeing, and subsequently impact families.

The current research emphasises the sole responsibility workers feel to protect children. They experience other professionals working with families, including colleagues/managers, as shirking responsibility, potentially to shield themselves from punitive repercussions. This supports and extends past research suggesting the prevalence of punitive culture, seeping down through organisational hierarchies (Gibson, 2016) and into work with families (Gupta et al., 2016; Morris et al., 2015). Lending evidence to these parallels, workers describe feeling under a microscope and set up to fail. This links with research reporting that families feel disempowered, judged and monitored (Birmingham City Council, 2014).

### ***5.3.2 Struggling to Restore Balance and Hope***

Munro's (2011a) review emphasises the need to address workers' emotional wellbeing. Again, current findings demonstrate this recommendation remains outstanding, despite burnout being common amongst CP workers (Bride, 2007; Linley & Joseph, 2007; Hussein, 2018). This study adds credence to this and to the suggestion that burnout includes feelings of detachment and cynicism of the job, emotional exhaustion and sense of ineffectiveness, with the individual experience placed within the social context of the organisation (Bakker, & Costa, 2014; Maslach & Leiter, 2016). Present findings also extend this view, demonstrating that ways of attempting to restore balance and hope are not static, but in fact, an oscillation between detachment/burnout, assimilation, fighting against the grain, and appreciating rare moments of relationality. When considering Reynolds' (2011) view that burnout exists within the unjust structures of society, rather than one's resources,



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abilities or capacity, it makes sense that the responses to the system are neither singular nor linear.

Current findings further illuminate the impact of the CP system on workers (and families). Prior research suggests that experiencing violence and intimidation from parents, and inadequate organisational support, has a cumulative and circular impact on workers' personal lives, confidence and effectiveness at work (Hunt et al., 2016; Littlechild et al., 2016). This study strengthens these findings, by highlighting the lack of relational support structures in place, which begs a question as to how these structures are replicated in work with families.

### *5.3.3 Craving Relationality from The System*

Present findings emphasise the centrality of relationality, and how positive relationships, feeling valued and supported, dictates workers' experience of, and responses to, the system. These results may illuminate parallel findings from qualitative literature showing parents experiencing communicative and humane relationships with workers perceive CP in a positive light (Smithson & Gibson, 2017). Furthermore, workers themselves report highest job satisfaction when working with families, and building relationships to make a difference (Coffey, Dudgill, & Tattersall 2004; Eborall & Garmeson 2001; Huxley et al., 2005; Jones, 2001).

Where earlier research highlights the importance of effective supervision, present findings indicate that this is rare. Past research and reviews portray supervision as dominated by bureaucracy and organisational processes (Stanley & Goddard, 2002; Hunt et al., 2016), prioritising oversight and accountability (Wilkins, 2016; Morrison & Wonnacott, 2010), and leaving little time to focus on the families (Munro, 2011). This study reinforces this view,

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whilst highlighting that this is felt at all levels within the CP system. Furthermore, supervision practices are driven less by individual managers' choices or methods, and more by organisational pressures and influences. This emphasises the importance of attributing blame within a system-level context, rather than solely within individual practices.

Earlier research shows relational reflexivity as a core component of the supervisory relationship (Wilkins & Jones 2018; Szwarc & Lindsay, 2020), with supportive managerial and team relationships critical for worker retention (Hussein et al., 2014). Current findings build on this, demonstrating that relationality is required within the supervisory dynamic, and necessarily embedded throughout all levels of the CP system in order to filter into work with families. Current findings also emphasise workers' present need to cultivate their own support, in the absence of systemic relationality.

### ***5.3.4 Needing Embedded Action***

Previous research indicates that if workers are to meet the needs of families they work with, the system must enable them to do so (Smithson & Gibson, 2017). The current study supports and extends this, by providing actions and emphasising the need to embed these throughout the system. This includes increasing collaboration and sharing responsibility of protecting children and supporting families with colleagues and multiagency professionals. This aligns with Munro's (2010) recommendation to increase funding for early-help services to share responsibility for supporting families.

Further actions include the need for management to connect with the groundwork, which also echoes Munro's (2010) recommendation to appoint a Principal Social Worker, who is still doing direct work, to advise on enhancing practice skills. One factor that is more prominent in this study than in earlier research is how the stigma of social work impacts the role, and thus the work with families. This underlines a view that mainstream media

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perspectives reinforce negative perceptions of social work (Ayre, 2001; Edmondson & King, 2016; Jones, 2012). Present findings demonstrate the ways stigma creates barriers to working, and Munro (2010) also recommended appointing a Chief Social Worker, to provide greater visibility for workers within the government. Participants reinforced this need, extending it by highlighting that the general public requires clarity of CP social workers' role, and positive stories to combat societal stigma. The links between present findings and Munro's (2010) recommendations demonstrates that although these findings are novel as grounded in participants' data, the issues are longstanding, evidently continuing to significantly impact CP work, and therefore remain imperative to address.

Finally, findings reveal both the desire and imperative need for engaging in reflexivity to ensure safe practice. Although past research highlights the importance of this in the supervisory context, present findings magnify and extend this. Participants report the fundamental need to promote and engage in reflexivity throughout their work: supervision, multidisciplinary working, and work with families. This requires embedding and promoting reflexivity throughout all levels of the CP system.

### **5.4 Links to Psychological Theory**

The introductory chapter considers the historical development of CP practice in order to understand the development of the socio-political and organisational context. However, in light of the current results, various theoretical developments aid in conceptualising findings. Firstly, the concept of Moral Injury (MI) may offer some insight into workers' unique challenges. MI refers to the profound social, spiritual, and psychological distress caused by one's own or another's actions in high-stake circumstances, that transgress deeply held moral beliefs (Gray et al., 2012; Litz et al., 2009; Maguen et al., 2011). Although this concept is

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mostly applied to the impact of working in the military, it may have important parallels in CP social work.

The MI literature demonstrates the impact of remaining in an experientially oppressive system. Applying this to current findings points to potentially worrying aspects relating to worker wellbeing, leaving workers craving relationality, subsequently impacting the work with families. American research that finds CP workers communicate feelings associated with MI supports this (Haight, Sugrue, & Calhoun, 2017). This includes distressing emotions, and a negative impact on their ability to function in a moral and ethical manner when working within an adversarial system “they viewed as deeply flawed, and an unsupportive working environment steeped in human misery” (p. 37). This links with Reynolds’ (2012) idea of burnout being spiritual pain. However, current findings go further by explicitly illustrating the ways in which system structures, CP culture, and societal stigma impact experiences of workers.

Ideas from trauma theory may help to further conceptualize the psychological impact of working in CP. Vicarious trauma describes a condition whereby empathic engagement with trauma survivors and trauma material, combined with a commitment or responsibility to the provision of advocacy or support, transforms a third-party (Pearlman & Caringi, 2009). Current findings show workers struggle to restore balance and hope amongst unrealistic demands and lack of relationality. Workers can experience vicarious trauma as part of working in a highly emotive and often distressing context. Some authors argue the impact of vicarious trauma extends beyond the professional self to “the whole life of the social worker, including the personal sphere” (Ashley-Binge & Cousins, 2020, p. 192). Present findings support this idea, offering further insight into the potential impacts of working within an

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organisational culture of high demands, fear of disproportionate accountability and punitive action, that does not align with espoused professional values (BASW, 2014). The system offers minimal relationality, typically leaving this to individual workers to seek out, further compounding this issue. As Reynolds (2011) specifies, workers should not be solely responsible for building an armoury of protection to prevent distress; this should be provided by services and structures surrounding the work.

Similarly, it may be important to consider theories of organisational trauma, as a core feature of the current findings is how the experience of oppression filter down throughout organisational hierarchies. Furthermore, that Munro's (2010, 2011a) recommendations remain relevant suggests organisations, which might themselves be traumatised and operating in survival mode, are rigid and inflexible (Treisman, 2020). This is based in the idea that emotional and relational organisations are living systems, constantly developing and adapting, thus vulnerable to chronic and repetitive stress (Bloom, 2011). The ripple effects can be felt throughout the system's multiple layers, spreading and intensifying if unattended (Treisman, 2020), offering a helpful way to conceptualise findings from the current study. This may result in the organisation "prohibiting the delivery of proper services to individual clients who are the source of the organisation's original mission, while damaging many members of the organisation's workforce" (Bloom, 2011, p. 139).

### **5.5 Clinical Implications**

This research points towards crucial implications for action, that must be embedded within and throughout organisations. Participants' views of what these should entail have been discussed in detail (see Section 4.7), including the importance of combatting stigma, working collaboratively with professionals, ensuring managers are more connected to

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ground-level work, and promoting reflexivity. To further these, additional organisational implications are provided for the government and policymakers, social work, and clinical psychology. At the core of these implications is a longing for radical relationality.

### *5.5.1 For Organisations*

Reynolds (2011) argues that although remaining engaged, successful and alive at work is constructed as an individual venture, social issues require willingness, resources, direct action, and most importantly, collective accountability. The current research points strongly towards the need for culture change – moving from a defensive system to a radically relational one, bringing a commitment to connection and support, openness and learning, and a non-bureaucratising and re-humanising of processes and structures (Wilson, 2015). Several ways to do this are presented below.

A core finding from this study is the importance, but lack, of relationality in organisations. Cottam (2018) postulates that the welfare state focuses too heavily on efficiently producing outcomes, trapping individuals in the mechanisms of transactions and limiting human connection. The CP focus on risk and accountability, which further limits the possibility of human connection in existing systems, reinforces this view. Therefore, a relational restructuring of organisations is essential to create fertile conditions for relationship building, and encourage collaboration (Cottam, 2018).

As seen in the theoretical links, workers and organisations may experience MI and trauma. A systematic literature review examining ways to ameliorate these experiences shows the importance of cultivating a supportive context (Ashley-Binge & Cousins, 2020). This includes, but is not limited to, a strong and safe team environment for relationship-building

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and support. This could take the form of providing reflective peer spaces for collaboration and case discussions to promote and embed reflexivity. For this to be effective however, the space must be cultivated in a safe and containing manner, where workers and managers can share ideas, skills and innovation, whilst also assisting one another in managing or preventing MI or trauma. Managers may desire a separate space to come together, however a shared space may help management remain connected to the groundwork. These peer spaces should be a dedicated opportunity to connect with others and feel valued, not a superficial or tokenistic system intervention.

Supervision is another context in which workers/managers can and should be able to access regular, consistent and reflexive support. Supervision should take place within a culture of learning and development, with a balance of case management and reflexivity, and a supervisory relationship that features emotional safety, growth and empowerment, rather than dependence (Kettle, 2015). Clear supervision guidelines and training is imperative to ensure managers have a strong skillset to deliver quality provision. What these guidelines could look like is beyond the scope of this research, but an important consideration for future research. Procedures to confidentially monitor or provide feedback regarding supervisory processes could also help meet workers' and managers' needs. However, the wider context must promote a reflexive learning and development culture to enable an optimum context for effective supervision, whereby difficulties or mistakes are opportunities for learning not scapegoating, rulebound proceduralism does not dominate practice, and which recognises and mitigates the emotional impact of the work (Davys & Beddoe, 2010; Hughes & Olney, 2012; Kettle, 2015; Schon, 1983). Embedded action is crucial here, as research shows organisational leaders play a critical role by promoting a reflexive approach to supervision (Lawlor, 2013).

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A supervision of solidarity is an alternative and innovative form of supervisory practice (Reynolds, 2010; 2011a). Practitioners use this tool when working with social injustice, which attends to an ethical positioning for justice-doing in therapeutic supervision for both clients and professionals. This practice aims to build a community within teams and fortify connections in both individual and team supervision. The practice asks, “how can we as therapeutic supervisors support therapists to do this difficult work in the margins in ways that are in accord with our collective ethics? How can we experience sustainability and transformation collectively across time?” (Reynolds, 2010, p. 246). This practice enhances reflexivity whilst attending to the spiritual pain workers may hold, potentially due to burnout, MI, vicarious or organisational trauma. It also invites a way of creating and maintaining solidarity teams, which offers the “possibility of an ever-present witness to the epiphanies, small miracles, and moments of meaning and beauty in our work that may otherwise be lost” (Reynolds, 2011a, p. 5). Readers are invited to explore this practice for more guidance.

Present findings support a hypothesis that families also crave relationality from the system, and grassroots initiatives are already responding to this. For instance, participatory research with families experiencing the CP system highlights the importance of relationship-building, empowering and valuing families, reducing fear and maintaining good communication, curiosity and transparency (Camden Conversations, 2019). One recommendation was for family-led child protection conferences, and parent-led workshops (Camden Conversations, 2019). These examples of co-production offer hopeful ways for organisations to begin or continue to create these relational structures by promoting empowerment.



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Inviting and receiving feedback on practice is another way to promote relationality within systems. This applies to all aspects of work, and for all professionals in the organisation regardless of hierarchical position. Importantly, positive practice and strengths-based work needs recognition as a way to transition from a culture of punitive action towards, for instance, an appreciative inquiry model (Cooperrider, Whitney & Stavros, 2008). This is a strengths-based group process that develops organisational strengths, addresses issues, and builds on stories of success (Preskill & Catsambas, 2006).

Sharing knowledges is another important way to connect multiple forms of resource, making visible the magnitude of resources workers and managers hold, and leveraging what the organisation already possesses (Cottam, 2018). Workers and managers could facilitate trainings for each other, or proactively decide areas of learning and development. One participant in the current study suggests having business trainings to understand the prioritisation of processes. Sharing knowledges may also enable managers to feel more connected to service delivery, by attending spaces where workers share experiences, knowledge, and required needs from the system. Creating a sense of shared identity and purpose may promote feelings of having something to offer, and can encourage workers/managers to become part of the process of change (Cottam, 2018), thus enhancing relationality within the system.

Finding ways to embed relationality is crucial for organisations, however, this must go hand in hand with moving away from a foregrounding of bureaucracy in LAs, to prevent counterproductivity. For instance, reducing caseloads will allow for more time to embed and apply relationality within the systems and in work with families. Furthermore, organisations must consider the numerous expectations workers try to balance, and as a basic requirement,

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ensure they are not creating more demands with less resources. This highlights the importance of properly resourcing services that perform such an essential service in society.

### *5.5.2 For Policymakers*

The current research highlights the oppressive nature of the current CP system, and the ways workers/managers are working beyond capacity with a lack of relationality, with implications for wellbeing and practice. Policymakers at local and governmental level can benefit from engaging with the current findings in the following ways.

In January 2021, the government launched a review of the care system, led by Josh Macalister<sup>20</sup>. This review has already been critiqued for lacking independence from the Department for Education, who funds Macalister's charity, and regarding the process of recruiting experts by experience participating in the review (Blackwell, 2021). It remains unclear whether this review includes the experiences of staff, which is imperative to capturing a core part of what influences the CP process. One cannot review CP work without acknowledging the structures that enable/disable professionals to work in preferred ways with families. Furthermore, the tentative parallels drawn in the current research between the experiences of workers and families are key in determining the powerful influence of the organisational culture, which requires change. Therefore, the review should attend to this.

More widely, it is crucial for the government to consider challenging the adversarial CP system, and interrogate the assumptions informing the current CP structures, which are believed to enhance neoliberal values and oppressive beliefs (Parton, 2015). Policymakers

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<sup>20</sup> Founder of children's social work charity, reviewing the whole system of support, safeguarding, protection and care, and the child's journey into and out of the system (House of Commons, 2021).

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must consider the consequences of continuing to accept a system set up to seek out 'troubled families' over wider structural and social circumstances that may lead to harm; a system built on policies and practices that expect an assimilation towards White Eurocentric norms and values (Wroe, 2021). Furthermore, in such a paternalistic system, how can one expect workers to cope with such unrealistic standards and vilification, whilst empowering families to make changes? The system needs to consider approaches towards co-production, collective working, and thus advocating working towards a social model of CP (Featherstone et al., 2018). New possibilities are opened up for policymakers who pay heed to the powerful invitation towards relationality expressed by workers and managers alike in this study. A full discussion of what this would entail is beyond the scope of the research, however one must urge readers to consider the work of Featherstone and colleagues (2018).

This study highlights the significant implications of the current dominant stigmatising discourses for the social work profession. Policymakers paying close attention to this and illuminating success stories that credit workers and the families making the changes, can drive positive change (Ayers, 2016). As discussed, families, other professionals, and the public, require more clarity of the CP worker role to challenge false narratives and the power these hold. The current study showcases the challenges of working in CP and can help rehumanise individuals working within these contexts.

### ***5.5.3 For Professionals***

These implications will not include workers' individual resilience or self-care as a form of rebutting the oppressive system, as "all the exercise, yoga and red wine in the world will not ameliorate a culture of bullying, poor quality supervision or unrealistic caseloads" (Ashley-Binge & Cousins, 2020, p. 204).

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An important hope from workers shown in the findings is more collaborative working and collective action. Mental health and social care have an opportunity to share their collective knowledge and wisdom, forge alliances and centre relationality to mitigate working in silos. This could occur via consultations that target the craving for relationality, whilst offering a sense of shared responsibility. One approach is Fredman, Papadopoulou and Worwood's (2018) collaborative consultation model, which encourages clinicians to build partnerships with other agencies, to tune into the culture of the consultee's contexts, and map out relationships within the organisations to create a context where the consultee feels supported and well-resourced (Mattison & Fredman, 2018). Another is a utilising of the relational-collaborative approach to risk management (see Aggett & Messent, 2019).

From another angle, a proportion of those presenting to psychological services may be social workers hoping to address vicarious trauma or MI. The number of children presenting to CAMHS or other community services might also increase due to the structures of the CP system preventing workers from providing sufficient time to support children. Psychologists must remain aware of the structures individual clients are situated in, and how these may perpetuate their difficulties. The government must also consider this implication, as changing these wider structures could benefit public services, by reducing the number of referrals requesting to ameliorate symptoms that may have underlying causes of experiencing oppression.

### **5.6 Evaluation of the Research**

The research processes within the present methodology were bound by time and context, thus constituting a strength and limitation. Although the explanation of findings is

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supported by triangulation processes when analysing and interpreting results, other data constructions are possible. The researcher acknowledges her influence over the research, which is unavoidable and essential per CRSC epistemological stance. In pursuit of rigour, the current study was assessed using the CASP quality framework as a guide for appraisal (CASP, 2018, Appendix 5).

### ***5.6.1 Strengths***

The value of the research is a key strength, as it is the first to consider the ways social and organisational processes influence CP work, and the experience of this work. The research permits new insights to co-construct from the perspectives of workers, TM, SM and HoS. This reinforces the view that working within a CP context can be experienced in parallel when working across multiple hierarchical levels. The findings emphasise existing knowledge regarding the societal and organisational landscape of CP work that impedes or enhances practice, whilst providing a deeper exploration into these influences and experiences through GT. Clinical implications are offered, some of which are grounded in the data<sup>21</sup>. Therefore, the current study extends the knowledge base, provides potential mechanisms to improve CP practice, and makes a significant contribution to the field.

Another strength is the robust implementation of constructivist GT, the rich description of data collection and analysis, and the quality and quantity of data. The consistent comparison of data, theoretical sampling, and model-checking enabled a rich and thorough analysis grounded in data. Model-checking and re-interviewing participants ensured the final model accurately represents the co-constructions. Regular supervision with the

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<sup>21</sup> Some clinical implications are part of the Needing Embedded Action category, co-constructed by participants themselves.

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research team added rigour, as did memo-writing and reflective diary entries. An analysis trail (Appendix 14) supports transparency. Honouring ethical practices and attending to the insider-outsider status of the researcher also supports data quality.

Finally, the sample's heterogeneity, which is an aim of constructivist GT, broadens the transferability of findings within similar groups. The variance in duration of time qualified as a worker, role status, and demographics mitigates sample bias that could undermine findings. In line with this, the author considered how to disseminate findings to ensure accessibility amongst multiple stakeholders, including members of the public, to support the enablement of social change.

### ***5.6.2 Limitations***

Sample characteristics also constitute a limitation, as the majority of participants were female, and many being White British, with lack of diversity potentially limiting a variety of viewpoints. However, this may be representative of the CP workforce in England, as recent statistics show 85% of children's workers in the UK identified as female, and approximately 66% of workers identified their race as white (DfE, 2018). However, it remains important for further research to ensure diversity during recruitment. COVID-19 restrictions undermined other avenues of recruitment, outside of virtual pathways, which may have influenced the final sample. Additionally, the research invited workers/managers to share their experiences of working in CP. This may have discouraged those workers who felt their experiences were not typical or valid. Travel restrictions prevented the researcher from visiting LAs to explain the research as planned, undermining a key mitigation for sample bias. Furthermore, many participants were qualified for five years or less, potentially limiting the scope of experiences.

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However, the researcher found no major differences when undertaking theoretical sampling with participants with longer experience working in CP.

### 5.7 Impact of and Reflections on COVID-19

Recent research finds workers are taking risks to support children and families, by visiting families with high needs face-to-face (Ferguson, Pink, & Kelly, 2021). Workers and families are adjusting to more creative working, and hybrid digital/in-person interactions show the value of digital tools. Workers state they miss peer support and informal interactions with colleagues, as well as formal supervision, when managing the emotional demands of the role and pandemic. To mediate this, workers set up team WhatsApp groups, and engage in 'socially distanced' walks. Organisations set up socially distanced desks and rotas, to allow staff to attend the office in a safe manner. What is less clear are the ways organisations are responding to workers' worries or concerns, or whether organisations consider how the context of an emotionally exhausting and uncertain global pandemic alters the experience of job demands. Finally, research stresses the importance of public recognition for workers, particularly in light of the risks taken to ensure families remain safe (Ferguson et al., 2021). The current study findings lend support to this view.

*Over the course of this research, the COVID-19 pandemic hit, leading to restrictions in human contact, rapidly and radically changing ways of working globally. For participants in the current study, this meant changing working environments from LAs to their own homes, using telephone/video calls, whilst only seeing people in situations deemed high-risk.*

*The pandemic hit during the early stages of recruitment, and I felt apprehensive. I wondered how participants could think about their working context when everything felt so*

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*uncertain. Upon discussion with my supervisory team, we decided to go ahead with interviews, and to ask participants directly if they believed any of their views had changed due to COVID. Interestingly, all participants agreed that their answers would have remained unchanged.*

*The COVID restrictions did not seem to impact the interview process, as they had been planned to be undertaken virtually. However, I wonder whether the participants recruited would have changed, as I would have been less reliant on word of mouth/social media, and could have approached various LAs to share my research proposal to whole teams face-to-face.*

*It has now been over a year since the pandemic started. I wonder whether findings would differ if the study were to be conducted now. It could also be that now is a prime time for organisations to consider alternative ways of working, to positively impact the culture. It is hoped that future research will address these questions.*

### **5.8 Suggestions for Future Research**

Constructivist GT methodology recognises that research is an ongoing process, encouraging different time points, and different researchers (Charmaz, 2014). Therefore, ongoing research into this area is imperative. Conducting this study with a larger and more diverse sample would likely expand the understanding of experiences. Importantly, this should include families as part of the research process, to develop our understanding of how the CP system filters through and impacts professionals and families. Participatory action research (Reason & Bradbury, 2008) could be used to achieve meaningful collaboration and consultation with families. An additional area of research is to discover structures within the



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CP system that impact workers' personal lives and holistic wellbeing, to subsequently discover how to ameliorate any difficulties within the structures of the system.

This research highlights the overarching oppressive system that individuals work within. However, it does not specifically account for the various models of practice different LAs utilise, such as a trauma-informed model, signs of safety model, or restorative justice model. Future research could investigate if different practice models change the culture of LAs, thus impacting staff experiences. Similarly, research could compare regional ways of working throughout the UK to determine if these impact workers' experiences.

It is crucial to also consider the clinical implications discussed, and future research should examine the impact of embedding these practices. For example, investigating the efficacy and impact on outcomes of embedding worker and psychologist consultations. Organisations could benefit from monitoring how they embed ways of promoting reflexivity and relationality within systems. Services could implement Reynold's (2010; 2011a) Solidarity Supervision, or The Solidarity Group<sup>22</sup> within teams and organisations, and evaluate the impact of these on the processes highlighted in the current study. It is also interesting to note that psychologists are now employed and situated within CP teams, for supervision, reflective practice and consultations. Over time, it will be important to evaluate what difference this makes in the direction of relationality and restoring the balance of the CP system.

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<sup>22</sup> Aiming to create strategies for solidarity and allyship, enhance reflexivity and cultivate safety and collaboration within supervisory relationships.

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Finally, it will be imperative to conduct ongoing research to understand the emerging impacts of COVID-19 on CP. Management oversight may change, organisational demands might become less overwhelming or omnipresent when working from home, and team-building exercises may feel more imperative. Another hypothesis could also be that the limited relationality workers experience has decreased further due to isolated working. Peer camaraderie could be harder to access without liminal spaces to congregate (Ferguson, Pink & Kelly, 2021), and working virtually with families may be less rewarding. It will be important to understand these experiences and any subsequent impact.

### 5.9 Final Reflections

*As I described in my early writings, being an insider-outsider throughout the process of this research has taken me on a personal and professional journey, providing me with a new and everlasting way to join with my passion of social work and clinical psychology. By drawing on, rather than distancing myself from my insider-outsider position, I felt able to utilise GT to ground myself within participants' experiences, co-construct and conceptualise the findings in a way that I hope gave light to their experiences. I utilised by own experiences to attend to the historical, personal, professional and systemic issues participants discussed, whilst trying to not buy into the 'single story', but instead find stories of small or large acts of resistance, relationality, and joy that participants experienced, nourishing them and enabling them to continue with the challenging work they do.*

*During the analysis, I felt saddened and angered by the stories of oppressive and biased treatment of workers, both organisationally and societally. I joined participants in the sadness of the parallels between their own experiences, and the experiences of families within the CP system. However, the ways in which participants conceptualised the possibility of an*

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*improved system, of which radical relationality was at the core, refuelled my passion and drive to disseminate this research, continue growing this project, and join communities to collaboratively try to evoke change. Ensuring I captured the diversity of stories participants told in the GT model felt incredibly challenging. However, the analytical process and support from my supervisory team allowed for the development of a coherent and integrated narrative of the social processes between participants and the CP system, of which participants confirmed that they aligned with when sharing the model towards the end of the project.*

*I have grown rapidly as a clinician and a researcher throughout this process. I have come to realise the importance of working alongside individuals 'connected to the groundwork' throughout each step of the project. Furthermore, the narratives and reflections that I was privileged to hear will stay with me, ensuring that in my clinical work, I will endeavour to never lose sight of the systemic issues that influence the experiences of distress, wellness, and decision-making. What I found most enlightening, personally and professionally, was the ways in which relationality and human connectedness remained to be the way to ameliorate difficulties and revolutionise systems.*

### **5.10 Concluding Comments**

This research explores the accounts of seventeen workers and managers to demonstrate how they experience working in CP, and the ways in which the systemic structures and socio-political discourses impact the work they must do, and the ways they are able to do it. Participants spoke of the organisation positioning them to balance an unrealistic amount of expectations, and the parallels of these demands, pressures, and fear or experience of punitive action being experienced throughout the hierarchies, and potentially impacting

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families. Participants discussed struggling to find hope within a system lacking relationality, which was fundamental to their unmet needs, and which they perceived as the most central aspect of their work. Finally, participants pointed to the need for embedded and targeted change, which unsurprisingly requires relationality at its core.

This is the first study to draw together individual, organisational, socio-political, and societal experiences into a visual model. These findings are crucial for workers and managers, for LAs, for psychologists and wider professionals, and for policymakers, with hopes to propel and sustain any positive changes within the CP system. Future research is vital to illuminate the emerging experiences of professionals and families within the CP context, and work towards an ethical and radically relational CP system.

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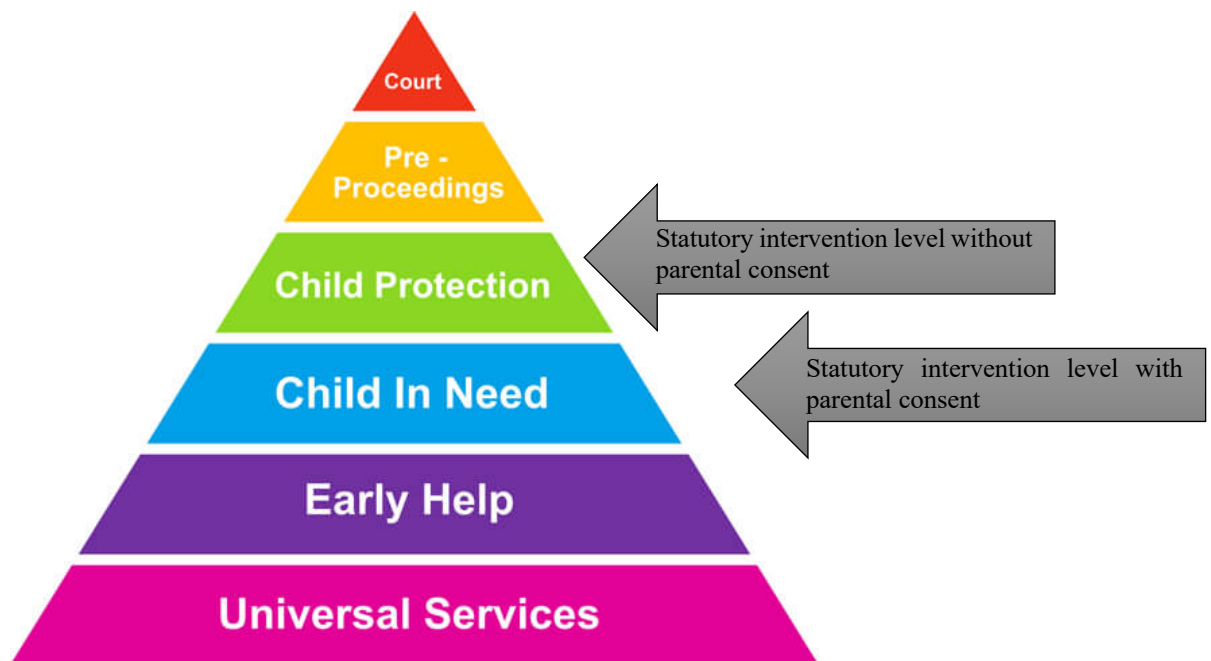
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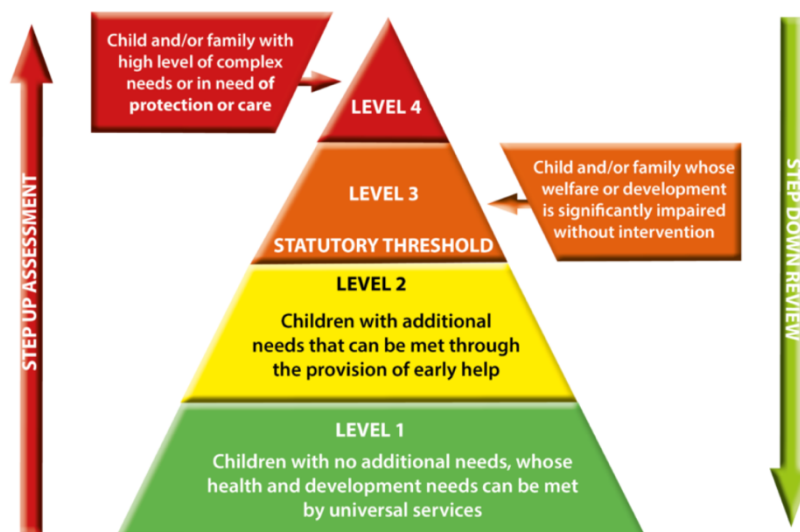
*“When a flower doesn't bloom, you fix the environment in which it grows, not the flower”*  
*Alexander den Heijer*

## Appendices

### Appendix 1. Children's Services Level of Need



### Example of a London Borough's Children's Services Level of Need





**Appendix 2. Search Planning Form**

**Search Planning Form**

**Question: How do children's services social workers experience their role?**

**Identify the main concepts of the question (use as many as you need)**

<b>Concept 1</b> Social worker	<b>Concept 2</b> Child protection	<b>Concept 3</b> N/A
-----------------------------------	--------------------------------------	-------------------------

**List alternatives keywords, terms and phrases below**

<b>Concept 1</b>	<b>Concept 2</b>	<b>Concept 3</b>
OR Child and family social worker	OR Child* services	OR
OR Family safeguarding social worker	OR Family safeguarding	OR
OR child* social work	OR Children's social care	OR
OR	OR Child* social care	OR



**Step 1: Use OR to combine ALTERNATIVE search terms together.**

**Step 2: Use AND to combine different concepts together.**

# SOCIAL WORKERS' EXPERIENCES OF WORKING IN CHILDREN'S SERVICES: A GROUNDED THEORY STUDY

## Appendix 3. Example of Electronic Search Strategy

Date of search: 11<sup>th</sup> January 2021

### **PUBMED**

- Terms
  - o ("social worker") AND (child protection) OR ("children's services")
- Filters – English, human, research/journals, 2010-2021

### **SCOPUS**

- Terms
  - o ("social worker") AND (child protection) OR ("children's services")
- Filters - England (affiliation), 2010-2021, Journals
- Excluded – irrelevant subject areas

Example of query:

```
( TITLE-ABS-KEY ( "children's AND services" ) AND TITLE-ABS-KEY ( "social worker" ) AND TITLE-ABS-KEY ( "child protection" ) ) AND ( LIMIT-TO ( AFFILCOUNTRY , "United Kingdom" ) ) AND ( LIMIT-TO ( PUBYEAR , 2021 ) OR LIMIT-TO ( PUBYEAR , 2020 ) OR LIMIT-TO ( PUBYEAR , 2019 ) OR LIMIT-TO ( PUBYEAR , 2018 ) OR LIMIT-TO ( PUBYEAR , 2017 ) OR LIMIT-TO ( PUBYEAR , 2016 ) OR LIMIT-TO ( PUBYEAR , 2015 ) OR LIMIT-TO ( PUBYEAR , 2014 ) OR LIMIT-TO ( PUBYEAR , 2013 ) OR LIMIT-TO ( PUBYEAR , 2012 ) OR LIMIT-TO ( PUBYEAR , 2011 ) OR LIMIT-TO ( PUBYEAR , 2010 ) ) AND ( EXCLUDE ( SUBJAREA , "NURS" ) OR EXCLUDE ( SUBJAREA , "COMP" ) OR EXCLUDE ( SUBJAREA , "IMMU" ) ) AND ( LIMIT-TO ( SRCTYPE , "j" ) ) AND ( LIMIT-TO ( LANGUAGE , "English" ) ) AND ( EXCLUDE ( SUBJAREA , "BUSI" ) ) AND ( EXCLUDE ( DOCTYPE , "re" ) ) AND ( EXCLUDE ( DOCTYPE , "ed" ) )
```

### **Social Care Institute of Excellence**

- Terms
  - o "social worker" AND "children's services" OR "children's social care"
- Limited to – 2010-2021, England, journal articles

**Appendix 4. Table of Summary of Papers**

<b>Authors and Title</b>	<b>Aims of Study</b>	<b>Participants</b>	<b>Method (sampling, data collection, data analysis)</b>	<b>Key Findings and Conclusions</b>	<b>Main Strengths and Limitations</b>
<b>Antonopoulou, P., Killian, M., &amp; Forrester, D. (2017). Levels of stress and anxiety in child and family social work: Workers' perceptions of organizational structure, professional support and workplace opportunities in Children's Services in the UK</b>	To address the following three main questions: <ul style="list-style-type: none"> <li>• Have different models of practice made a difference to workers</li> <li>• What variables play a role in shaping or influencing the environment that social workers work in?</li> <li>• How can employment settings address workers' wellbeing - especially in relation to the reforms and restructuring these have been going through recently?</li> </ul>	193 qualified social workers in child protection services across five local authorities in the UK.  The majority of the sample was female (82%)  Approximately 32 (18%) were managers, 108 (61%) were social workers, and 37 (21%) were other agency workers.	This study employed a cross-sectional research design and a sample consisting of questionnaire responses from 193 qualified social workers in child protection services across five local authorities in the UK.  Questionnaires were used, and included: General Health Questionnaire-12 (GHQ- 12), assessment of work conditions, job satisfaction, and bespoke questionnaires  Analysis - one-way between-groups ANOVA and Tukey HSD tests, and Chi-square tests for categorical variables.	Overall stress approx. 20% above clinical cut off, closer examination of results revealed a different pattern for stress levels among practitioners working in different organisational structures  General anxiety and stress levels vary across LAs  Only organizational factors were found to be significantly associated with high stress scores and specific structural elements were found to be critical for the worker's reported job control, job satisfaction, and perceived workplace opportunities.	Strengths This study provided a unique opportunity to follow a sizable sample of respondents from the time they were students until they worked in the social work domain (not in this paper though).  Limitations Challenge in data consistency, potential bias due to recruitment, difficulty with inferences of conclusions, collected longitudinal data but only reported on a cross sectional aspect.
<b>Gibson, M. (2016). Constructing pride, shame, and humiliation as a mechanism of control: A case study of an English local authority child protection service.</b>	This paper reports on the main conceptual framework stemming from this study and details a major theme, namely that pride, shame, and humiliation were constructed, evoked, and regulated as a form of institutional,	Two child protection teams agreed to participate. Overall, there were 19 social workers (as there were two part-time workers) and 2 team managers involved in the	Case study Ethnographic method Constructivist grounded theory method used to move ethnographic method towards theoretical development  Data collected - all publicly available Council documents that related to the child protection service were	Pride, shame, and humiliation were an inherent part of practice within the teams under study, on both a micro and macro level, and significantly influenced the actions of all organisational actors. Pride, shame and humiliation could be considered at the heart of the processes that (1)	Strengths Ethnographic methods were considered most appropriate to get close to the experience of the social workers in context  Limitations Study results specific to the council and the time point the data was

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	organisational, and individual control.	study. Experience ranged from less than one year to 24 years, there was one male and the rest were female, and there was one Black-Caribbean social worker and the rest were White-British.	collected that dated from 2005 onwards. Principally, data were collected from sitting with the social workers in the team room, observing what they did, how they did it, their facial expressions, body language, and general presentation, and observations of the environment and the social situations they were engaged. Went to various places with worker, took field notes. Participants also completed diary log - collected 99 diary logs total. Finally, undertook semi-structured interviews with each participant, which totalled 19 interviews	installed the logic of administration and auditing as a dominant feature of the service; (2) created and embedded the meanings and characteristics of an ideal typical professional identity; and (3) guided and shaped the acquiescence (or resistance) of the social workers to the institutional expectations.	collected, and the attention to certain scenarios the researcher paid  The resulting analysis has been limited by the amount of time spent in the field and the types of situations observed.  Researcher states their ontological commitment within the study that theory remain interpretive and tentative.
<b>Hunt, S., Goddard, C., Cooper, J., Littlechild, B., &amp; Wild, J. (2016). 'If I feel like this, how does the child feel?' Child protection workers, supervision, management and organisational responses to parental violence.</b>	The purpose of this study was to analyse and understand workers' experiences of supervision and management responses following interactions with hostile and intimidating parents. This analysis examined organisational responses to worker stress, and assessed the adequacy of support that workers received in child protection. Recommendations for practice were then developed, informed by the findings.	590 participants responded to the survey (82% female). 402 (68%) participants were qualified social workers, and 423 (72%) worked in child protection.  The majority of participants were experienced: 382 (65%) had been in practice over five years	An online survey was designed to anonymously collect data on workers' experiences of hostile and intimidating parents and organisational responses.  The survey consisted of 24 fixed choice questions to collect quantitative data and seven open-ended questions to collect qualitative data. Participants were invited to complete the survey through the Community Care website	These findings show that many participants had experienced threatened or actual violence from parents. These hostile experiences had substantial negative impacts on participants' emotional well-being and ability to perform their roles.  Many participants did not feel they were receiving adequate supervision and support from management to deal with the emotional impacts of such violence and intimidation. Instead, the responses many workers received from supervisors and management	Strengths It anonymously collected information from a large group of social workers. Given the large sample size, it is likely that the participant group was reasonably representative across geographical and organisational regions.  Limitations Findings could be over-representative of the scope of the problem. However, the survey was designed to understand the experiences of this specific sample rather

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				were inadequate, appearing neglectful of workers' safety, defensive of the organisation, even aggressive towards workers, and accepting of hostility as part of the job.	than the numbers of workers experiencing threatened and actual violence
<b>Hussein, S. (2018). Work engagement, burnout and personal accomplishments among social workers: A comparison between those working in children and adults' services in England.</b>	The current study aims to establish, which work-related and individual aspects are associated with positive or negative outcomes of SWs' wellbeing as measured by the MBI.	3786 SWs from 22 diverse LAs in England completing similar surveys from 2010 to 2013  1511 CSW  Adult SW and child SW comparison	Data used for the current analysis originally belonged to two national evaluations of social work practices. The survey aimed to capture key organisational and personal characteristics associated with positive work outcomes such as job satisfaction, low level of burnout and low turnover. Practitioners were recruited through their employers who were invited to take part in the research. Statistical analysis - employed a Bayesian estimation model for two groups' means, standard deviations and effect size. Descriptive and principal component analysis, to establish specific work-related factors, were conducted using R statistical environment (R Core Team 2017); then SEM was conducted using MPlus ver. 7.	Significant differences – children SW scored worse than adult SWs in all elements of burnout. CSWs have significantly higher average scores of emotional exhaustion, depersonalisation, and lower personal accomplishment than adult social workers. Work engagement and admin support had largest association with burnout outcomes. Nature of work was not significantly associated with burn out. More experienced staff experienced lower levels of dp and higher PA. Women had lower dp than men. Ethnicity differences – white, higher levels of dp and lower PA compared to workers who were black and minority ethnic. Better self-reported health was associated with lower EE and higher PA.	Strengths Option to opt out of survey Survey created via qualitative interviews  Limitations There is a time difference between the CFSWs and ASWs surveys, during this period of time, the broader English social work policy has seen some developments, which might have impacted on the experience of SWs, The current data did not collect information on SWs own experience of traumatic experience nor on the social support they receive outside of the workplace, having such information would have been useful to understand the bi-directional relationship between home and work stress.

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<p><b>Hussein, S., Moriarty, J., Stevens, M., Sharpe, E., &amp; Manthorpe, J. (2014). Organisational factors, job satisfaction and intention to leave among newly qualified social workers in England.</b></p>	<p>Aim to understand some of the complex interactions between how well social workers feel they are prepared, their personal characteristics (such as age), and organizational structure on both job satisfaction and intention to leave their jobs.</p>	<p>280 NQSWs 15% BME 13% male  (Included adult social workers and other professionals in results)  49% child social work jobs.</p>	<p>The study used a panel design, which enabled follow up of same sample of social work students as they graduated and then again after they moved into employment.  Original study drew on responses during university, present study focused on 280 NQSWs (graduated 2008-2010) surveyed after graduation and working for around 18 months.  Response rate – 29-44%,  Factor analysis used to construct concise scales Logistical regression</p>	<p>Feeling prepared for role positively and significantly affected job related elements, and levels of job satisfaction. Graduates not working in LAs were significantly more likely to report to intend to leave, but analysis showed they were enjoying role as much as those in LAs. Having a manageable workload was not significantly associated with job satisfaction or intention to leave. Job satisfaction was linked to being well-prepared, ability to express their values in practice, and high job engagement. Moreover, job satisfaction appeared to be influenced by employment structure and environments. The factor that made respondents least likely to intend to leave their jobs was having a supportive team.</p>	<p>Strengths Large sample, was rep of original sample, longitudinal Inclusion of the descriptive stats was important and useful Clear aims and hopes for what the theoretical model will establish  Limitations Bi directional relationship so can't say which influenced what (acknowledged in paper) Potential selection bias, limited reference to any limitations and strengths of the study, no specific section on this  Lack of clinical implications</p>
<p><b>Littlechild, B., Hunt, S., Goddard, C., Cooper, J., Raynes, B., &amp; Wild, J. (2016). The effects of violence and aggression from parents on child protection workers' personal, family, and professional lives.</b></p>	<p>Presents the effects of parental hostility on child protection staff personally in their private and family lives and on their practice, as well as on their ability to protect children they work with.</p>	<p>Participants same as Hunt et al. (2016)</p>	<p>Method same as Hunt et al. (2016)</p>	<p>Respondents reported that they had experienced negative effects on their personal/professional lives, sometimes to such a significant degree that they had been forced to move home, or had suffered physical injuries.</p>	<p>Strengths Great clear findings linked to research, and implications for practice Listed great reasons for using exploratory studies as a strength in this paper  Limitations No clear aim stated</p>

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					No reference to any limitations of the study Wondering about gender differences, and interpretations of threat (nothing stated about this)
<b>Szwarc, S., &amp; Lindsay, J. (2020). How do statutory social workers respond to feedback on their practice? A small-scale study undertaken in children's services of three English local authorities.</b>	Aimed to understand responses to feedback from the perspective of statutory social workers working in children's services	34 social workers responded to the survey (10.6 % of eligible respondents, 34 out of 320 individuals with the title of 'social worker' employed in front line services) Interview – 6 people (4f 2m) included two social workers over 10 years post-qualification experience, three qualified between three to five years, and one newly qualified.	Small-scale exploratory study, informed by a social constructivist paradigm Quantitative and qualitative methods An anonymous online questionnaire Three LAs  6 social workers also interviewed (first 6 that consented)  Semi structured open ended interviewed, questionnaire open and closed questions  Grounded theory and inductive analysis Descriptive statistics for survey	How, when and by whom feedback is delivered, the quality of the feedback (clear/specific/relevant), and how it is framed (positively/negatively); the active participation of recipients in self-evaluation and seeking of feedback; the psychological state of the recipients; the context for feedback (observed/provided within supervision) all have an influence on whether the feedback will be used for development. Above all, the findings point to the relational nature of feedback as the key element of the feedback process. The quality of the relationship between recipient and provider of feedback (and fear of damaging the relationship), appear to facilitate or constrain the exploration of practice performance.	Strengths In-depth exploration, worked alongside scholar Great practical indications for practice development Clear limitations addressed  Limitations The low response rate The selection of a convenience sample for the face-to-face interviews reduce confidence in the generalizability of the data obtained the researcher being prone to bias and subjectivity in their analysis of participants' responses Unclear why the questions used in the study were selected for interview
<b>Wilkins, D., &amp; Jones, R. (2018). Simulating supervision: How do managers respond to a crisis?.</b>	Descriptive  The aim is not to evaluate the performance of the managers but to	30 simulation sessions. 30 participants? Unclear	Simulated session of supervision for first-line managers. Study was undertaken in six English local authorities	The managers tended to focus on finding out 'what and when' had happened and rarely asked 'how and why'.	Strengths Study based on direct observation rather than self-report

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<p>describe and compare the approaches taken by different managers in response to the same scenario.</p>	<p>Analysis of the transcripts, we used a framework based on the motivational interviewing treatment integrity (MITI) code</p>	<p>when giving advice, managers tended to focus on 'what and when'          Conceptualised the sw as a technician who is able to carry out many tasks, without support despite appearing anxious and inexperienced</p>	<p>Really useful alternative approach detailed, clear detailed strengths and limitations</p>
	<p>Description of MITI coding presented too</p>	<p>Some managers took a more reflexive route</p>	<p>Limitations          No clear aims of the study</p>
		<p>Study concluded with the questions that the study created questions rather than answered them</p>	<p>Unclear how many participants there were, no demographics          The analysis was not described well.          Single simulated observation</p>

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**Appendix 5. Quality Review Checklists**

Quality assessment of quantitative cross-sectional study using Appraisal Tool for Cross-Sectional Studies (AXIS; Downes et al., 2016)

Questions		Yes	No	Do not know/Comment	Yes	No	Do not know/Comment	Yes	No	Do not know/Comment
		Antonopoulou, P., Killian, M., & Forrester, D. (2017).			Hussein, S. (2018).			Hussein, S., Moriarty, J., Stevens, M., Sharpe, E., & Manthorpe, J. (2014).		
<b>Introduction</b>										
1	Were the aims/objectives of the study clear	X			X			X		
<b>Method</b>										
2	Was the study design appropriate for the stated aim(s)?	X			X			X		But longitudinal data not reported
3	Was the sample size justified?		X	No reference to this in paper		X	No reference to this in paper		X	No reference to this in paper
4	Was the target/reference population clearly defined? (Is it clear who the research was about?)	X			X			X		
5	Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	X			X			X		
6	Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	X			X			X		
7	Were measures undertaken to address and categorise non-responders?		X	No reference to this in paper	X		No reference to this in paper		X	No reference to this in paper
8	Were the risk factor and outcome variables measured appropriate to the aims of the study?	X			X			X		
9	Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?			Some yes, but others were bespoke, created by researchers	X			X		
10	Is it clear what was used to determined statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	X			X			X		

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11	Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	X			X			X		
<b>Results</b>										
12	Were the basic data adequately described?	X			X			X		
13	Does the response rate raise concerns about non-response bias?		X			X			X	
14	If appropriate, was information about non-responders described?		X			X		X		
15	Were the results internally consistent?	X			X			X		
16	Were the results presented for all the analyses described in the methods?	X			X			X		
<b>Discussion</b>										
17	Were the authors' discussions and conclusions justified by the results?	X			X			X		
18	Were the limitations of the study discussed?	X			X			X		
<b>Other</b>										
19	Were there any funding sources or conflicts of interest that may affect the authors interpretation of results?		X			X			X	
20	Was ethical approval or consent of participants attained?	X			X			X		

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Quality assessment of qualitative study using CASP appraisal (Critical Appraisal Skills Programme, 2018)

<b>Qualitative</b>	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
<b>Gibson, M. (2016).</b>	Y	Y	Y	Y	Y	Y	N	Y	Y	Very valuable, highlights important identification of concepts studies, and links to practice implications. The study identifies that further research is necessary, to see whether findings can be transferred to other services.
<b>The Current Study</b>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Valuable, first to consider the ways in which social and organisational processes influence CP work via GT, and the subsequent impact on the workers/managers themselves. Clinical implications given for multiple organisational areas. In-depth findings given as a basis for further research

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Quality assessment of mixed methods study using Mixed-Methods Appraisal Tool (MMAT; Hong et al, 2018)

Categories of Study Design	Methodological quality criteria	Hunt, S., Goddard, C., Cooper, J., Littlechild, B., & Wild, J. (2016).				Szwarc, S., & Lindsay, J. (2020).				Littlechild, B., Hunt, S., Goddard, C., Cooper, J., Raynes, B., & Wild, J. (2016).				Wilkins, D., & Jones, R. (2018).				
		Yes	No	Can't Tell	Comments	Yes	No	Can't Tell	Comments	Yes	No	Can't Tell	Comments	Yes	No	Can't Tell	Comments	
Screening questions (for all types)	S1. Are there clear research questions?	X				X			Aim at beginning rather than end of intro	X					X			No aims seen
	S2. Do the collected data allow to address the research questions?	X				X				X				X				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X				X				X						X		Analysis not clearly described
	1.2. Are the qualitative data collection methods adequate to address the research question?	X						X	Cant tell why qual questions chosen	X				X				
	1.3. Are the findings adequately derived from the data?	X				X				X				X				
	1.4. Is the interpretation of results sufficiently substantiated by data?	X				X				X				X				But unsure of quality of analysis
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	X						X	Reference to both GT and TA methods	X				X				But minimal note of analysis method
2. Quantitative randomized	2.1. Is randomization appropriately performed?																	

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<b>controlled trials</b>	2.2. Are the groups comparable at baseline?															
	2.3. Are there complete outcome data?															
	2.4. Are outcome assessors blinded to the intervention provided?															
	2.5. Did the participants adhere to the assigned intervention?															
<b>3. Quantitative nonrandomized</b>	3.1. Are the participants representative of the target population?															
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?															
	3.3. Are there complete outcome data?															
	3.4. Are the confounders accounted for in the design and analysis?															
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?															
<b>4. Quantitative descriptive</b>	4.1. Is the sampling strategy relevant to address the research question?	X				X				X				X	Doesn't give a number of sample	

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	4.2. Is the sample representative of the target population?	X				X				X					X	No demographics
	4.3. Are the measurements appropriate?	X				X				X			X			
	4.4. Is the risk of nonresponse bias low?	X				X				X			X			
	4.5. Is the statistical analysis appropriate to answer the research question?	X				X				X			X			
<b>5. Mixed methods</b>	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	X				X				X			X			
	5.2. Are the different components of the study effectively integrated to answer the research question?	X				X				X			X			
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X				X				X			X			Could have more on themes and categories
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	X				X				X			X			
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	X				X				X					X	Very descriptive analysis, maybe needs to be made more clear with qual data

Appendix 6. Ethics



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

**ETHICS APPROVAL NOTIFICATION**

**TO** Charlie Brazil  
**CC** Lizette Nolte  
**FROM** Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair.  
**DATE** 13/02/2020

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Protocol number: **LMS/PGT/UH/04078**

Title of study: What are social workers' perspectives of the social policy and agency processes that shape and influence their work and their experience of their work, and that shape how their work impact their lives?

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

**no additional workers named**

**General conditions of approval:**

Ethics approval has been granted subject to the standard conditions below:

**Permissions:** Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

**External communications:** Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

**Invasive procedures:** If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

**Submission:** Students must include this Approval Notification with their submission.

**Validity:**

This approval is valid:

From: 13/02/2020

To: 30/06/2020

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### **Please note:**

**Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.**

Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

**Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.**

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

**Failure to report adverse circumstance/s may be considered misconduct.**

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.



## Appendix 7. Information Sheet and Consent Form

Information Sheet

**UNIVERSITY OF HERTFORDSHIRE**

**ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')**

### FORM EC6: PARTICIPANT INFORMATION SHEET

**1 Title of study**

An Exploration of the Experiences of Child Protection Social Workers and Managers

**2 Introduction**

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University's regulation, UPR RE01, 'Studies Involving the Use of Human Participants' can be accessed via this link:

<https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs>

(after accessing this website, scroll down to Letter S where you will find the regulation)

Thank you for reading this.

**3 What is the purpose of this study?**

Working within the child protection system is a highly important and very challenging job. There is minimal literature attending to the experiences of the child protection profession, despite the work environment being characterised by high risk, large caseloads, and inadequate resources (Adams, Boscarino & Figley, 2006). The purpose of this study will be to explore how you as child protection workers experience your role, the impact this has on your own life, and how safe and supported you feel. We would also like to find out what support (if any) you feel would be beneficial to you.

**4 Do I have to take part?**

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason. A decision to withdraw at any time, or a decision not to take part at all, will not affect any treatment/care that you may receive (should this be relevant).

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### 5 **Are there any age or other restrictions that may prevent me from participating?**

*You must be working within a child protection team as either a social worker or manager*

### 6 **How long will my part in the study take?**

If you decide to take part in this study, you will be involved in it for the time it takes to complete the interview; approximately 1 hour. We may also invite you back to discuss the findings, however this will be your choice.

### 7 **What will happen to me if I take part?**

If you decide that you would like to participate in this project, we will ask that you complete a set of demographic information questionnaires. We will meet with you to complete a semi-structured interview. This means that there will be some questions we will ask, however you are able to discuss whatever you feel is important to you.

There is also an option of participating in a focus group, rather than a one to one discussion, whereby yourself and a few others in the same role will be asked to discuss experiences of a similar nature to the one to one sessions.

In total, we expect that the study will take roughly one hour to complete. You would be able to take a break at any time point, and are encouraged to do so if needed. This break can be as short or as long as you wish.

### 8 **What are the possible disadvantages, risks or side effects of taking part?**

Some of the questionnaires may ask about sensitive or upsetting topics. However, you do not have to answer any questions or questionnaires that you do not wish to. There will be support available from researchers should you be upset by any of the topics. We will also provide you with a list of contact details for support services and local unions if desired.

### 9 **What are the possible benefits of taking part?**

Through taking part we hope that the research will lead to a better understanding of the impact child protection social work can have on workers, We also hope that you find the discussions interesting, and useful to have an open space to reflect on your own personal experiences as a social worker.

### 10 **How will my taking part in this study be kept confidential?**

All data gained from the study will be handled under the Data Protection Act (1998). We will follow ethical and legal practice and all information about you will be handled in confidence and anonymously. However, if any evidence of abuse, criminality or neglect comes to light we are duty bound to report this to the appropriate services. Furthermore, should a participant pose a risk to themselves or others, we are legally bound to report this to their General Practitioner. Should it become known that a child or family are at risk, we are also duty bound to report this to the appropriate service.

The data from the study will be anonymised and coded. Interviews will be recorded on an encrypted university device, and once transcribed, these recordings will be deleted. All electronic data will be stored on one computer which is password protected. Paper data will be stored in locked cupboards and will be shredded once

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uploaded onto the password-protected computer. Only researchers involved in this study will have access to the data.

### 11 **Audio-visual material**

- There will be no audio-visual material

### 12 **What will happen to the data collected within this study?**

- The data collected will be stored electronically, in a password-protected environment, for 18 months, after which time it will be destroyed under secure conditions;
- Some data collected will be stored in hard copy by me in a locked cupboard for 18 months, after which time it will be destroyed under secure conditions;
- The data will be anonymised prior to storage.

### 13 **Will the data be required for use in further studies?**

- The data will not be used in any further studies;

### 14 **Who has reviewed this study?**

This study has been reviewed by:

- The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is < LMS/PGT/UH/04078 >

### 15 **Factors that might put others at risk**

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

### 16 **Who can I contact if I have any questions?**

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing, by phone or by email: *<Applicant: please enter details here>*

**Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:**

Secretary and Registrar

# SOCIAL WORKERS' EXPERIENCES OF WORKING IN CHILDREN'S SERVICES: A GROUNDED THEORY STUDY

University of Hertfordshire  
College Lane  
Hatfield  
Herts  
AL10 9AB

**Thank you very much for reading this information and giving consideration to taking part in this study.**

Consent Form

**Project Title: An Exploration of the Experiences of Child Protection Social Workers and Managers**

**UNIVERSITY OF HERTFORDSHIRE  
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS  
(‘ETHICS COMMITTEE’)**

## **CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS**

I, the undersigned [*please give your name here, in BLOCK CAPITALS*]

.....  
of [*please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address*]

.....  
hereby freely agree to take part in the study entitled [*insert name of study here*]

.....  
(UH Protocol number LMS/PGT/UH/04078)

**1** I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

**2** I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

**3** In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

**4** I have been given information about the risks of my suffering harm or adverse effects and I agree to complete any required health screening questionnaire in advance of the study. I have been told about the aftercare and support that will be offered to me in the event of this happening, and I have been assured that all such aftercare or support would be provided at no cost to myself. In signing this consent form I accept that medical attention might be sought for me, should circumstances require this.

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**5** I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.

**6** I understand that my participation in this study may reveal findings that could indicate that I may require medical advice. In that event, I will be informed and advised to consult my GP and I acknowledge that, following discussion, I may be required by the University to withdraw from the study. If, during the study, evidence comes to light that I may have a pre-existing medical condition that may put others at risk, I understand that the University will refer me to the appropriate authorities and that I will not be allowed to take any further part in the study.

**7** I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

**8** I have been told that I may at some time in the future be contacted again in connection with this or another study.

Signature of participant.....Date.....

Signature of (principal) investigator.....Date.....

Name of (principal) investigator [*in BLOCK CAPITALS please*]

.....

**Appendix 8. Research Advertisement**

## ***Get Your Voice Heard!***

Calling all Social Workers!! What a crazy time the world is in. Thank you for doing all you can do to support those in need. Our country would be at a loss without all of you.

Amidst this uncertain period, I am conducting a piece of research exploring the perspectives of social workers and managers who currently or used to work in child protection/ family safeguarding services .

The work that you do is challenging and crucial, and it would be a privilege to gain your perspectives of your job for this research project.

*Project Title: What are child protection social workers' perspectives of the social policy and agency processes that shape and influence their work and their experience of their work, and that shape how their work impact their lives?*

By being a part of this study, you will have an opportunity to discuss and reflect on the work that you do; the highs, the lows, and anything in between.

Participating will include filling out a demographic questionnaire, and having an interview lasting between 1-1.5 hours. This will all be done online via your preferred choice – even via telephone if desired.

If you would like more information or you are interested in participating, please email [cb18aci@herts.ac.uk](mailto:cb18aci@herts.ac.uk)

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## Appendix 9. Interview Schedule

### Interview Schedule for Social Workers

- Perspectives on:
  - Social workers' own values
    - Can you tell me what brought you into social work?
    - What values do you hold, that you try to use to inform your work as a social worker?
      - Prompt: Are you able to bring these values into the workplace in the way you want to? How/how not?
      - How does this impact your work?
  - Training and continued professional development contexts
    - How prepared do you feel you were before you started this role?
      - Prompt: Education? Training?
    - Option 1: have you been on any training that has helped or sustained your work?
    - Option 2: What training or continued professional development have you completed since qualifying that has been important to you, or that has shaped your thinking or your work?
      - What might have helped?
    - What work practices or perspectives/models have influenced/ impacted your work?
      - Prompt: E.g. reflective practice  
E.g. psychological perspectives, e.g. systemic training
      - Prompt: How able/not do you feel to bring this thinking or practices into your day-to-day work? What enables/hinders this?
      - How does this impact your work?
  - Social workers' support systems
    - What support do you get within your workplace?
      - Prompt: Do you find this support helpful/unhelpful? How?
      - What does the supervision or support look like?
      - How does this impact your work?

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- E.g. What got in the way of it being more supportive? What made it difficult to get that support? E.g. the individual, the system
- Organizational factors (processes, structure, politics)
  - Does the context you work in impact the work you do?
    - Prompt: How? Can you give an example?
  - Do you think how things work in your organisation impact your work?
    - Prompt: How? Can you give an example?
    - How might things be made better for you in these areas?
  - How does your organisation view your role? Your managers and colleagues from other disciplines?
  - How does this impact your work?
- The current children's services context
  - How do you think the current children's services context impacts on your work?
  - Prompt: Consider policy/practices/professional autonomy?
  - Do you feel able to be the social worker you hoped to be? How/how not? How could this be made better for you?
- Societal perceptions of social work and of child protection
  - How do you think society views your role?
  - How do you think other professionals view your role?
  - How do you think the parents and children you work with view your role?
  - How does this impact your work?
- Would any answers have been different if it weren't for the outbreak?



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## Interview Schedule for Social Worker Managers

- Perspectives on:
  - Social work Managers' own values
    - Can you tell me what brought you into social work?
    - What values do you hold, that you wish to inform your work as a social worker?
      - Prompt: Are you able to bring these values into the workplace in the way you want to? How/how not?
      - How does this impact your work?
  - Organisational factors
    - How would you describe your role as a social work manager?
      - Prompt: Is your role what you thought it would be? How would you change it if you could?
    - How does your organisation view your role?
    - How does this impact your work?
  - Role specific skills
    - What skills and qualities do you believe to be essential for children's social workers?
    - In your role, do you feel able to develop these skills and qualities with social workers if they do not already have them in your view?
  - What work practices/ perspectives/ training have influenced/ impacted your work as a social work manager?
  - What work practices/ perspectives/ training do you hope would influence/ impacted the work of the social workers you manage?
  - Prompt:
    - E.g. reflective practice
    - E.g. psychological perspectives, e.g. systemic training
  - The current children's services context
    - How do you think the current children's services context impacts on your work?
    - Do you feel able to be the social worker you hoped to be? How/how not?
  - Societal perceptions of social work and of child protection
    - How do you think society views your role?

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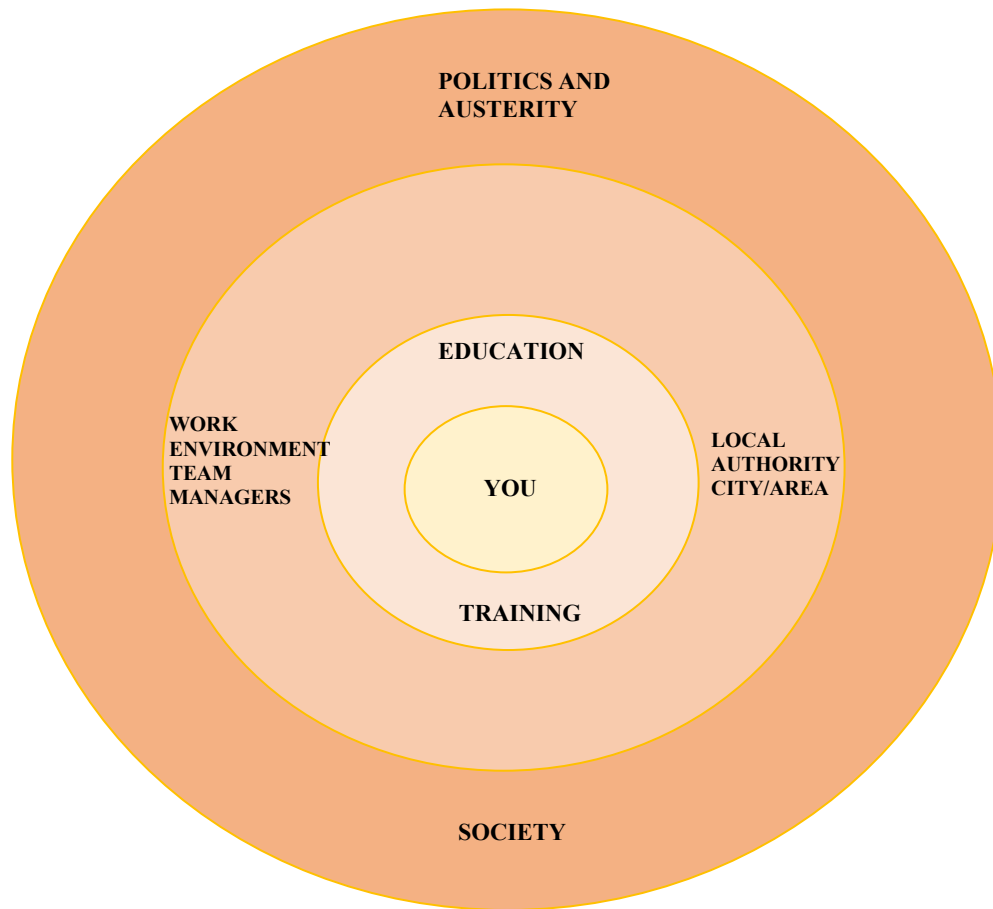
- How do you think other professionals view your role?
- How do you think the parents and children you work with view your role?
- How does this impact your work?

### Revised Interview Schedule for Theoretical Sampling

1. Can you tell me what brought you into social work?
2. What values do you hold, that you try to use to inform your work as a social worker?
  - a. Prompt: Are you able to bring these values into the workplace in the way you want to? How/how not?
    - i. How does this impact your work?
  - b. Do you feel able to stay connected to your values?
    - i. Prompt: How do you resist letting go of your values?
    - ii. Prompt: What connects you back to your values?
3. What does your role involve?
  - a. Prompt: do you work directly with families
4. How do you stay connected to the groundwork?
  - a. Prompt: is it difficult?
  - b. Prompt: Do budgets become central? How?
  - c. Prompt: Do processes become central? How?
    - i. Why do you think this is?
5. How do you relate to the current codes that have emerged from the data:
  - a. Controlled by demands
    - i. Prompt: Do you have to push for this? Why?
    - ii. Prompt: Are you impacted by this? How?
  - b. Detaching or burning into ashes
    - i. Prompt: do you experience this in yourself and/or your workers?
    - ii. Prompt: how do you manage this?
6. Why do you think these are the experiences of social workers/managers?
  - a. Prompt: What is causing this?

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**Appendix 10. Ecological Systems Model Introducing Interview**



**Appendix 11. Example of Line-by-Line Coding**

REFLEXIVE STANCE	Transcript: X X	LBL CODES
<p>People becoming statistics, I'm wondering how this will ever work out well</p> <p>The impact of serious case reviews and how they organize social care – beginning to see how the discourses organize the processes which dictate what can be done</p>	<p>P: I wonder that a lot of it comes from serious case reviews and these awful extremes of cases that's happened like baby P and Victoria Climbié, that's where I feel like it's become such a thing of like, no one wants to be held accountable for the fact that you know, they could be to blame for something that goes wrong, so it's like there's so much it seems to be covering your back or expecting so much just in case something bad could happen. I don't know, it's hard to explain, its important but sometimes I think it can be over the top, and we are trying to do too much to satisfy that nothing goes wrong and no local authority could be to blame. But then I think it seems to me that the way they are managing that is more with a statistical approach of 'right so this child is on a child protection plan so they must be seen every two weeks', so as long as we make sure that they have been see every two weeks we can comfortably say that chid died we can say look we saw them in the time frame and so you know, it's not our fault, do you get what I mean. I feel like its driven by that to an extent, so my issue with that, and we talk about it a lot in reflective circles and I've heard it from many social workers, how it's become, every team meeting, fortnightly team meeting, is very much driven by there's always a section on stats, and teams are named and shamed – you got 95% but your team is on 75%, that's simply not good enough, and there's such a drive on stats that what ends up happening is that you go out to, often if you realise you've got three more families to see in the next couple of days as you</p>	<p>Noticing being organized by serious case reviews</p> <p>Experiencing the threat / danger of getting it wrong</p> <p>Worrying about being held accountable for things going wrong</p> <p>Feeling invited / pushed into covering your back</p> <p>Risk averse, proving actions protective</p> <p>Ways of working becoming categorical</p> <p>Process driven by risk/fear</p> <p>Noticing widespread issue of timeframes</p> <p>Noticing inadequacy when trying to reach unrealistic goals</p>

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<p>Tensions in the data – narrative of hope and new dawn of social workers an different ways of being. But if done long enough will be acclimatized to old way of social working</p>	<p>won't hit your, as your stats will go red, it's almost like you then, you basically rush out to a family with no purpose or plan, and all you are doing is going to see the child, it's a tick box exercise, that's how it becomes, and we talk about it, so many people talk about it in my authority anyway ,that it becomes then a tick box exercise, and it's like actually what meaningful exercise are you really doing other than to say that you've seen the child and do a quick 5 minute direct work or something, but that's the pressure of the time frames and the stats that's created that, but for me it's all to do with covering backs, and its driven by the local authority at the top, and pushed down to us, but what they don't realise is that its making a lot of what we do quite shit, cos we don't have the time or the capacity</p> <p>I: do you think that includes the amount of cases that you have as well</p> <p>P: yeah, I think so, it's hard for me to comment too much on cases whilst I'm on ASYE as I'm on protected, whereas a lot from what I see of social workers in the office, they are on double the amount I'm on, and that does fill me with a lot of dread of how on earth can you manage on, you know, double what I am already doing</p> <p>I: how are you managing on the amount you are at now</p> <p>P: I feel like I'm managing okay, I am maximum on my local authorities 15, 1 case is 1 child, so yeah, three children one family that's three cases in one family. I think its manageable but then there's people on my team that have been on near enough 30 so its double, so part of me is concerned that</p>	<p>Acknowledging mounting pressure</p> <p>Forced to prioritise stats over direct work</p> <p>Noticing ongoing discussions of risk management not helping</p> <p>Coming from top</p> <p>Prevents meaningful work</p> <p>Acknowledging still protected from reality to come</p> <p>Fear of progressing in role</p> <p>Working at capacity is short lived</p>
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	<p>yes I am starting to enjoy the job a lot more this year, and you know, really see that I'll complete my ASYE, but then once we go, you know it just seems then all of the sudden it's like one day you are ASYE going for your appraisal 'okay you've passed you're now qualified' then it's like ok, lets double your workload. That seems bonkers</p> <p>I: do you think that there would be a slow approach, or do you think they would just double it?</p> <p>P: I think it depended on, for me all different cases in my authority its very much dependent on your manager and the relationship you have with your manager. So when we get together for training because as ASYEs there's about 10-15 of us and we are all in different teams throughout the local authority, there's been several discussions already like when we kinda check in how's everyone doing, and there's such a difference like, even on ASYE some managers are giving their ASYEs more than 15.</p> <p>I: Wow</p> <p>P: You know, 17 or 20, even though they are not supposed to, they are already pushing boundaries. I think a lot of its down to the manager, but also I think a lot of it is down to the actual person on how kind of assertive they can be towards pushing back, and what I've seen now I think I am an assertive person, if I can't manage, I absolutely will say in supervision I will push and I will hold hold my manager and local authority accountable</p>	<p>Fear of completing ASYE</p> <p>Noticing lack of choice as managers control workload</p> <p>Identifying relational influences with manager</p> <p>Old sw vs new sw</p> <p>Identifying the power imbalance</p> <p>Developing assertive skills to push back boundary violations</p> <p>Assertiveness being learned with time and experience</p>
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	<p>that they haven't supported me, but I feel like that the approach that I've developed through my experience of working with other challenging roles that where I wasn't supported has put me in a position where I can be very authoritative, or very assertive, but in a way that's, I don't know, I just feel like when I push back an ask for what I need I generally seem to get it, and what I hear off a lot of other social workers is that they don't they don't feel comfortable to push back or say things they are too afraid, but I think they've got managers that are perhaps a bit more authoritative, and it seems just such difference whereas the manager I've got she's really good and really understanding so I don't think that she would ever just you know, put or double my caseload because I already sort of when I started ASYE I you know started on 5, then a few weeks later it was 7, 10, so I've already experienced a gradual increase, so I believe they would do that but I don't know if they would do that in other teams from what I've heard of other managers</p> <p>I: yeah, so it's really manager dependent and also dependent on your own ability to be assertive, which I guess a lot of people might not be unless it comes naturally to them, because it's their first year of being qualified.</p> <p>P: yeah, and because basically how it works in our authority, is that, or perhaps it's the same everywhere, but when you are on ASYE because obviously you are building a portfolio you have to pass your portfolio and your observations of your work, so basically in effect we are on a temporary contract, so at the end of it your contract is terminated before your appraisal, and then if you pass you get your job, and if you don't, but I</p>	<p>Needing confidence to ask for what you need</p> <p>Noticing the importance of slow progression of cases to learn and build confidence</p> <p>Noticing unfairness of others being thrown in the deep end</p> <p>Being assessed in ASYE limits how much you can say/do</p> <p>Amounting pressure</p> <p>Feeling insecure in role</p> <p>Feeling fear being instilled in ASYE</p>
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	<p>think some people read more into it that what I've heard they then become afraid that they won't be offered a job, which they will be, but I think some managers have instilled a bit of fear into them, and this is banded around a lot for me too, and I had it a lot in first year with my mentor, that when you are struggling some people will basically frame it as 'you are only a student, or you are only an ASYE, how do you think you are going to cope when you are qualified</p> <p>I: Gosh</p> <p>P: I've heard that from several people and I've had it said to me from my mentor last year when I was really struggling, basically she said to me umm perhaps you need to have a think whether social work is definitely what you want to do, as in, you need to think can you really manage this emotionally basically is what she was saying to me</p> <p>I: god</p> <p>P: so, it's so much management dependent because my new manager this year would never, she's done nothing than support me emotionally and has never come out with anything like that, but I've heard it off of people</p> <p>I: so instilling fear</p> <p>P: yeah and they've become afraid of pushing back. And so it's like I think managers that are like cascading you know if they've got pressures from</p>	<p>Hiding struggles due to fear</p> <p>Feelings of stress/burn out being minimized</p> <p>Being left alone to cope</p> <p>Questioning capabilities</p> <p>Rupture in relationship with supervisor</p> <p>Noticing how much managers impact your working experience</p>
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	<p>higher above that then pushing it down onto the staff, which I get its difficult for them too, but I think as well as the assertion, it's not necessarily being that, I feel like there's a balance of when you want to be assertive but you also, I feel like to be able to do it and get what you want and the support you need, you've got to really really have again it's down to the relationship. You've got to be a person that can really really hold a relationship with everybody, and even if you do have a difficult manager, it it's that ability to kind of create a relationship, and I think that it's easier for some than others, and I think gender comes into play without doubt, because let's face it, most, well not most, but there's a bigger proportion definitely management of women, there's very few men that are managers in social work, and then same in the teams, there's hugely less than there are women, not always, but in terms of management in our authority, there's not many men. So, what I seem to find is that a lot of the issues people end up having, its often females with female managers.</p> <p>I: really</p> <p>P: yeah, really. And I've seen this in other workplaces. I've seen it in other workplaces too, that gender can factor into it. Whether its gender or whether it's my ability to create a relationship I don't know, but often I feel like I've always managed in the end here and there to get what I've needed from a manager if I needed support, then heard off other people with the same managers that basically they've not got you know what they've needed. And I don't know whether it's to do with their approach or whether</p>	<p>Noticing social workers unable to stand up for themselves, not easy for managers either</p> <p>Identifying high pressures from top filtering down</p> <p>Identifying support given is based on relationship with managers</p> <p>If you don't build the relationship you suffer the consequences</p> <p>Noticing the gender imbalance</p> <p>Questioning whether males have more power</p> <p>More conflict in females</p> <p>Wanting to avoid conflict by managing relationships</p> <p>Being proactive to get what you need</p>
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<p>The parallel between him feeling unsupported and at max capacity and the manager not being able to provide support due to being at max capacity</p> <p>Again, parallel between both sides lack of capacity</p> <p>Should social workers be matched to managers based on a criteria or way of working?</p>	<p>experience and push us, but for me it was too much. And she was very, she was a difficult person at times to push back, very much like 'right you have to do this and this with a family, I want it done', wouldn't give you much of a time frame, I feel like we were just tasked to do so much with a handful of cases, which is a little bit unrealistic to what social work really is, or what you have the capacity to do, so I just feel like she was very, she expected a lot, too much, considering we were new to social work. There were many times as well when I feel like she wasn't available to support, and that it was very much you were tasked to do it, but it was very much go and do it on your own. And she cut corners and we would we were logging child protection visits that we were going to do on our own and we only found out next year that actually you can't do that as a student, that you need to have someone qualified with you to log it</p> <p>I: Why do you think she was doing that</p> <p>P: I don't know, it was her first year to be a manager in that role, so whether she didn't know, but I I don't know I think she was stretched because she's got 4 students and one person, but we like none of us knew until the next year when the other unit said that that shouldn't have happened, like</p> <p>I: Mmm</p> <p>P: So that was a shame, like yes she really pushed on that expectation but within a few months once you're passed the first three or four months we</p>	<p>Experiencing tough off balance of being pushed too much by manager</p> <p>Feeling overworked</p> <p>Finding the authoritative approach unhelpful</p> <p>Feeling at capacity with unrealistic expectations of managers</p> <p>Feeling unsupported by manager</p> <p>Witnessing manager cut corners</p> <p>Pressure on him as a student social worker when should be for a qualified</p> <p>Questioning whether she got sufficient training herself</p> <p>Questioning her capacity</p>
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<p>How can you not be emotionally involved with a family in such sensitive work? But how do you know the boundary distinctions?</p> <p>Emotion showing is powerful, but some worry it can lead to</p>	<p>were doing everything just out on our own. And you know she often wasn't around or available and ask for support, and I don't know, it just seemed her approach as well for me, with families, it's very different to mine, so we clashed, so I describe her as a robotic social worker</p> <p>I: Right</p> <p>P: Or just, or just a person who doesn't like to show their emotions. So it's someone, its somebody that comes to work, and doesn't matter what's going on outside of work, within work she's very much completely guarded with her emotions, she doesn't show really anything, whereas like, in terms of I almost feel like you get two different social workers, you get the ones that are like her, that they really know their stuff, they are so educated on everything, on the process on law, they know everything to the book, they've worked hard they've studying hard and that's great so in terms of that we learned a lot, but I found when it came to going out to families and building a relationship her, just her approach was I'd say, I dont know if standoffish or just I don't know, it just didn't seem it seemed she was best with children, but with adults and parents I just found her quite abrupt or abrasive, and like it didn't seem like she really showed that she was you know empathetic or anything like that, and so there were times where I was doing sensitive work with parents and she was observing me and there were a couple of occasion where I was really touched and moved, and I'd get told afterwards in my feedback that I had become too emotionally involved with families. You know I haven't cried but I had clearly showed in my face that this really touched me, but for me that's</p>	<p>Feeling let down by manager</p> <p>Isolated in a hard job at early stages</p> <p>Questioning whether their approaches didn't match</p> <p>Describing manager as a robotic social worker</p> <p>Noticing manager didn't show emotions</p> <p>Experiencing a barrier when manager is guarded</p> <p>Questioning what works as a social worker</p> <p>Questioning what is more effective, knowledge or emotion</p> <p>Wondering if knowing processes is enough</p> <p>Experiencing manager as abrupt or abrasive with parents</p> <p>Getting feedback based on different personality characteristics</p> <p>Feeling critiqued for being emotionally involved</p>
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<p>overinvolvement – how can one manage this?</p> <p>Me – wondering what the root cause was</p>	<p>powerful to build that relationship, and I feel you can show that as a social worker, but some social workers think they argue not. They think no, you shouldn't become too involved</p> <p>I: What's the rationale behind that, or what do you think her rationale behind that was?</p> <p>P: Umm</p> <p>I: Like do you think it was part of her personality, or the fault or the system, was she worn down, I don't know</p> <p>P: Umm I think possibly it was to do with just her personality, in that because she seems she's not much of an emotional person anyway, umm I think that could have come into play a little bit in terms of maybe it made her uncomfortable, umm maybe I don't know that there was maybe a sense of jealousy of like that she saw how close like how closely I worked with some of my families and some of the results that we had, you know, and I don't know, not saying in an arrogant way but I wonder because she doesn't have that ability to connect like I do on an emotional almost spiritual level with somebody like a true empath, and she can't do that for whatever reason I don't think its in her nature, and I wonder sometimes it was maybe strange for her to see that, because I don't, from what I saw she couldn't have the ability to do that</p> <p>I: What kind of responses did you see from the families she did work with?</p>	<p>Wanting to show emotion and vulnerability</p> <p>Identifying showing emotion as powerful</p> <p>Noticing the disagreement that showing emotion means overinvolvement</p> <p>Identifying personality characteristics as a barrier</p> <p>Emotion made her uncomfortable</p> <p>Questioning jealousy of manager</p> <p>Manager not having the ability to connect spiritually</p>
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	<p>P: Umm, I don't know, I don't think she necessarily got negative responses, but I think because it was very much to the point and very much structured like ask this ask that, challenge this challenge that, there wasn't really a human aspect. It's hard for me to say because generally speaking she would only be doing the first couple of sessions where she would be there with any kind of input and it would be me that would do the work longer term, so I don't really know how it would have panned out if she was the person doing long term work with the family, I don't know. So, yeah, its um I've found it tough to work with that</p> <p>I: What was the impact on you and your own work that you did or the way that you felt?</p> <p>P: um I found it one of the most challenging years of my life, I'm not saying it's all down to my mentor, I had my own personal struggles at the time emotionally and mentally, so I'm not going to say that didn't impact sometimes how I was working, but I feel like having a manager that really had the same approach as me and we had some clashes, and she within a couple of months of being there she had me on a cause for concern report because she didn't think I had what it took in terms of emotional resilience, so the kind of supporting alongside me, I just felt like I was being challenged, you know like she didn't believe in me in the start, and that really impacted me because then I started to not believe in myself because perhaps she's right perhaps I haven't got what it takes. Whereas to see how different it has been this year with a manager that I could only describe it as</p>	<p>Structured responses being a barrier to human connectedness</p> <p>Understanding someone's practice is hard</p> <p>Finding it tough to work within structure with humans</p> <p>Finding the demands of social work the most challenging life experience</p> <p>Personal struggles impact the ways of working</p> <p>Being made a cause for concern because of showing emotion not resilience</p> <p>Feeling like she didn't believe in me</p> <p>I started to not believe in myself</p>
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	<p>has emotionally contained me, not it just seems like you can't put it all down to one thing, things are better in my life overall anyway, but I think but also a lot of it I think is down to having this new manager and a new team where I feel kind of valued and supported, whereas I didn't have that in the first year with her, so I think it did really really impact on my situation and emotionally. It made it very stressful and I didn't always really want to go into work. She made it where I'd dread those first sessions when she would be there with me and the family, but as soon as I was able to do it on my own then I'd love the work that I do with my families. Because you have her watching over me or kind of challenging my approach I got to just nurture my families in a way that I know best. Umm and like the main thing with like that first manager was like supervisions, was not supportive at all, and it was a supervision that lead to me going on a cause for concern, because I was very emotional in supervision and I think I cried, because things were so tough because of the academia and everything, and I had some cases that were really difficult emotionally. And you know, coming into supervision basically saying like, I'm really struggling, you know being able to open up to someone and cry, and hoping that actually I would get support and actually I got the opposite, I got 'well I don't know if you can if you've really got it in you to be a social worker'.</p> <p>I: God</p> <p>P: So, it's like in supervision you were asking for support, it was like you didn't really seem to get it. the only support that I was able was put in place</p>	<p>Questioning if I had what it takes</p> <p>Feeling contained emotionally by current manager</p> <p>Feeling valued and supported by team</p> <p>Not having a strong team impacting situation and emotion</p> <p>Dreading work when supervised</p> <p>Being challenged in your approach during early career</p> <p>Identifying supervisions as unsupportive</p> <p>Emotional expression leading to cause for concern in supervision</p> <p>Hoping that being honest about struggles would lead to being supported</p> <p>Being told I don't have what it takes to be a social worker</p>
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<p>Is it that showing weakness to managers is worrying because that means you cant cope? Societal view of emotional expression? Especially for men?</p> <p>If manager cant deal with his emotions, how is she dealing with families? Cant deal with indirect trauma, how is she dealing with direct trauma? Is it all just too much for her? He has more ability to cope (assumed) than families so he can be down the priority list?</p> <p>Prioritizing relationships</p>	<p>was to say well I'm going to have private therapy, will you allow me to take the time out of work. She said yes</p> <p>I: Yeah</p> <p>P: But then of course then that was completely an external support, so I feel like because of how she is with her own emotions, she wasn't able to, I would say that I made her feel uncomfortable, because I wear my heart on my sleeve and I'll say exactly how it is, and I'm struggling and I'll say exactly what I need. And it seemed that was almost alien to her like she didn't know what to do with me</p> <p>I: Yeah</p> <p>P: So I just didn't feel supported in supervision. And it then pushed me to the point of in future supervisions, when it came to how are you doing, I'd be saying very much 'oh yeah I'm fine I'm okay'</p> <p>I: Yeah</p> <p>P: And everything was very much documented in supervision as well, whereas with my new manager, she allows time before we start the formal process before we start the supervision to talk off record, which I think is really valuable. It's more like catching up you know, as friends, just check in you know, how are you doing. Yes some of it will feed into the supervision, but there's also space for kind of like having a bit of time to</p>	<p>Not getting support when asking for it</p> <p>Having to pay for private therapy to fele supported</p> <p>Being allowed to take time off work for this</p> <p>Worrying that expressing emotion makes managers feel uncomfortable</p> <p>Questioning whether wearing my heart on my sleeve makes manager uncomfortable</p> <p>Noticing that being alien to her</p> <p>Identifying the lack of support given</p> <p>Being pushed to pretend all is fine in supervision</p> <p>Experiencing supervision as regimented</p> <p>Finding talking off record valuable</p> <p>Catching up as friends</p>
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	<p>talk and not feel like you are going to be documented and held accountable for what you said, which is how it felt last year</p> <p>I: Yeah. How long do you have before formal supervision to have that check in?</p> <p>P: How long would we have?</p> <p>I: Yeah</p> <p>P: Umm as long as needed</p> <p>I: Oh okay so it's not like 'we've got 5 minutes to talk about...'</p> <p>P: No no. and with my manager its very relaxed, so it will be 'do you wanna go have a fag like you know in the car' (laughs). and we'll have like, or even with the new manager for me this is what helps, she's very down to earth, and like, in this catch up while we are having a fag with any other colleague, ah well we'll check in like you know how's your love life going, you know, just general chat, like you would with a friend, and I guess I did have that sometimes with the old manager, but never to the same extent.</p> <p>I: yeah, so really trying to get to know you as a person on top of supervising the work that you do</p>	<p>Valuing having space for free talk</p> <p>Not held accountable for what you said</p> <p>Having a fag with manager</p> <p>Appreciating down to earth nature</p> <p>Getting to know me on a personal level</p>
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	<p>P: definitely, and I feel like what she does as a manager is she's able to like separate out that we all have a professional and a personal life, and actually if I want to talk to her and catch up about my personal life, she'll listen and we'll have a giggle, but she's not, she knows that's separate thing, she's not gonna then like document it into like my supervision. If that makes sense.</p> <p>I: Yeah yeah completely</p> <p>P: And I just think that a lot of managers don't have that ability that she does to build this relationship with someone as a person and have the professional thing almost separate. Because let's face it we are quite separate in the professional and personal lives, and it's like most managers will only want to manage the professional side, and then you know, follow the processes documentations stats bla bla bla, well that's not supportive for me because that just feels like I'm just another number another employee there's no humanistic approach like tell me about you and I care about you, whereas with my manager now I feel like she does care about me, like she really does, she values me as a person as well as is able to manage me professionally. So, it's a rare find I'd say the best manager that I've had</p> <p>I: Ahh that's amazing</p> <p>P: I mean a lot of places I've worked its very rarely been that</p>	<p>Balancing the personal and professional identities</p> <p>Being allowed to bring self into work</p> <p>Moving away from feeling under threat</p> <p>Recognising the importance of relationship building</p> <p>Only wanting to manage the professional side Just another empolyee Not a humanistic approach Experiencing the separation of professional and personal as not caring, not valuing as a person Noticing how rare it is to be cared for and valued by management</p>
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<p>It's a personal situation for him to feel cared for to build that trusting relationship</p> <p>Parallel between the systems</p>	<p>I: Are there, so last year, is there any other support systems that you had in place apart from your manager</p> <p>P: Yeah, so I had my practice tutor for the graduate scheme Frontline, erm and she was she was a great support because what I was able to have with her was very similar to I guess what I have with my manager now.</p> <p>I: That's good</p> <p>P: And I do wonder if I didn't if I hadn't have had that from her during that year I'm not sure whether I would have managed to finish the course. And she even challenged like my mentor with the approach that she'd had, like as in she fought my side and had my back umm so I think it's just it's just a difference in like peoples approach. If you really feel like they care and they've connect with you and they want to help and it's not about, you know it's about saying right what is it that you need and what can I do, lets help you, it just seems so much of management is not about that</p> <p>I: Is there was there anything else that the local authority did or that you have now that is also supportive you said something about reflecting group or something?</p> <p>P: Yeah so last year because we were students we weren't actually formally part of the local authority so that everything we did last year was very much around the frontline course. So yeah, we had the our mentor and practice tutor but other than that and going to our teaching sessions, other</p>	<p>Grad scheme offering support</p> <p>Social work training being unmanageable without support</p> <p>She fought my side Had my back as an approach</p> <p>Care and connection showing they want to help you</p> <p>Being asked 'what do you need' Noticing this isn't the norm in management</p>
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<p>So punitive</p> <p>Noticing the discrepancies between managers leading to what support you do or not get, the level of autonomy you do or don't get</p> <p>Where are students left then?</p> <p>University support?</p>	<p>than that we didn't really have any support so that was typical whereas now that I'm I've become you know an actual employee of the council, it's made a massive difference because I've now become part of umm you know their processes. So for example I had some time off that first year took such a toll on me, I had 5 weeks off with stress depression anxiety. And I expected from the experience of having that first year with frontline I expected basically you know I'd lose my job or they weren't going to support me because I was basing it on my experience and it was the opposite. I felt supported by HR because we had to have a meeting about my attendance and I was going into it thinking it was going to be you know, coming down on me like a ton of bricks but actually it was really supportive, they were like we want to get you back to work and what is it that we can do to get you back. And they basically they let me lead my own like phased return, it wasn't that they said this is what we are going to do, what is it that you need, you tell us. And I was able to, whatever I asked for that's what they did. And I felt so valued that they didn't want to lose me as a member of the team, that is was, that in itself was like I was taken aback.</p>	<p>Not being a part of the council as a student Was not supported by council</p> <p>Employee of council Made a massive different being part of their process First year took a toll Having stress depression anxiety</p> <p>Expecting id lose my job</p> <p>Gaining support was surprising</p> <p>Not coming down on me like a ton of bricks</p> <p>Wanting to get me back to work Autonomy to lead own phased return</p> <p>Being valued as a social worker Showing they don't want to lose me</p>
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**Appendix 12. Beginning Process of Emerging Category Relationships**



### Appendix 13. Progression of Category Development

Core Categories	Subcategories
Balancing Unrealistic Expectations in an Oppressive System	Filtering Down of Pressure and Punitive Culture
	Passing the Buck of Blame and Responsibility
	Being Controlled by Demands
Struggling to Restore Balance and Hope	Fighting the System
	Assimilating in a Broken System
	Detaching or Burning into Ashes
	Appreciating Rare Moments of Relationality
Craving Relationality from The System	Needing Safe Contained Reflexive Support
	Cultivating Own Support
Needing Embedded Action	Requiring Reflexivity for Safe Practice
	Wanting More Collaborative Working
	Needing Action to Combat Stigma
	Needing People 'at the Top' to be Connected to the Groundwork

Core Category	Subcategory	Focussed Code	Quotation
Balancing Unrealistic Expectations in an Oppressive System	Filtering Down of Pressure and Punitive Culture	Feeling unseen, unheard, undervalued, underappreciated	<i>I know that I got positive praise. It normally gets sent to the head of service what happened?" And she said, "Oh, I did send it X, but it's a shame that the outcome was that we had to remove [child], so it's probably not gonna be shared because of that." (Sabrina, SW)</i>
	Passing the Buck of Blame and Responsibility	Named and shamed	<i>"It's not good enough, do better, everyone's like ok. Then in two weeks' time it's pretty much the same, or its improved a little bit, but then the next time it's gone down, and people get fed up, it's not good for morale because you feel shit. Like, especially if the other team</i>

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			<i>has got 100% and you haven't" (Alex, SW)</i>
	Controlled by demands	Failing the families	<i>"Some of those processes take us away from what is important. The work we do with families, we do with children. And I think that's what's wrong, being too regimented. And I think it's really difficult not to be" (Linda, HoS)</i>
Struggling to Restore Balance and Hope	Fighting the System	Jumping through hoops to get resources	<i>"If you have one really bad experience of trying to get a family moved, or trying to get a family some finances, means that you might not ask for the next family, 'cause it was just too difficult" (Daisy, SW)</i>
	Assimilating in a Broken System	Becoming part of the problem	<i>"It was just very reactionary and quite directive, often. It felt quite oppressive sometimes and then when things don't change then obviously the worry about the children can mean that it can be harder to keep that patience and understanding for the parents" (Lucy, SW)</i>
	Detaching or Burning into Ashes	Cracking on as a burden	<i>"When people get caught up in the doing and the doing constantly, they forget to look after themselves and they forget to concentrate on themselves. I think that's the only problem with having people that can crack on, is that then the burden is huge and that's what you've got to protect them from" (Lewis, TM)</i>

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	Appreciating rare Moments of Relationality	Being revitalised when valued	<i>"The work is hard. The work is - the context of local authorities is just difficult. And I guess I just worked with what I had as human to human, as opposed to trying to really just stop the work from being so hard, it's just having that human connection" (Lisa, SM)</i>
Craving Relationality from The System	Needing Safe Contained Reflexive Support	Needing to contain self to contain others	<i>"That is the strength to manage your own emotions, to be calm and contained in the presence of other people's, often extreme, emotions. I think you need clarity of mind" (James, TM)</i>
	Cultivating own support	Depending on peer camaraderie	<i>"I guess I discuss cases sometimes with them but not thoroughly, but more like emotional, like if I was feeling really stressed or whatever there'd be team camaraderie because we were all drowning, so we all kind of understood how stressed everyone was" (Sofia, SW)</i>
Needing embedded action	Requiring reflexivity for safe practice	Recognising how own emotions impact work	<i>"Sometimes I found it harder to have that time to reflect on my practice and I wasn't really encouraged to do that. And then sometimes I think when you're just exhausted and emotionally drained and then sometimes I think I could just be quite impatient with parents, sometimes" (Lucy, SW)</i>

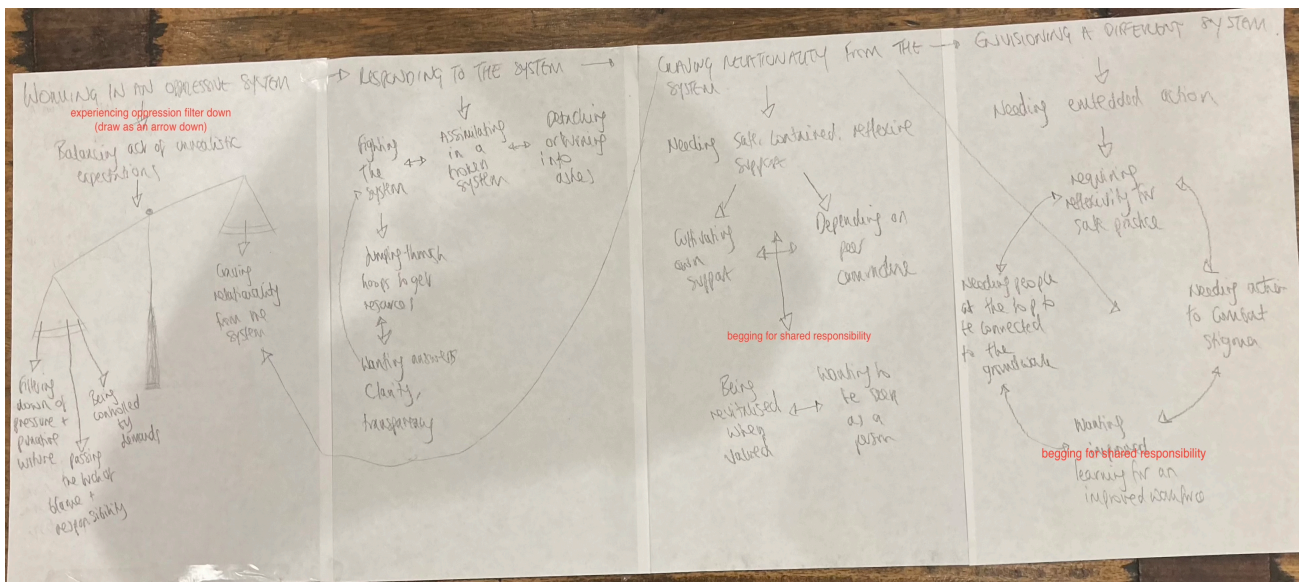
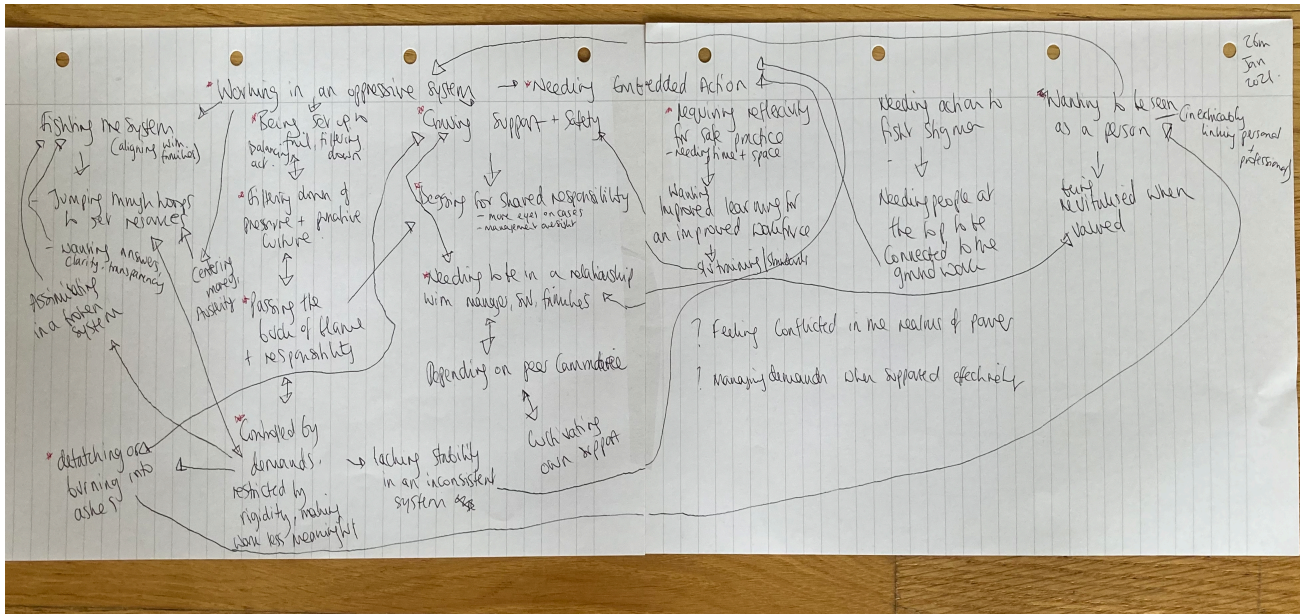


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	<p>Needing action to combat stigma</p>	<p>Societal stereotypes putting social workers on a backfoot</p>	<p><i>“They’ve already met a social worker and had the whole thing explained to them and still they think we’re gonna turn up and take their children away” (Princess, SW)</i></p>
	<p>Needing People at ‘The Top’ Connected to The Groundwork</p>	<p>Wanting improved learning for an improved workforce</p>	<p><i>Her solution at one point to like very widespread, like years long of issues, was to take the child to McDonald's and everything will be fine. Which made me just realise that she had no understanding of what was happening on the ground and was just like very much, had maybe forgotten what social work was like (Sofia, SW)</i></p>
	<p>Wanting More Collaborative Working</p>	<p>Begging for shared responsibility</p>	<p><i>“A lot of the ownership for these difficult conversations and managing difficult situations would be put on you, so that can be a little bit isolating sometimes” (Shirin, SW)</i></p> <p><i>“We are all social workers with different titles” (Sabrina, SW)</i></p>

# Social Workers' Experiences of Working in Children's Services

## Appendix 14. Progression of Model Development



## Appendix 15. Example of Memo

A memo noting the thinking behind focused coding one interview

Initial coding as values conflicting with processes, then realised that its more specific than that. There so many values, and they conflict with so many of the areas. So defined processes more specifically – as management, the local authority processes, the government.

Questioning the code 'aligning with parents against the system', it is that, or is it the trickling down or filtering down, or the mirroring of what is happening to parents, and then the same is happening to social workers. Parallel.

The parallels are huge; expecting perfection, threatening legal, getting penalised – maybe I need to be more specific because I could code everything as this node. (I have now added 'unrealistic expectations' as a node)

The code 'it's not working' – I don't know what else to call it, this is the only thing that really feels true. The system is broken – it is just not working.

Is it needing to 'push back' or is it literally 'fighting against the system'? sometimes fighting sounds too intense, but if you mount up all the times he has said he has had to push back in the less than 2 years of working, it mounts up to consistent fighting and draining. It could also be taking a stand... but that sounds too choice-driven, when actually he seems to not have a choice.

Consider changing 'stuck in the middle' to just 'stuck' as it doesn't seem like there is a middle ground – he seems to be just stuck in between pushing back and letting go. Walking the line, the tightrope.

Containment = feeling safe and emotionally contained, whilst also development = training but also learning in supervision and the outside context – could this also be linked to sustaining?

Sounds like for X, the work is so problem saturated that when she gets positive feedback it feels hard to take on. She talks about the struggle of even being able to consider positive ways she has worked because she is so embedded in the problem saturated culture of the LA. I wonder if this is the same for families too – how can they think about ways they have done well if their plans are so problem saturated.

She is linking her powerlessness and managers powerlessness – and maybe this impacts the state of confusion, because no one really feels able to do anything. Everyone is controlled by the system. But who is controlling the system?

Talking about her own management experience – showing how most codes can be controlled by the system... I wonder if there might be a code coming out about working against the system and aligning with social workers, whereas the other is aligning with families?

This is a very value-driven interview. She really brings her personal self into the practice to do the best she can. Unfortunately, to do so, it seems she has to remain disconnected from the wider service.

## Appendix 16. Debrief Form

Thank you for taking part in this study exploring the experiences of child protection social workers and managers.

1. What are the aims of the study?  
To explore the experiences of social workers and managers who work within child protection.
2. What if I have any questions about the study that I would like to ask now?  
Please find the contact details of the researcher below
3. How can I contact the researcher if I have any further questions or if, for any reason, I wish to withdraw my data once I have left?  
Please contact the researcher, who would be happy to answer any questions
4. Can I obtain a summary of the results of the study? What form will this summary take?  
To obtain details of the results contact the researcher. The results of this study will be written up as a section of a Doctorate thesis. Once the results of the study have written up in a summary format, this will be shared with you.
5. This study has raised personal issues that I am not comfortable discussing with the researcher now – what should I do?

Support network details included below.

If you feel you have been adversely affected by taking part in this study, and would like to speak to an independent support service you are advised to seek help from:

*British Association of Social Workers*

Registered Office: Wellesley House, 37 Waterloo Street, Birmingham, B2 5PP, Phone +44 (0) 121 622 3911

<https://www.basw.co.uk/social-workers-union>

*The Samaritans Telephone: 08457 90 90 90*

*Victim Support Telephone: 0845 30 30 900*

6. I have concerns about this study, or the way in which it was conducted – who should I contact?  
Researcher: Charlie Brazil  
Email: [cb18aci@herts.ac.uk](mailto:cb18aci@herts.ac.uk)  
Supervisor: Dr Lizette Nolte  
E-mail: [Lizette.nolte@herts.ac.uk](mailto:Lizette.nolte@herts.ac.uk)

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In the first instance you should contact the supervisor of the project using the contact information provided above. If your concerns are not dealt with then you can contact the Chair of the Forensic Psychology Ethical Advisory Group in confidence by writing to:

Secretary and Registrar  
University of Hertfordshire  
College Lane  
Hatfield  
Herts  
AL10 9AB