Doing child protection social work with parents: what are the barriers in practice?

Abstract

For many social workers, participatory practice may seem an unachievable goal, particularly in the field of child protection. In this paper, we discuss a significant programme of change in one London local authority, as part of which we undertook 110 observations of practice and provided more than 80 follow-up coaching sessions for workers. Through these observations, we saw many examples of key participatory practice skills such as empathy, collaboration and involvement in decision-making. We also saw many examples of reducing autonomy and excluding parents from decision-making. Often, we found the same worker would adopt a participatory approach with one family and a non-participatory approach with another. Through coaching sessions, we explored how and why workers used different approaches and discussed the barriers to adopting a more consistently participatory approach. These discussions led us to reflect on fundamental questions relating to the purpose of child protection social work, how social workers can best help families and what the limits might be of participation in situations of high risk. We argue that truly participatory child protection social work requires not simply better training or different tools but an innovation in the value-base of Children's Services.

Key words: Participation, child protection, social work, observation, coaching.

Introduction

The participation of children and parents is "*a central notion in child and family social work*" (Roose et al, 2009, p. 322). Within the participative paradigm, social work is "*user-led rather than service driven*" (ibid). This approach fits well with the stated aims of the wider social work profession to "[promote] *social change…and the empowerment and liberation of people*." (IFSW, 2014). And yet, for many parents and their children, these ideals are often not realized in practice (Cashmore, 2002). The number of families being investigated for signs of abuse or neglect has increased significantly (Bilson and Martin, 2016). For many parents, the experience of working with a child protection social worker is fraught with difficulty, stress and worry (Buckley et al, 2011, Dumbrill, 2006, Dale, 2004), even if the outcome is 'benign' (with no further action being taken; Davies, 2011). For social

workers, attempting to support a family whilst simultaneously undertaking a risk assessment inevitably produces a conflict of interest (Bell, 1999, McLeod, 2007).

For the past two years, we – the authors of this paper – have been part of a joint action research project between researchers and child and family practitioners, with the aim of developing a more participative model of child protection social work, known as Motivational Social Work (MSW). Although much of the project's efforts have focused on the practice skills of workers and the supervisory skills of managers, at a more conceptual level, MSW is predicated on the need to work in a collaborative, participatory way with families. The MSW model attempts to combine four key participatory-based principles of practice – evocation, autonomy, empathy and collaboration – alongside three principles of 'good authority' (Ferguson, 2014) – purposefulness, clarity of concern and child focus.

Motivational Social Work

The MSW model is based upon Motivational Interviewing (MI). MI is a goal-oriented, client-centered style of counselling that seeks to enable people to explore and resolve their own ambivalence towards behaviour change. MI counsellors typically use advanced communication skills, including open questions, affirmations, reflections and summaries. These skills are designed to enhance the client's sense of agency, to create a collaborative relationship between client and counsellor and to demonstrate empathy (Miller and Rollnick, 2013). However, MI is not simply a collection of skills. It is underpinned by a philosophy, based upon self-efficacy, collaboration and a belief that the client's ideas about change are more meaningful and more valid than those of the therapist. This philosophy shares many similarities with participatory and strength-based approaches in social work (Manthey et al, 2011) and stands in stark contrast to what might be called a more 'typical' approach to child protection, in which the role of the social worker is to assess the family, identify concerns and to provide surveillance (Featherstone et al, 2014a, 2014b).

The overarching aim of the MSW project is to develop a model of participatory child protection social work practice. The purpose of such a model would be two-fold – to improve the experiences of families involved with the child protection system and to ultimately reduce the need for statutory, non-consensual interventions into family life. The programme of change within the local authority features three key strands.

The first involved system level transformation - reduced caseloads, streamlined bureaucracy and increased administrative support to enable workers to spend more time with families. The second strand focuses on 'measuring what matters' - a systematic collection of

data on the quality of practice being provided to families. All parents whose child had an allocated social worker within the time frame of the project were asked to take part. Where families gave consent, a meeting with their worker was observed and audio recorded by a researcher. At the end of 'phase one' of the project, in September 2016, we had collected 110 such recordings.

The third strand of the project involved coaching sessions provided for workers following a recorded observation. These sessions were intended to offer workers an opportunity to reflect on their own practice and usually involve an exploration of the benefits and challenges of using a participatory-based approach with a particular family. These sessions have been provided with one or other of us, the authors of this paper, in the coaching role. A key feature of the coaching sessions is the modelling of participatory principles, particularly the demonstration of empathy and collaboration, a focus on workers' strengths and expertise and the promotion of choice in their work. Whilst this may seem like an obvious starting point for supporting participatory-based practice, in the early stages of the project, the coding and identification of 'limitations' in practice lent itself towards more of a problem-focused approach and an expert coaching stance. Unsurprisingly, this resulted in more 'resistance' from workers and we soon adapted the sessions to make them more congruent with the philosophy of the MSW model.

Between us, we have now provided more than 80 coaching sessions over the past 12 months. This has given us a rare level of access to a group of child protection social workers, allowing us to reflect upon, challenge and learn from their thinking regarding how best to work with families. We both heard and discussed many excellent examples of participatory-based work with families, even in situations of high risk. We also heard examples of problem-saturated, authoritarian approaches, even in situations of low risk, and sometimes by the same social worker. We become particularly interested in what might explain these different approaches and it is these discussions and our reflections on them that form the basis of this paper.

Methods

The project as a whole involved a number of data collection and analytical methods, based upon the principles of action research (Bradbury and Reason, 2003) and realist evaluation (Pawson and Tilley, 1997). By collecting data on the quality of practice and seeking to explore how this relates to family experiences and outcomes, and by feeding this data back into the local authority system, we aimed to create positive feedback loops,

creating and maintain the momentum for improvement and development towards a more participatory practice model.

Each recording of practice was coded by at least one and sometimes two researchers from the wider team. Each researcher is trained to use a bespoke coding manual (Whittaker et al, 2017), which captures the level of skill demonstrated by the worker for each of the seven MSW categories outlined above - evocation, autonomy, empathy, collaboration, purposefulness, clarity of concern and child focus. A score is given for each category, ranging from 1 (very poor skill) to 5 (very high skill). Researchers code each observation reliably, with no more than a 1-point difference between two different coders on any of the seven categories. Every tenth tape is blind double-coded to ensure this level of reliability is maintained. Practitioners were encouraged by their senior managers to take part in the project and to seek parental consent for researchers to visit. If a parent agreed to this, the researcher took information leaflets and consent forms prior to the observation itself. The parent could withdraw consent at any point before or during the observation and exit the study at that point.

In addition to the observations, family members are interviewed at the time of the observation and again four to six months later. The interview schedule includes a number of qualitative and quantitative questions, including standardized instruments (e.g. General Health Questionnaire and Strengths and Difficulties Questionnaire), to explore the family's experience of the social work service, their goals for the intervention and to identify specific difficulties such as alcohol misuse or mental health problems.

However, in relation to the coaching sessions specifically, we have not sought to formally code or analyse these. Rather, by meeting regularly throughout the project and discussing and reflecting on our shared experiences of coaching, we realised the same themes were often occurring for both of us and in relation to many of the workers. Social workers were offered coaching sessions following an observation but could opt-out of receiving one. We did not detect any obvious pattern in terms of whether more or less skillful workers were more or less likely to take part although certainly in coding the observations, we found many examples of both very good and very poor practice, with the majority observations (n=110) being followed by a coaching session (n=80).

The project as a whole was granted ethical approval by the authors' University ethics committee. As an action research project, we had agreement from the local authority about the data we needed to gather to inform the development of the practice model and the social workers who participated in coaching sessions were aware of our dual role as 'coaches-

researchers' and that we would be seeking to write and publish articles about the whole range of the research project.

<u>Key example</u>

The example of Katie (not her real name) provides an illustration of the way in which the application of participatory-based principles can vary not only between different workers but between different sessions undertaken by the same worker with different families. Katie is a child protection social worker who participated in the change programme described above. In total, Katie had four practice observations and follow-up coaching sessions. One of our early assumptions was that workers who were proficient in the MSW approach would apply their participatory practice skills relatively consistently with different families and across different sessions. This was based on our hypothesis that low levels of individual skill would be a key barrier for some workers in adopting a more participatory approach. Our experience as trainers suggested that many of the workers who were resistant to the MSW approach were also those who found it more difficult to utilize the necessary skills.

Katie therefore stood out to us when she received conflicting feedback on two sessions with different families, undertaken in the same week (key details of these different situations have been changed to protect the identity of the families). In one session, Katie met with a mother who was struggling to manage her child's challenging and aggressive behaviour. In this session, Katie demonstrated an excellent application of participatory principles and skills. She repeatedly affirmed the mother's strengths and efforts to make things better, encouraged her to reflect on positive changes she had already made, noticed and explored her motivations for making further changes and explicitly identified the mother as the expert on her own child and her own parenting. Katie also encouraged the mother to think about the choices she had available to her and enabled her to think about the pros and cons of each one without seeking to make the decision for her. At the same time, Katie helped the mother reflect on her child's experiences and to think about what might be best for her. During the session, the mother noted she had been initially resistant to social work involvement but now felt the support provided was invaluable.

In the other session, Katie met with the mother of a 6-year-old child. The child was referred to Children's Services by her school following a disclosure that "*daddy hits mummy*". Additional information from the police indicated that several neighbours had reported hearing shouting and screaming late at night. In this session, Katie shared the child's disclosure with the mother and said she was concerned about the effect on the child of having

witnessed domestic abuse. The mother accepted that the father shouted at her and that he sometimes hit her but denied this affected the child, saying she was always asleep in bed when the assaults took place. The mother expressed regret about having spoken to the police and felt their intervention had resulted in her being homeless, as she had subsequently been asked by the father to leave the family home and had taken the child with her. She wondered whether she would be better off returning to home because at least then she and the child would have somewhere stable to live. Katie took a very different stance with this parent, adopting the position of expert problem-solver. She challenged the mother's views, attempted to 'correct' her thinking through education and advice-giving and when this did not work, Katie asserted her authority in an attempt to control the mother's behaviour (to prevent her returning to her former home).

It was striking to see such a marked difference in approach by the same worker with two different parents. This challenged our assumption that a more authoritarian, confrontational style was necessarily related to low levels of skill. Katie was clearly capable of very skillful participatory-based practice but was evidently not applying this approach consistently. We were keen to explore this disparity with her. Katie agreed that her practice was more skillful and more participatory with the first mother than with the second and offered several possible explanations. Katie said that she found the first mother 'easier' to work with and that there were less concerns about her child's safety. She had initially been unable to contact the second mother to complete an assessment and felt under pressure from her manager to be clear about the concerns. Katie also felt a sense of exasperation at dealing with what she saw as yet-another-all-too-familiar (if understandable) pattern of denial and minimization in relation to domestic abuse. We will refer to the example of Katie throughout the rest of the paper as it illustrates some key points in relation to the barriers in adopting a consistently participatory approach in child protection social work.

Four key themes

From our experience of providing more than 80 coaching sessions, we identified through reflective discussions with social workers, managers and with each other four key barriers to the implementation of a consistently participatory approach within the context of an overworked, under-resourced but exceptionally committed child protection service. These barriers seemed to emerge in diverse ways for different workers and in relation to various families. They do not represent a comprehensive analysis of the reasons why some workers

found it easier or more helpful to use an authoritarian approach than a participatory one – but they do represent some of the key themes.

Participation is not suitable for everyone

Working in a participatory way with families means, at the least, seeking to collaborate with rather than control or unduly influence them. As in Katie's example of working with the first mother, genuine collaboration can help change attitudes of resistance into positive regard, giving a greater sense of agency and of positive improvements. However, we have encountered many social workers who believe, as Katie said, that whilst participation and collaboration can be an effective and more positive way of working with some people, it does not work with everyone or in every situation.

Of course, there are good reasons to believe that specific approaches such as MI are not always suitable (Burke et al, 2003, Lundahl and Burke, 2009, p. 1241, Lundahl et al, 2010). However, in our coaching sessions, workers did not cite specific evidence of this kind. Instead, some social workers suggested that participatory social work was more generally unsuitable for certain kinds of people. This often seemed to include parents with learning disabilities as well as parents with low levels of education, parents who were judged to lack 'insight' into their child's behaviour or their own, parents with 'chaotic' lifestyles (e.g. drug and alcohol addictions) and parents who were deemed unable to manage without intensive professional support. This latter category, according to some of the workers we spoke to, could include almost every family referred to Children's Services, with the referral itself indicating that the parent may not have the ability to care for his or her children without raising professional concerns.

The characteristic that seemed to link these various groups of parents was a perceived lack of ability to manage the parenting task or even perhaps day-to-day life more generally. This approach is evident in Katie's example, when she struggled to understand why a mother would consider returning to a violent partner and how this led to a more directive, authoritarian stance in response. Katie doubted the ability of the mother to make reasonable and informed decisions for herself (and her child). Rather than attempt to empathize and explore *why* the mother might consider prioritizing housing needs over her safety from domestic abuse (without necessarily 'condoning' or agreeing with such a decision), Katie determined that she knew better what was in the best interests if not of the mother then certainly of the child. Of course, Katie was probably correct to believe that returning to live at the family home would have been dangerous for the mother and for the child.

Nevertheless, her instinct was not to try and understand why the mother might see things differently and support her to make a safer decision but rather to 'side step' this process and rely on her statutory authority and power instead.

In this and other similar situations, many workers believed that telling 'these types' of parents what to do was simply more effective that seeking to work in a participative way. The priority was to 'get to the point', to challenge the parent by presenting them with so-called clear information about the risk and to advise the parent that unless they took certain steps - and quickly - ominous sounding 'further actions' would be necessary, often implying the possible removal of the child from the parent's care.

Focus on the child

Another barrier we encountered to working in a consistently participative way was the suggestion that this approach to practice inevitably involved a trade-off – the more you sought to work in collaboratively with parents, the less focused you would be on the child and vice versa. For some workers, this explained why in situations of high risk, more participative practice was not only very difficult but positively contraindicated. Social workers are repeatedly advised that they need to focus more on the child and in reviews of the most serious cases, where children have been killed because of abuse or neglect, a common criticism made is that social workers (and other professionals) were too focused on the needs of the parents rather than the risks to the child (e.g. Rhodes, 2016). In this context, it is understandable that many social workers want to ensure they are focused on the child's needs. In the example above, Katie was concerned that if she tried to understand and empathize with the mother's rationale for contemplating a return to her violent ex-partner, this might result her losing focus on the child with potentially very damaging consequences.

However, we also found that at least some of the social workers exhibited not simply a reasonable level of focus on the child - they were actively suspicious of parents. What may have been understandable parental ambivalence towards the involvement of social services was perceived by some workers as resistance to professional involvement. Even when the parent appeared to be engaging quite well, many social workers referred to the risk of 'disguised compliance', suggesting that even when things look satisfactory or even better, the parent might be attempting to manipulate the situation (Reder et al, 1993, NSPCC, 2010). Social workers would sometimes use the phrase "*I'm only here for the child*". This approach – the combination of an almost exclusive child-focus and a suspicion of parents – seems

incompatible with more participatory ways of working and indeed for many of the workers we spoke to it was.

Worker characteristics

To at least some extent, adopting a participatory-based approach to practice relies on the individual skill of the worker and his or her belief in and understanding of the underpinning principles of participatory social work. In recent years, Miller and Rollnick, the founders of MI, have placed increased emphasis on the importance of 'MI spirit' alongside more technical communication skills. Without this spirit, they suggest, MI is like "*the words but not the music*" (2013, p. 14). Equally, we encountered many social workers who expressed a desire to work in more participatory ways but for whom a lack of skill posed a significant barrier (they had the music but not the words).

Participatory principles such as collaboration, empathy and the right to self-determination are embedded in many of the codes of ethics that underpin professional social work practice (BASW, 2012; Levin & Weiss-Gal, 2009). Unsurprisingly, almost all the workers we spoke to believed they embodied these principles in their work (or said they aspired to even if they were not always able to achieve them). And yet our analysis of observed practice suggests that many workers find it hard to acknowledge parents' feelings, to respect their choices or to draw on their expertise. In discussion with these workers we found that whilst they could explain what principles such as collaboration and empathy meant in theory, they found it more challenging to describe how they might be shown in practice.

Whilst it may seem odd to think about participatory-based social work in such practical terms, we have come to believe that truly participative practice relies on the ability of the worker to translate the underpinning principles into their direct work. Some approaches such as MI are founded on the proficient use of quite advanced communication skills (Miller and Rollnick, 2013) but despite these skills being taught on most social work qualifying courses, they may not be routinely used in direct practice (Forrester et al, 2008). For many of the workers we coached, (re) acquiring these skills was a significant challenge and a key barrier to the adoption of a more participatory style. For example, demonstrating an understanding of the parent's perspective (showing empathy) was usually made much easier if the worker could listen reflectively. Whilst many workers demonstrated an improvement in the use of these and similar skills after training and coaching, for others, no such improvement occurred.

Nevertheless, although we found some social workers could not master the skills necessary for participatory-based work, as Katie's example highlights, the *ability* to use such an approach is no guarantee that such an approach *will* be used. That Katie adopted a skilled, participatory approach with one parent (the first mother) and an authoritarian, directive approach with another (the second mother), serves to illustrate the importance of context in the application of social work skills (Bogo et al, 2011).

For other workers, a significant barrier to participatory practice was their interpretation of the professional role. For some, a more participatory-based approach to practice seemed to prevent them from fulfilling one of their core duties - the need to address concerns and challenge parents. Participative practice was taken to mean that sessions had to be led almost exclusively by the parent and as coaches we were somewhat perplexed by this interpretation. Miller & Rollnick (2013) suggest that skillful use of MI involves an active guidance of the client towards consideration of a specific goal. In fact, providing some form of direction is a core component of good MI (Moyers, 2010). Of course, this may reflect poorly on the training we provided to the workers as much, if not more so, than it reflects on their individual understanding and ability.

Some workers appeared anxious about allowing anything of the client's agenda to influence their discussions, believing that this could undermine clarity regarding professional concerns. Given the culture of blame and risk aversion that overshadows much child protection practice (Munro, 2011; Parton, 1996), it is easy to see how, when interpreted in this way, participative-based social work may feel like too much of gamble. This is evident in Katie's example above. With the second mother, Katie focused almost exclusively on outlining her concerns, doing so repeatedly throughout the session. For Katie, the risk of significant harm to the child was high and to fulfil the key requirements of her role, Katie needed to ensure the second mother understood these concerns, even if this was to the detriment of developing a more empathic and collaborative relationship. Katie felt that in this situation (and others like it), a participatory-based approach was at odds with her statutory duties. With her focus on risk, Katie did not perceive the situation as an opportunity to explore the parent's perspective on the concerns, to better understand the context in which they arose or to consider the second mother's ideas about what could happen next.

Concerns about parental experience

Studies exploring parents' perspectives of child protection social work repeatedly emphasize the importance that parents place on effective listening skills, involvement in

decision making and an empathic approach from the worker (Dale, 2004; Ghaffar et al, 2012; Spratt & Callan, 2004). However, many of the social workers we coached expressed some concern that an empathic and collaborative working relationship could be perceived as disingenuous by some parents, particularly if the outcome of the work was negative (e.g. the child was removed from home). A worker-parent relationship based on participation was seen as being potentially associated with the message that 'everything is (or will be) okay'. Being directive and remaining emotionally distant was perceived as being somehow more genuine, especially in the event of a negative outcome.

The demonstration of empathy was difficult for many workers, some of whom rightly identified that by being empathic, parents were likely to share more information with them (Forrester et al, 2008). This made some workers feel uneasy because this information might, at some future point, end up being 'used against' the parent, whether as part of child protection or legal proceedings. Other social workers had difficulty separating the idea of being empathic with a parent from the problem of colluding with them.

These concerns might offer some explanation for Katie's approach in the example above with the second mother. Given her understandable concerns about the child's safety, Katie may have believed a directive approach gave a clear message to the second mother that everything was not 'okay'. At the very least Katie felt she was being open and honest and that the mother would 'know where she stood'. The notion that a participatory approach might somehow lure a parent into a false sense of security or give them mixed-messages depicts parents as relatively naïve recipients of social work intervention. And yet, there are studies which suggest that many parents involved with child protection social work are acutely aware of the power that social workers have, even when they hold their social worker in positive individual regard (Dumbrill, 2006).

For some of the social workers we spoke to, the question of whether to adopt a more participatory approach was less related to concern about the parent's experience and more about managing parental expectations. The public perception of child protection social work remains largely negative and many of the social workers we spoke to were uncomfortably aware of this. Whilst some workers respond by actively challenge such perceptions (Legood et al, 2016), others become more cautious and defensive in their work (Chiaroni, 2014). Many of the workers we spoke to expected families to be suspicious of them and thus felt that a more directive approach could not only be more effective but was also more in line with what they perceived to be parental expectations.

The four key barriers to participatory child protection practice we have outlined – not being suitable for everyone, the need to focus on the child, inadequate levels of worker skill and concerns about parental experience – present a complex challenge to those who believe the current child protection social work system in England would benefit from becoming more participative. There are notable examples currently of local authorities that are attempting – and to a greater or lesser degree have succeeded – in developing more participatory ways of working. Leeds, for example, with its restorative model of practice or indeed the London local authority within which we have been working (Child Friendly Leeds, 2015). Internationally, New York City transformed their approach to Children's Services by working more collaboratively with parents, working with them as 'partners' rather than viewing them as 'pariahs' (Tobis, 2013). If we accept that the four barriers identified above are valid, at least for some workers, then we need to ask what prospect there is for the child protection system as a whole to become more participatory? In our discussions with workers, we identified and considered three questions, which seem to us to have a central position in addressing this issue.

Firstly, what is the purpose of child protection social work? Forrester (2016) has argued that the focus in recent reforms of Children's Services has been the 'what and when' of practice – restructuring, policies and procedures, forms and computer systems and changes to social work education. These changes, Forrester argues, overlook the importance of articulating *why* - what is the purpose of Children's Services and why are we working with this family? – and *how* – how are we working and how do we think this will make things better? Nevertheless, many of the workers we spoke to did have a clear view as to the purpose of their work. Some believed their purpose was to investigate and identify child abuse and neglect and they tended to believe in more directive work with families and the use of 'practice tools' such as unannounced visits and drug and alcohol testing kits. Such approaches may suggest a basic mistrust of parents (seeing them perhaps as 'pariahs'). Other workers believed their purpose was to help and support families in difficult circumstances with a focus on understanding what the family wanted and how they proposed to get there (see them perhaps as 'partners'). Thus, at a basic level, we found a fundamental disagreement as to the true purpose of child protection social work.

Secondly, how do child protection social workers help people? There is of course a significant amount of literature on the question of how professionals such as counsellors and social workers help people (or not). Much of this evidence, if not all, highlights the

importance of being 'relationship-based', an approach to practice in which it is the quality of the relationship between worker and service user that is most important (Trevithick, 2003; Ruch et al, 2010). However, there is a theoretical and practical conflict between relationship-based approaches and much of contemporary social work in England, with its focus on risk and managerialism. Murphy et al (2013) have argued that a "*relationship-based approach to contemporary social work is untenable*" (p. 703). Some local authorities might disagree and point to their own track record of success. And yet many of the workers we spoke to would agree and may even feel reassured in their own more directive, authoritarian approach. However, we also coached many social workers who were able to take a more relationship-based or participatory approach with families, despite the many confines of the modern social work system. These workers focused not on educating, advising or directing parents but on enabling families to find their own solutions based on their own ideas and capabilities. Again, we had encountered a fundamental difference between workers over how best to help children and their families.

Finally, given the congruence between professed social work values and participatory approaches to practice, our third question is - why would workers ever not adopt this approach? Ferreira and Ferreira (2015) provided one possible answer when they suggested that to treat families impartially, reasonably and justly, workers need an understanding and awareness of their own value base. As we considered this question more broadly and reflected on our discussions with workers, we concluded the answer may be even more simple – many of the workers we spoke to, although far from all of them, do not believe in these kinds of values (Nicholas, 2016). Of the workers we coached who did not demonstrate participatory-based skills of practice in their work, many seemed to have a fundamental belief in the efficacy and suitability of deficit-based and authoritarian practice, at least for some families. These workers did not believe that all or even most families could solve their own problems, even with relatively extensive support. From this starting point, it makes sense to use participatory-based skills not as a model for practice but as part of a tool kit, something to be used or not depending on the circumstances. Another potentially useful perspective is provided by Lakoff's framing theory (Lakoff and Johnson, 1980). Framing theory suggests that how information is presented (or framed) influences the choices people make (and the choices they feel are available to them to make). Lakoff suggests it is those with power who get to frame information in particular ways, while those without power must accept information as it is framed by others. In contemporary social work, perhaps the debate has been framed in such a way as to exclude discussions about the participation of families

by focusing instead on the rights of the child and the need to rescue children from dangerous family and social situations.

Conclusion

When discussing the difficulties that many social workers had with the implementation of more participatory ways of working in the context of child protection, it is of course reasonable and understandable that many would find it to be so challenging. The competing priorities of supporting families whilst protecting children from significant harm creates real problems (Oliver, 2012). Any approach to practice which attempts to ignore these conflicts or pretends they do not matter is almost inevitably doomed to fail. Even for those many workers who believe in such approaches and who want to put such principles into practice, it is near-impossible for them to do so consistently. And it will remain impossible without significant system-level reform, of the type being attempted within the local authority we are describing and in many others around the country (although not, it must be said, in anywhere like the majority of them).

However, although it is relatively straightforward *in theory* to develop models of practice that combine the assessment of risk with more participatory or strengths-based ways of working (e.g. Motivational Social Work, Signs of Safety, Reclaiming Social Work, Restorative Practice), clearly the practical implementation of such models is more complicated. This complexity goes beyond the difficulties of reorganizing services or training social workers and managers in new ways of working. We need also to think about our values. At present, many workers (and managers) are not only comfortable with directive, authoritarian approaches to child protection – they actively believe in these approaches and would advocate strongly for their effectiveness. It is not just politicians and sector leaders who believe that some parents are feckless and need to be shown the error of their ways (Wiggins, 2015).

This leads us to our concluding question - where do social workers talk about their values and the values of their organizations? On qualifying social work programmes, students will have many such opportunities. Indeed, it should be impossible to qualify as a social worker without demonstrating that you have reflected upon your values, personal and professional, and how these relate to your ideas about practice. But once qualified, and certainly after the initial Assessed and Supported Year in Employment, what opportunities to social workers have to think about their values and those of the people around them? Clearly – hopefully – these discussions must be happening somewhere. And yet, from having

listened to more than 100 hours of supervision between social workers and managers within this particular local authority (Wilkins, Forrester and Grant, 2016), we found no examples of values being discussed, either in general terms or in relation to individual families. Such findings are congruent with many other contemporary arguments made about supervision, including Beddoe's (2010) position that supervision is increasingly used not as a forum for professional development and discussion but as a mechanism for the surveillance of social work practice by managers from their own organisation.

Where, then, we wonder do social workers talk about their values and where are they challenged to think about how their values impact on the children and families they are working with? This responsibility is both individual and organizational. Programmes of reform which expect social workers to behave differently with families than their organizations behave towards them are greatly problematic. The challenge for those of us who want a more participatory-based system is thus larger than simply reforming structures, persuading the government to commit more resources, getting more excellent people into the system and finding the right models of practice – we need innovation in all these areas but more fundamentally, we need to innovate in our beliefs and the ways we think about the children and families we serve.

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