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Title page

Title: What do parents think about statutory child and family social work services in the UK?

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What do parents think about statutory child and family social work services in the UK?

Abstract

Higher levels of 'service user' satisfaction are associated with more positive outcomes in many service settings. They are also an important measure of service quality in their own right. In this paper, we report the results from a survey of 500 parents in relation to statutory child and family social work services in the United Kingdom. Our primary outcome measure was the Client Satisfaction Questionnaire (CSQ-8), a valid instrument that has been used in a range of settings and types of service. Parents overall had relatively low levels of satisfaction, compared with research in other settings. Levels of dissatisfaction were higher for parents from lower socio-economic groups and parents of adolescents. The small number of parents in our survey who received short-breaks or residential care for their children gave higher satisfaction ratings. An important limitation of these results is that the sample is not representative. Parents from higher socio-economic groups were over-represented compared to the general population and were therefore very overrepresented compared to the population of families who receive a statutory social work service. These findings nevertheless suggest that parents are likely to be dissatisfied with the services they received and suggest a pressing need for more representative data to understand the experiences of parents across the UK.

Key words: child protection, feedback, parents, service users, social services

Introduction

What do parents think about the quality of service provided to them by statutory child and family social workers in the UK? As public services strive to become more responsive to the needs of citizens, the question of what those citizens think about those services becomes ever more pertinent (Oosterom, Ratan et al. 2007). For child and family social work in particular, with its emphasis on relational ways of working (Murphy, Duggan et al. 2013), understanding what parents think about social services is important. Especially so when one considers that for many parents, their involvement with social services is not entirely voluntary (Smith, Gallagher et al. 2012) – and that service user satisfaction is associated with improved outcomes in a variety of settings (e.g. Kendra, Weingardt et al.

2015). In this paper, we report on the findings from a survey of 500 parents in the UK with recent experience of contact with statutory social services in relation to their children. We use these findings to compare between parental experiences of social services and those of other service users in relation to a range of different services.

Background

Studies of parental experiences of social services to-date in the UK have largely relied on qualitative methods, with relatively small samples. These studies have increased our understanding of what it is like for parents to be involved with social services in relation to their children. Gibson's research (2014, 2015, 2016a and 2016b), for example, has articulated how contemporary child protection processes almost inevitably seem to induce feelings of parental shame. Gibson argues that such feelings are not the result of 'poor practice' but are intrinsic to the nature of the work itself. Buckley, et al. (2011) have reported similarly about the stigma associated with involvement in child protection services. Davies (2011) has provided a 'personal, reflective' account of what it is like to undergo a social work assessment because of concerns about a potential non-accidental injury to a child. Davies describes her feelings of helplessness and emotional turmoil. Dumbrill (2006) has also explored what it is like for parents to undergo child protection investigations. In his study, some parents reported positive experiences of being supported by social workers, while others felt power was used 'over them' or as a form of control. As increasing numbers of families are undergoing such investigations (Bilson and Martin 2017), so we should be increasingly concerned by these reports of negative experiences.

Yet other studies have reported more positive findings. For example, Spratt and Callan (2004) found that although many parents felt apprehensive about the involvement of social services in their lives, in the majority of cases their social workers formed positive relationships with them. Höjer (2011) similarly reported that although social workers tend to prioritise the protection of children rather than support for parents, a respectful attitude can ensure a more positive experience. Dale (2004) found from a sample of 18 families that half of them considered the intervention of social services to be helpful, while 1 in 5 said it was harmful. Perhaps this depends on the nature of the problems they were experiencing. Ghaffar, et al. (2012) identified a sample of 42 families in the north of England and found that those with substance misuse or alcohol problems had more positive experiences than

those with domestic violence or sexual abuse-related problems. In the USA, Schreiber, et al. (2013) interviewed parents and found that initially negative perceptions of social services could be improved when workers demonstrated professional competence, good communication skills and provided emotional or practical support.

The studies cited so far have used in the main qualitative methods with relatively small samples. Surveys of larger samples have been undertaken in the UK but more often with professional respondents or the general public, rather than service users (Smith, Kliewer et al. 2016). For example, LeCroy and Stinson (2004) drew on a sample of 386 members of the public and found that most thought they understood social work reasonably well and recognised its value. In a more recent survey of 2,500 members of the public in Scotland, many of them too considered themselves to be well-informed about the work of social services (McCulloch, et al. 2017). Yet both of these were based on the views of the public 'at large', rather than people who necessarily use social services. In the USA, the National Survey of Child and Adolescent Well-being (Chapman, et al. 2003) found that parents in receipt of in-home services were on average moderately satisfied. Higher satisfaction levels were associated with fewer changes of allocated worker, more recent contact and a timelier response to requests for help. The same authors found that children in foster care in the USA felt generally positive about their experiences (Chapman, et al. 2004). In the UK, the Bright Spots project seeks to capture the views of children in care and adults with care experience. Clearly, this is a very important group of 'service users'. Bright Spots surveys are repeated regularly and so the results are both rich and mixed. In one survey of children in care, more than 90 per cent said they trusted their social worker and 82 per cent of 8 to 18-year olds said their life was getting better (Selwyn and Briheim-Crookall 2017). Yet a greater proportion of respondents had low well-being, compared to the general population, and 27 per cent reported a high turnover of allocated social worker (three or more in the past year).

A notable gap in the literature is that of large-scale surveys of parents (or other service users) specifically in relation to UK statutory child and family social work. To help remedy this, we undertook a survey of 500 parents with recent experience of social services in order to i) report on their levels of satisfaction and ii) to explore whether satisfaction scores varied according to parent characteristics and the kind of support they received.

Method

Data collection

We conducted a survey of parents in the UK via the online polling company *YouGov* (YG). To identify potential respondents, YG administered a screening questionnaire to all members of their website known to be parents of children under the age of 18 ($n=77,934$). This returned a sample of parents who reported contact with social services because of their children ($n=2,673$) and a smaller sample who reported such contact within the past two years ($n=635$). The full version of the survey was administered to the latter sample, resulting in 500 completed responses (a response rate of 79 per cent). The screening questionnaire was administered in April 2019 and the full survey in September 2019.

The survey contained one standardised instrument (the *Client Satisfaction Questionnaire-8*), and a series of non-standardised questions developed by the authors in relation to demographics and the nature of the respondent's involvement with social services – for example, whether they had contact in writing, via the telephone or in person, and whether their child had an assessment or a particular type of plan (e.g. a child in need, child protection or child looked after plan). We also included one open-text question asking respondents to describe in their own words how they felt about their experiences with social services.

The Client Satisfaction Questionnaire-8 (CSQ-8) is an 8-item, Likert-type scale. It was originally developed by Larsen, et al. (1979) to assess client satisfaction with counselling and has since been used to evaluate a much wider range of services. It has high internal consistency and is easy to administer. It can, as in this study, be supplemented by open-ended questions (*ibid*). Higher scores on the CSQ-8 indicate a greater degree of satisfaction. Mean scores for normative samples range from 26.35 to 27.23, out of a maximum possible score of 32 (Larsen et al., 1979). It has adequate reliability (coefficient alphas range from .86 to .94) and concurrent validity. CSQ-8 scores are highly correlated with client ratings of global improvement, ($F= .87$), therapists' rating of clients' progress ($F=.74$) and drop-out rates ($r=-.70$). Higher scores are also associated with more significant reductions in problem-related symptoms (Attkisson and Zwick 1982). The CSQ-8 has been used with people from different ethnic groups and no significant differences have been found.

We selected the CSQ-8 because it is frequently used in studies of service user and patient satisfaction. Our primary aim was to compare between parental satisfaction levels in

relation to UK statutory child and family social work and satisfaction levels in relation to other services. The CSQ-8 can also be adapted for use with children, and we hope in future to repeat the survey with respondents aged under 18, in order to compare the satisfaction levels of parents and children. We also selected the CSQ-8 because it is a relatively brief measure. While other measures of client satisfaction are available, these tend to be longer (e.g. the 30-item Service Satisfaction Scale) and we were limited by YG in terms of the overall length of the questionnaire. Using a brief measure, such as the CSQ-8, increases the ease of administration, but limits the response to a single-score (Snyder, Aaronson et al. 2012).

Analysis

We analysed the data using SPSS (version 25). CSQ-8 scores can be calculated in two ways. Each of the 8 items is rated from 1 to 4. Hence, the maximum *total score* is 32. However, when items are missed by the respondent, their maximum score drops accordingly, which makes comparisons between groups more complicated. To account for this, many studies report mean *item-scores* instead and we have followed this convention. First, we undertook a basic descriptive analysis, to explore the make-up of the sample. Second, we looked at bivariate relationships between CSQ-8 and (i) self-reported demographic features of the sample - including gender, age of parent, age of child, region or country, and social class - and (ii) features of service provision (see Table 6). This involved statistical analysis (usually Spearman's rank order correlation, but also Pearson's or Chi square) and eyeball analysis of crosstabulations to understand potential relationships. We entered statistically significant variables into a regression model, using a stepwise backward method that removes non-significant variables in a series of steps, starting with the least significant. Child age was the only variable removed through this process.

Ethics

Ethical approval for the study was provided by our School of Social Sciences' ethics panel. Participation was voluntary, and respondents could exit the survey at any time, with partial data excluded from the results. Participants were rewarded for taking part with 25 YG points, which can be used to enter prize draws on the YG website or exchanged for a

cash prize (5000 points = £50; for more information see <https://today.yougov.com/about/faqs/>).

Research questions

Our research questions were as follows:

1. How satisfied are parents with statutory child and family social work services in the UK?
2. How do these levels of parental satisfaction compare to satisfaction levels for other services?
3. To what extent do parental satisfaction levels vary in relation to demographic or service-related factors?

Results

Demographics and sample description

We collected a total of 500 completed responses. The demographic composition of the sample (Table 1) is broadly comparable to the UK population (based on 2018 figures) in relation to gender, geographic location, ethnicity and religion but differs in relation to age (which one would expect, as ours is a sample of parents) and socioeconomic status (we have an overrepresentation of parents with higher socioeconomic status).

Insert table 1 about here

Table 2 shows the age of the respondent's eldest child and the recency of their contact with social services. Table 3 shows the proportion of children in our sample who had an assessment, whether they were made the subject of a plan (child in need, child protection or looked after), and for those children who had to live elsewhere, the type of out-of-home placement. These data show that the largest proportion of children were adolescents, that more than one in five parents were currently in contact with social services, and that nearly half had either current contact or contact within the past twelve months. One in five of the parents had their child live elsewhere due to the involvement of social services.

Insert tables 2 and 3 about here

How satisfied are parents with statutory child and family social work services in the UK?

The mean item score from our sample was 2.43 (with a range of 1 to 4 and a standard deviation of 0.97). This represents a modest level of satisfaction.

How do these levels of parental satisfaction compare to satisfaction levels for other services?

Attkisson's (2020) bibliography of published CSQ studies contains a list of 56 journal articles in total. Of these, 15 report CSQ-8 mean item scores (and were accessible to us via our University library). The results of these articles are summarised in Table 4, along with a further five articles that we located via Google Scholar. None of these studies reported lower levels of satisfaction than the current study.

Insert table 4 about here

To what extent do parental satisfaction levels vary in relation to demographic or service-related factors?

To address our first research question, we looked at demographic factors – age of parent and child, region, gender of parent and socioeconomic status – and CSQ-8 mean item scores (Table 5). We analysed these results for bivariate relationships. It was not possible to analyse ethnicity as almost 90 per cent of parents in the sample were white (comparable to the general UK population), and there was a high level of variation in satisfaction scores between the different non-white parents.

Insert table 5 about here

Statistically significant relationships were found in relation to:

- Socioeconomic status – lower status associated with lower satisfaction (Rho=-.179, p<0.001)
- The age of the eldest child - older children associated with lower satisfaction (Rho=-.141, p<0.01).

Second, we looked at the relationship between the type of service received and levels of satisfaction and again analysed for bivariate relationships (Table 6).

Insert table 6 about here

Statistically significant relationships were found in relation to:

- Time since contact, with satisfaction reducing over time (Rho=-.263, $p<0.001$)
- Provision of advice only associated with higher levels of satisfaction (Rho=0.131, $p<0.01$)
- Provision of short breaks for disabled children associated with higher levels of satisfaction (Rho=0.200, $P<0.001$)
- Child placed in residential care associated with higher levels of satisfaction compared to other placement types, e.g. foster care or with family and friends (Rho=0.354, $p<0.001$)

Regression model

To explore the inter-relationship between statistically significant independent variables we entered them into a stepwise backward regression analysis. At step one child age stopped being significant and at step two advice giving. This left a model that suggested that parents of higher social class, or whose child was receiving short breaks or in residential care, reported higher levels of satisfaction (Table 7). The model fit was good ($F=14.662$, $p<0.001$). Nonetheless, the model explains only a small proportion of the variance in parental satisfaction ($r\text{-squared} = 0.308$). This is unsurprising – as there are many factors that might influence satisfaction not covered in this survey. Furthermore, a relatively small proportion of the sample had children receiving short breaks or in residential care. In that context, the very substantial impact of social class was striking.

Insert table 7 about here

Parental experiences 'in their own words'

As noted above, we included one question in the survey with an open-ended response, asking parents to describe in their own words their experiences with social services. Although the main aim of the study has been to compare satisfaction levels with those for other services, we also wanted to capture something of the 'parent's voice'. Where parents indicated higher levels of satisfaction, they tended to describe a more positive experience – and vice versa. As a result, the majority of the comments we collected (n=94) can be categorised as either 'negative' or 'mixed', and a minority as 'positive'. The positive comments included some that appear genuinely life-changing, for example:

I know I've made changes thanks to social services. I wouldn't have my daughter with me without them.

Other comments were more modest, yet still positive, including this example:

I feel happier [and] more confident. In the end it was good. Life was difficult but it looked better in the end. I was invited to some groups and ended up meeting other parents.

However, there were more comments describing how the involvement of social services was difficult and did not feel beneficial from the parent's point of view. Sometimes this meant feeling that things were actually worse than before:

Everything went wrong. There was never good news, it was always bad news. I wouldn't want that situation for my worst enemy.

Other times, the comments were about the way the parent was treated:

I just wanted to get them out. People deserve respect...I was so happy when they left.

One parent indicated that although they might have had reasonably high hopes of being helped by social services, in the end they felt let down:

[Our social worker] *promised us the world, they said they would do this and do that, and then they just left.*

Compared to the richness of the qualitative studies referred to in the introduction, these comments do not add a great deal to the depth of our understanding about parental experiences of statutory social work services. Nevertheless, they do provide a glimpse at some of the stories behind the relatively low levels of parental satisfaction reported via the CSQ-8.

Strengths and limitations

There are three notable limitations to this study. First, because we used a cross-sectional design, we do not know how satisfaction scores may change over time for the same parents. Second, we only included parents. We did not include the views of children, young people, adults with care experience or other family members. It could be the case that while parents have relatively low levels of satisfaction, children and other family members might report being more satisfied. Third, our sample includes a larger proportion of parents from higher socioeconomic backgrounds than in the general population, and an even larger overrepresentation compared to parents in contact with child and family social work services. It is not possible to exactly quantify the effect of this skewed distribution, but it has served to *increase* average satisfaction scores within the sample. Despite these limitations, we have managed to include a larger and more varied group of parents than most other studies to date, particularly in the UK. By using a standardised measure of satisfaction, we have also been able to report on comparisons with other services, which represents a notable step-forward in our understanding.

Discussion

With this study, we have explored levels of parental satisfaction with statutory child and family social work services in the UK. Taken as a whole, the level of satisfaction expressed by parents was relatively low when compared with other studies that also used the CSQ-8. If in the context of child and family social work services, higher satisfaction scores are associated with more positive outcomes, this implies that statutory social services in the UK are not very good at helping the majority of parents (although they might

be very good at helping children). In relation to mental health services, for example, satisfaction scores are generally much more positive. So much so, it has been suggested that they are not meaningful, perhaps because patients lack sufficient understanding of 'treatment norms' to evaluate their own experiences (Lehman and Zastowny 1983). Another suggestion is that when someone is unwell, they will be grateful to anyone offering help, even if objectively speaking such help is ineffective (Marchand and Durand 2011). It is possible that many parents involved with social services either do not want help or at least not the kind of help on offer from child and family social workers.

The type of involvement with statutory social services seemed to make little difference. Whether the child was subject 'only' to an assessment, or whether they were considered 'in need' or 'in need of protection' did not significantly affect levels of parental satisfaction. Neither did the fact of whether the child had to live elsewhere. This suggests it is not the case that parents simply become less satisfied as the intervention becomes more intrusive. Relatively minor levels of intervention (from the perspective of the service) were as likely to prompt low levels of satisfaction as more significant interventions. As one parent commented about their experience of undergoing an assessment:

We only had a social worker for a short time last year. We had to see her a couple of times and then we never saw her again. I know they have a job to do, but it was stressful. They didn't help, she wasn't interested in listening. They came in, asked questions, and then left.

Yet looking at some of the sub-groups within our sample, we do see variation. In relation to family demographics, parents of lower socioeconomic status are less satisfied than other parents, as are parents of older children. As the majority of parents who have contact with social services are from lower socioeconomic groups (Bywaters, Brady et al. 2016), this suggests (again) that the majority of parents may be dissatisfied with the services they receive. This finding is similar to that reported elsewhere. Using a large sample of families from the USA (n=3,185), Cheng and Lo (2016) found that lower family income was associated with less positive working relationships between parents and workers.

We also found that parents of children placed in residential care were more satisfied than parents of children placed in foster care or with family and friends. This is something of

a puzzle, as from a system-point-of-view, residential care is a less-favoured option, not least because it can be very expensive. On the other hand, it may be that as children placed in residential care homes are often those with the most severe emotional and behavioural problems, parents are 'satisfied' to the extent that the severity of their difficulties is being recognised – and there is also evidence to suggest, albeit from the USA rather than the UK, that children placed in residential care may be more likely to return home compared to children in other placement types (Sunseri 2005). From a psychological point-of-view, perhaps it is also easier for parents to come to terms with the idea that they cannot look after their own child when it is apparent that no other parent or carer can either (and hence, they need residential rather than family-based care).

Gathering feedback from people who use services is a tried-and-tested method for service improvement. What is remarkable is how little attention we have given to the views of either parents or children in relation to the statutory social services they receive (Diaz, Pert et al. 2020). In other areas these are major predictors of outcomes – and important in their own right. It may say something concerning about the current system in the UK that we do not routinely do this. Perhaps, despite the often-aspirational rhetoric of the social work profession, children's services in the UK remains one of the last bastions of a paternalistic approach to public service provision?

Conclusion

Our findings indicate that many parents are not satisfied with the help they receive from statutory social services in the UK. While our sample is not representative of the general population, nor of parents in contact with social services, this is a worrying result. The skewed nature of our sample suggests the need for a future national survey, with a weighted sample to ensure the results are genuinely representative. There are no doubt many examples of child and family social workers making a significant and positive difference for children and parents alike. Yet what we need, and what families deserve, is social work support that is predictably decent, rather than sporadically great.

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	Sample percent	National population comparison (Office for National Statistics, 2018)
Gender		
Male	48.4	49.4

Female	51.6	50.6
Age		
18 – 24	2.2	11.0
25 – 34	22.0	17.4
35 – 44	31.0	16.1
45 – 54	32.0	17.7
55 – 64	11.0	15.4
65+	1.8	22.4
Location		
North East	4.4	4.5
North West	12.8	12.4
Yorkshire and the Humber	9.0	9.3
East Midlands	8.8	8.1
West Midlands	8.8	9.9
East of England	7.6	10.5
London	11.0	15.0
South East	16.2	15.5
South West	6.2	9.4
Wales	4.4	5.3
Scotland	8.8	8.3
Northern Ireland	2.0	2.8
Socioeconomic status		
A	22.0	22.2
B	21.2	
C1	19.6	30.8
C2	11.0	20.9
D	8.6	26.0
E	17.6	
Ethnicity		
White British	82.0	80.5
White Irish and other White	7.2	5.4
Black	2.6	3.3
Asian	4.0	7.5
Other	4.2	1.0
Religion		
None	47.4	25.0
Christian	39.0	59.0
Hinduism	0.8	1.3
Islam	4.0	5.0
Other	5.2	n/a
Prefer not to say	2.8	n/a

Table 1: Demographic composition of the sample, compared to national population averages

Age of eldest child	Percent	Recency of contact	Percent
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Infancy (0 – 2 years)	1.0	Currently in contact	22.0
Toddler (3 – 4)	6.0	Within past 12 months	20.6
Early childhood (5 – 8)	12.2	Between 1 and 2 years ago	15.4
Middle childhood (9 – 11)	35.8	More than 2 years ago	41.2
Adolescence (12+)	45.0		

Table 2: Age of the eldest child and recency of contact with social services

Nature of contact with social services	Percent
In writing (letters or emails)	30.2
Speaking (not in person)	44.1
In-person meetings	75.6
1 – 2 meeting	28.4
3 – 4 meetings	12.2
5 or more meetings	27.6
Other	1.6
Provided with information and advice	29.3
Assessment	52.6
Child in need plan	16.8
Child protection plan	19.0
Short breaks for disabled children	7.2
Child looked after plan	21.2
With family or friends	8.8
Foster carers	7.4
Residential home	5.2

Table 3: Nature of contact with social services

Type of service	Country	Feedback obtained from	CSQ-8 mean item score	Reference
Community mental health	USA	62 patients	3.02	(Attkisson and Zwick, 1982)
Psychiatric counselling (face to face interviews)	Canada	24 patients	2.7 (telephone counselling) and 3.16 (face-to-face counselling)	(Bishop et al., 2002)
Child and adolescent mental health	USA	15 parents	3.49	(Byalin, 1993)
Relationship counselling	USA	134 couples	3.5 (females), 3.3 (males)	(Christensen et al., 2004)
Community mental health	The Netherlands	110 patients	3.25	(De Brey, 1983)

Substance misuse	The Netherlands	262 patients	3.03	(De Wilde and Hendriks, 2005)
Alcohol misuse	USA	208 patients	3.31 (start of treatment) and 3.46 (end of treatment)	(Dearing et al., 2005)
Diabetes	Costa Rica	162 patients	3.77	(Firestone et al., 2004)
Oncology	USA	77 patients and 57 partners of patients	3.61 (patient) and 3.60 (partners)	(Garos et al., 2007)
Child and adolescent mental health	USA	387 children and 469 parents	3.23 (children), 3.45 (parents)	(Godley et al., 1998)
University counselling	USA	166 students	3.02	(Greenfield, 1983)
Psychiatric outpatient service	Japan	221 patients (97 with public insurance and 124 with general insurance)	2.91 (publicly insured), 3.1 (generally insured)	(Ito and Sederer, 2001)
Mental health crisis intervention	UK	260 patients	2.85	(Johnson et al., 2005)
Self-help mental health service	USA	184 patients or family members of patients	3.07	(Kurtz, 1990)
Community mental health	USA	92 patients	2.74 – 3.34	(LeVois et al., 1981)
Substance misuse	Canada	232 patients	3.22	(Marchand et al., 2011)
Child and adolescent mental health	USA	563 adolescents	3.4	(Nabors et al., 1999)
University counselling	USA	32 students	3.68 – 4.04	(Perrone and Sedlacek, 2000)
Community mental health	USA	3628 patients	3.29 – 3.40	(Roberts and Attkisson, 1983)
Community mental health	Canada	82 patients	3.53	(Sabourin et al., 1989)

Table 4: Comparative CSQ-8 mean item scores in relation to a range of other services

		CSQ-8 mean item score
Parent gender	Male	2.48
	Female	2.38
Parent age	18 - 24	2.98
	25 - 34	2.62
	35 - 44	2.33
	45 - 54	2.35
	55 - 64	2.54
	65+	2.02
Socioeconomic status	A	2.63
	B	2.60
	C1	2.46
	C2	2.29
	D	2.21
	E	2.13
UK region	North East	2.43
	North West	2.56
	Yorkshire and the Humber	2.40
	East Midlands	2.26
	West Midlands	2.16
	East of England	2.66
	London	2.71
	South East	2.21
	South West	2.54
	Wales	2.55
	Scotland	2.41
	Northern Ireland	2.39
Child age	Infancy	3.12
	Toddler	2.86
	Early	2.64
	Middle	2.42
	Adolescence	2.31

Table 5: Demographic variables and satisfaction

Type of contact with social services		N	CSQ-8 mean item score
Have you ever had contact with social services in relation to your child(ren)?	Yes, I am currently in contact with social services	110	2.92
	Yes, within the last 12 months	103	2.46
	Yes, between 1 and 2	77	2.30

	years ago		
	Yes, more than 2 years ago	206	2.21
	Not sure		
In writing – for example via emails or letters	No	343	2.46
	Yes	151	2.34
Speaking but not in person – for example via telephone calls	No	276	2.43
	Yes	218	2.42
In-person – for example via meetings with social workers and / or other professionals	No	116	2.63
	Yes	378	2.37
How many in-person meetings did you have?	1	70	2.29
	2	72	2.41
	3	45	2.45
	4	16	1.94
	5 or more	138	2.44
	Not sure	37	2.24
Information and advice (e.g. leaflets about other services)	No	343	2.36
	Yes	146	2.65
A social work assessment (e.g. a social worker visited your home and wrote up a report)	No	226	2.52
	Yes	263	2.39
A child in need plan	No	405	2.45
	Yes	84	2.44
A child protection plan	No	394	2.45
	Yes	95	2.43
Short breaks for disabled children	No	453	2.39
	Yes	36	3.13
Due to the involvement of social services, did your child live elsewhere for any period of time?	Yes	106	2.54
	No	367	2.41
	Prefer not to say	21	2.24
With other family members or friends	No	62	2.69
	Yes	44	2.33
With a foster carer	No	69	2.58
	Yes	37	2.46
In residential care	No	80	2.32
	Yes	26	3.20

Table 6: Type of contact with social services and satisfaction

Coefficients ^a					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error			

	(Constant)	2.778	.198		14.029	.000
	Socioeconomic status	-.172	.050	-.303	-3.444	.001
	Short breaks	.721	.248	.252	2.908	.004
	Residential care	.678	.209	.277	3.252	.002
a. Dependent Variable: CSQ8_meanv2						

Table 7: Regression model