

The context, roles and tasks of the child and family social worker

Produced by the BASW Children and Families Practice, Policy and Education Group

Child and family social work is often in the media spotlight. This is as it should be since social workers are at the forefront of providing help, support, robust quality assessments and public protection to children and their families who are struggling with a wide range of difficulties. However, most members of the public, including many who need and can benefit from the help available and some media commentators and politicians, have very limited knowledge about what child and family social workers actually do. Many are employed in local authorities to assist, support and promote the welfare and rights of children and their families in often difficult and stressful situations and when necessary have to safeguard children, including taking children into care. This is only one possible setting and aspect of their work.

In recognition of this, the Children and Families Policy, Practice and Education Group (C&F PPEG) of BASW England has prepared this briefing on the roles and tasks of child and family social workers. In doing so they had in mind not only politicians, journalists and media representatives who contact BASW for briefings, usually when a particularly troubling event has occurred (and through them, members of the public) but also those contemplating a career in social work, or those in the early stages of their training considering which social work path to follow.

1. The context for child and family social work in England

Which children, their families, their carers and wider communities may need and have a legal right to a child and family social work service?

Children, young people and their families have rights to receive generally available services such as education, health, community, social security or housing services based on either age or legally specified need. At times of stress, vulnerability or exposure to danger, some children, their parents or others who care for them may also need a social work services. This may be in an emergency, for a short time to help them through a stressful period in their lives, or for a longer period and will be based on an assessment of family needs and any risks to the short and longer term wellbeing of the children, alongside the strengths and existing resources of parents and children.

For further information contact:

Keri O'Riordan
BASW England Professional Officer
Email: keri.oriordan@basw.co.uk

Family members may request a social work service. More often, with their permission, they will be referred by someone they know, usually a professional such as a health visitor, GP, teacher, youth worker or community police officer. Anyone who considers that a child is being harmed or is at risk of suffering harm may make a referral to children's social care. A qualified social worker will then make an assessment of whether a formal child protection service is necessary. The person making the referral is usually a professional, such as; police officer, doctor, teacher or health visitor. Although members of the public can make referrals through the NSPCC or directly to the Local Authority using contact information found on their website. This can be done without seeking the parents' or older child's agreement, though usually professionals try to explain why they consider that this is necessary and the steps a social worker might take.

Children receiving social work services can be aged from 0 (or even pre-birth) to 18. For some young people who have been in local authority care, a social work or social worker-led service may continue up to the age of 25.

The reasons why a child and family social work service may be necessary are very varied but usually the parents and/ or children or whole family will be experiencing a combination of practical, emotional and relationship difficulties. Children and parents in all income groups and with a wide range of disabilities, emotional and relationship difficulties may be assessed as in need of a social work service. However, a large (and growing) majority of the children and families referred for an additional family support or protective service live in circumstances of material poverty and disadvantage.

1. *The employment and work settings for the child and family social worker*

Child and family social workers work from a range of settings/ bases.

The majority of child and family social workers are employed in a social worker-led child and family social work team which may be:

- locality/community based (geographical) or 'community of interest' e.g. children with disabilities, including specialised teams for specific disabilities such as hearing loss.);
- functional teams e.g. child protection; out-of-hours duty; looked after children, leaving care teams; adoption and fostering teams
- Some work in multi-disciplinary/ or inter-agency community-based resource centres – e.g. Sure Start or Family Centres, Youth Offending Teams, health service child development or child and adolescent mental health team
- They may be seconded to or directly employed by other community resources: schools, hospitals, GP practices, the courts and justice settings (e.g. Cafcass, probation)
- They may work in residential settings such as children's homes, facilities for children with mental health conditions, residential family centres, or custodial establishments.

2. *Who provides and who funds child and family social work services?*

- The largest numbers of child and family social workers are directly employed in the social care divisions of local authority Children's Services Departments, though some of these may be 'seconded' or 'out-posted' to work in schools, health service provision or may be more loosely 'attached' to these community facilities.

- Some child and family social workers are employed by other parts of local government (e.g. in ‘troubled families’ section of district council housing or in community safety departments)
- They may be directly employed by third sector agencies (voluntary or private for profit) contracted by local authorities to provide services that the local authority is mandated to provide (often direct care services such as foster or residential care).
- Some child and family assessment services are commissioned by local authorities or the courts from independent social workers (self-employed or working in groups).
- Following the implementation of Section 1 of the Children Act 2008, some local authorities have commissioned voluntary sector agencies, social enterprises or companies to undertake specific functions on their behalf (as with social work practices providing children in care and leaving care services, or voluntary adoption agencies, or Trusts set up specifically to provide parts or all of the local authority mandated functions).
- Increasingly other statutory agencies e.g. academy schools, or health service trusts are directly employing child and family social workers

*However, irrespective of the setting, the major part of the **funding of child and family social work** is provided by local government or national government departments (as with the Cafcass service provided by the Ministry of Justice, the DCLG Troubled Families programme, or DfE specific grants to the voluntary or statutory sectors) usually awarded on a competitive basis.*

BUT charitable giving by individuals or trust makes an important supplementary contribution to the child and family social work service provided by the voluntary sector, and facilitates innovative work which may not otherwise be possible.

3. The professional and community networks of child and family social workers

For much of their work, child and family social workers work in ‘teams around the family’ or ‘teams around a specific child or sibling group’.

- Because of the broad scope of their role, and often because their agency holds lead accountability for the quality of the service, child and family social workers often take the lead role in coordinating the work of these teams, as well as in chairing professionals’ meetings and ‘team around the family’ or ‘core group’ meetings with family members.
- Experienced child and family social workers usually coordinate and chair child protection conferences and children looked after review meetings, for which their knowledge of group dynamics and groupwork skills are essential.
- Knowing about, and developing skills for working in inter-agency and inter-professional settings is an essential component of social work qualifying and post-qualifying training.

4. The roles and tasks of child and family social workers

The actual roles and tasks undertaken by a child and family social worker will vary in breadth and depth depending on the setting in which he or she works, but will require them, at any one time, or at different times in their careers (as spelled out in the BASW Professional Capabilities Framework) as beginning or advanced practitioners, team leaders, senior managers to:

Use their knowledge and skills to work ethically, collaboratively and creatively with community members, policy makers and service providers to support community capacity, personal and family resilience, earlier intervention and active citizenship.

Social workers based in family centres or locality-based teams, or specialising in working with groups of disabled parents or children; community team leaders, senior managers, are most likely to undertake these roles, including providing support and advocacy to community groups, linking community groups with statutory services, facilitating support or educative groups (including parenting groups), researching community need, ensuring that accurate information and signposting are easily accessible.

- Enable citizens to access the statutory social care and social work services by providing advice to which children, parents, wider kin and non-related carers are entitled, and signposting and helping them to make links to other service providers and sources of help.

Social workers attached to or leading multi-disciplinary early help teams, or those providing first response and triage of referrals for a social work service or where there may be safeguarding concerns (sometimes referred to as Multi-Agency Safeguarding Hub – MASH teams)

- In situations usually characterised by high levels of material, social, family and interpersonal complexity, risk and ambiguity, discharge the legal duties and promote the personalised social care ethos of local authority social care departments by:

Working collaboratively with families as a whole and with individual children to directly provide or take a leading role in the provision of relationship based, flexible and creative emergency, short term or long term supportive, advocacy, educative or specialist therapeutic services to assist in recovery from, or managing better to live with, a range of material and emotional stresses and traumas. Alongside a direct casework service this includes:

- Providing child-focused assessments and reports for courts and other agencies such as hospitals or custodial establishments, immigration services.
- Co-ordinating and leading multi-agency teams around children and families, child protection conferences, review and planning meetings
- In collaboration with children, their parents, their carers and professionals from other disciplines and agencies plan, provide, commission, support, supervise and provide therapy for children, parents and carers emergency, and, where necessary, short-term, and long term out-of-home care.

The essential components of relationship-based social work with children, their families and their carers, which will be drawn on differently depending on role and setting are:

- community-social work;
- psycho-social casework;
- coordinating and working collaboratively in teams around the child/family.

The specific components of relationship-based social work are:

- Seeking out and analysing relevant information, using appropriate theories for understanding the issues and for understanding which approaches to helping and which social work methods may be appropriate in the particular circumstances;
- In collaboration with family members compiling case notes and recording work undertaken for purposes of supervision, quality assurance and the collection of accurate data to aid future planning at national and local level;
- Decision-making in the context of the legal mandate and service setting– including decisions about placement away from home or return home, court intervention, whether to recommend that an adult should be approved as an adopter or foster carer;
- Helping (in the short and longer term): using a ‘team around the family’ approach to putting together, in consultation with children, family members, carers and other professionals, appropriate packages of support, protection, care, practical and educative help, and therapy;
- Depending on the setting and the mandate, direct provision of a casework groupwork or group care service to family members or the an entire family. This involves using knowledge from a range of sources, including family members themselves, tested out in supervision, to select and make skilled use of a range of approaches and methods to fit the particular circumstances. Some of these are shared with other professionals (e.g. basic counselling skills, family therapy, cognitive behavioural work, psycho-social history taking and life story work with children, motivational interviewing, welfare rights advocacy, marital counselling, mediation).

The balance between the time allocated to these different aspects of the work will vary with setting and job description. The emphasis should be on working directly with children and their parents and carers and working collaboratively with other professional members of the team around each family. It is the joint responsibility of senior managers, team leaders and individual social workers to ensure that administrative tasks are not allowed to distort the balance between family-directed casework and agency managerial requirements, although as noted by the Munro report (2011) and reiterated in responses to consultations of BASW members, this balance becomes too easily distorted.

Each of these requires the purposive and knowledge-informed use of an empathic, respectful, reliable professional relationship. These all contribute to the ‘therapeutic’ impact of the child and family social worker, within which there will be elements that may be described as ‘therapy’ or follow a specific ‘intervention’ method. In summary, though in some specialist settings, child and family social workers may become experts in working with a specific age or needs group, or the use of a tightly defined therapeutic approach or method, it is the breadth of the knowledge-base and the range of approaches and methods that flag up the specific contribution of the social worker.

June 2018