

# Relationships matter: the problems and prospects for social workers' relationships with young children in care

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## ABSTRACT

One of the key lessons learnt in the UK from the Laming Inquiry into the death of Victoria Climbié was the importance of social workers developing consistent and long-term relationships with young children in whose lives they are involved. This issue is now informing policy developments, including the proposed Social Work Practices which, based on a similar model to General Practitioner practices, aim to provide a lead professional to act as a parental figure and an advocate for every child in care. This paper begins by confirming the importance of developing relationships between social workers and young children, but questions the ability of the new policy developments to facilitate these. Drawing upon data from research involving interviews with social workers, the paper outlines the factors which hinder social workers' relationships with young children and argues that while the new proposals address some of the more surface structural and organizational factors, they do not address the deeper factors regarding attitudes, values and emotional competence which are crucial if social workers are to successfully build relationships with young children in care.

## INTRODUCTION

Deficiencies in the care and management of young children in care (here defined as those children in care 8 years and under) have caused concern among researchers, policy-makers and practitioners for some time; with particular concern centred on the relatively poor outcomes for these children in terms of securing permanent placements (Cousins *et al.* 2003; Ward *et al.* 2006; Munro & Ward 2008), education (Greig *et al.* 2008) and health and well-being (Sempik *et al.* 2008). In the most recent English Care Matters Implementation Plan (Department for Children, Families and Schools 2008), proposals for improving the lives of children in care focus on: the role of the corporate parent; family support; education; health; care placements; and the transition to adulthood. At the heart of the Implementation Plan is also the centrality of social workers building consistent, long-term relationships with children in care, listening to their views and taking these views seriously.

The importance of social worker relationships has been further highlighted by children in care who, in the Care Matters Consultation Response Document (Department for Education and Skills 2007), still feel that they do not have good quality relationships with their social workers and that they are not listened to or included in their care planning. They expressed concerns about 'not seeing their social workers enough, social workers not keeping appointments... not having the power to make decisions and the huge turnover of social workers' (Department for Education and Skills 2007, p.12). They also wanted their social workers to 'be effective, easier to get hold of, and [to] keep the promises they make' (Department for Education and Skills 2007, p. 13). The results of this latest document reflect other similar consultation exercises (A National Voice 2007; What Makes The Difference? Project 2007). Within this context, this paper considers: the messages from existing research regarding social worker relationships with young children in care; how social workers define their roles and

tasks; what contributory factors they identify as causing difficulties in achieving and maintaining relationships; and finally, whether proposals for change can make improvements.

For children in care, the importance of their relationships with their social workers is a theme that they have consistently highlighted in previous research. The issue is therefore not new. Research indicates that for some children in care, they have had the opportunity to establish and enjoy meaningful and good quality relationships with their social workers. Baldry and Kemmis (1998, p. 133), for example, found children in care for whom 'The qualities most appreciated in a good social worker had been: genuine interest; being listened to; meeting up with young people as arranged; getting things done as agreed; being open and honest; and maintaining links with young people's families'. Other research concurs with these views (Buchanan *et al.* 1993; Fletcher 1993; Lynes & Goddard 1995; Thomas & O'Kane 1998; Munro 2001; Bell 2002; Voice of the Child in Care/National Children's Bureau 2004; Morgan 2006; Northern Ireland Commissioner for Children and Young People 2006). This same research also indicates that children in care have realistic expectations about the type and nature of relationships they enjoy or desire with their social worker. What they ask for is a professional who, genuinely takes an interest in them; wants the best for them; enjoys being with them; and who is concerned for them (McLeod 2008). Relationships with social workers are therefore something that children in care wish for, something that social workers desire and aspire to and, as it is argued, is the very least that children in care should expect (Le Grand 2007).

However, what this and other research (Morgan 2006; Leeson 2007; McLeod 2007) also highlights are the frustrations, disappointments and negative experiences of children in care and their relationships with their social workers. A combination of inconsistency (quantity of visits), instability (frequent changes of social worker) and unreliability (social workers failing to turn up to appointments because of other more pressing caseload demands) has significantly marred the processes of relationship formation and maintenance. The key messages from research are, where they have worked, relationships between children in care, and their social workers have been very significant for the children concerned. However, there is also much room for improvement and future policy and practice developments need to capture the full complexity of contributory factors that facilitate or hinder these relationships. These messages have been further

reinforced by findings in Inquiry reports, most recently Laming (2003), which examined the circumstances surrounding the death of Victoria Climbié who sustained 128 separate injuries and who died of hypothermia, malnutrition and physical abuse at the hands of her aunt and the aunt's partner. One particular focus of the Inquiry report was the relationship between Victoria Climbié and her social worker(s) or more specifically the lack thereof. The Inquiry drew attention to the fact that, at crucial points in Victoria's life, social workers had generally failed to see her alone, speak with her, listen to her or to seek her views. In one of the seminars attached to the Inquiry (designed to help focus thoughts on recommendations to improve future social work practice), Laming (2003, p. 353, para. 17.30) noted that 'a point that was returned to time and time again was the need for a relationship of trust between practitioner and child'. The Laming Report has been followed by major re-structuring in the design and delivery of social services to children and families generally of which The Care Matters agenda and the associated proposal for Social Work Practices are a part.

Social Work Practices are specifically targeted at children in care and will be run as partnerships (similar to budget-holding General Practitioner Practices). They will be staffed by professionals from different backgrounds (health, education, social work and psychology for example), and their services to children in care will be purchased by local authorities (Le Grand 2007). At the heart of the proposal is that each child will have the opportunity of developing consistent, long-term, enduring relationships with professionals and that those children will secure better outcomes across a range of indicators. Whether the proposal will work depends upon a number of factors (Garrett 2008). Of particular focus in this paper are what factors hinder social workers in developing and maintaining long-term and meaningful relationships with children in care and whether the proposal for Social Work Practices will help improve the current situation. This paper considers these issues by presenting the results of a much larger qualitative and ethically approved study, carried out between 2005 and 2008, which considered the participation rights of young 'looked-after' children (aged 4–7 years) and the factors which social workers identified as having a negative impact on their relationships with these children. These findings, and their implications for the development of Social Work Practices, are explored next. The discussion begins with an overview of the research study.

## The research study and methods

The research upon which this paper is based comprised a qualitative case study approach using 10 case studies. The case study method is the preferred method 'when "how" and "why" questions are being posed . . . and when this focus is on contemporary phenomenon within some real life context' (Yin, 1994, p. 1). The benefits to the method are that it is 'strong in reality', recognizes 'the complexity and 'embeddedness' of social truths' and draws attention simultaneously to uniqueness and common themes (Stake, 1994/2000, p. 238). In this research, a total of 39 in-depth semi-structured interviews were conducted with young children, their social workers and their parents to explore the children's participatory potential, opportunities and experiences. All data were transcribed, anonymized and stored using Maxqda2 software (VERBI Software, Marburg, Germany). The data were subsequently organized using a thematic analysis and responses were coded and then sub-coded. One theme which emerged in the interviews with the social workers was their relationship with the young children in care. Under this broad theme, several sub-themes emerged and these formed a list of factors which social workers identified as hindering their relationships with the young children. For analytical purposes, these factors were called the seven 'T's, namely: tasks, trust, theories, time, tools, training, and typical practice. This paper presents the findings organized by the sub-themes and relate them to broader discussions about social workers' perceptions of their roles and tasks within family and child care teams, as well as their perceptions of children and childhoods. In the final section, a discussion takes place regarding the implications of the findings in relation to the proposal for Social Work Practices.

## Factors that hinder social worker relationships with young children in care

### Tasks

In the UK, as part of the Labour Government's plan to modernize social work and social care for children (HM Treasury 2003; Department for Children, Families and Schools 2007), the tasks and roles of social workers have been the subject of recent review (Blewitt *et al.* 2007; General Social Care Council *et al.* 2008). Similar reviews have also occurred in Scotland (Asquith *et al.* 2005) and Northern Ireland (Northern Ireland Social Care Council 2008). All of the reviews

have highlighted the complexity and multifaceted nature of the social worker tasks and roles. The role (that is the purpose of social work) is defined as securing and enhancing the well-being of individuals and families, promoting social change and enabling people to reach their full potential in order to achieve positive outcomes in their lives, including: stability, security, well-being, safety, freedom and independence (General Social Care Council *et al.* 2008). The role comprises several interrelated tasks (activities to deliver the purposes and outcomes,) including: case worker or counsellor, advocate, partner, assessor of risk or need, care manager, agent of social control (Asquith *et al.* 2005, pp. 2–3). In successfully executing their tasks, social workers are required to hold in balance these conflicting and competing demands whilst also always anchoring their practice within human rights and social justice frameworks (General Social Care Council *et al.* 2008) which emphasize the principles of empowerment, equality, respect and dignity. For family and child care social work, there has been a growing concern that increasing rates of job dissatisfaction and burnout have arisen out of 'high levels of depersonalization, role ambiguity, role conflict, stress, work overload, lack of autonomy . . . [and] bureaucratic control' (Le Grand 2007, p. 17). Furthermore, there is a concern that certain social worker roles and tasks (notably those emphasizing control, assessment and management) have 'crowded out' other tasks (case worker, counsellor and advocate) and that the opportunity to form consistent, enduring and meaningful relationships has become increasingly limited (Houston & Knox 2004; Gupta & Blewitt 2007) with a range of negative effects for social workers, children and families (Houston & Knox 2004; Blewitt *et al.* 2007; Le Grand 2007).

In relation to the present research, social workers highlighted that within the context in which they operated their roles and tasks could be competitive and conflictual. The competition between different types of professional (particularly residential workers and foster carers vs. field work social workers) as to who best understood the interests of the children undermined the ability of the field social workers to establish a meaningful relationship with children on their caseload who were in care. This difficulty is highlighted in the excerpts below:

Enya: I mean, the . . . thing is people having different agendas, when I say 'different agendas' . . . [I mean] foster parents having different agendas from yourself, and residential social workers having different agendas, and where you get into the politics, with a small 'p', of a child being in care

I: Different agendas with regards to?

Enya: First the placements and with regards to maybe people feeling that a child needed a particular thing done

The potential for conflict and confusion between professionals is further highlighted in the example below:

Briege: They should do, but then the problem is, the issue is where you can have problems in communication if you've somebody doing therapeutic work and the social worker says a totally different thing, that is a big problem, so you need to all be communicating, so that you're coming from the same, one person's not saying one thing different from another, cause that only adds to confusion, you know. It's a very, very difficult situation

I: Difficult, isn't it?

Briege: And the problem, as I say, if you've two or three different people coming at different angles and saying different things, only adds to the confusion

Beyond inter-professional conflict, the research highlighted that conflict regarding roles and tasks was also intra-professional. In this research, social workers defined their tasks as falling under the roles of: bureaucrats, agents of social control, assessors of need and assessors of risk. The social workers provided examples of how these roles militated against them being able to form meaningful relationships with young children in care. In relation to the role of bureaucrat, social workers perceived this to consist of tasks such as form filling, meeting targets and performance indicators. Social workers perceived their relationships with young children in care as structured around and defined by these statutory task requirements which had a negative impact on their ability to form meaningful relationships with those children. Hence, with regard to visits to the children, the pressure was not to form a meaningful relationship but rather with ensuring that the relevant statutory forms could be ticked and completed. This resulted in practice where the social worker ensured that the child was seen but did not necessarily talk with the child as seen in the example below:

I: So for you and other social workers what is the priority when you do home visits?

Celia: It is to actually see the children; so you can say that you have seen them. So that the statutory bit of the job is done; you know in your case file you can say: 'did visit, saw children, children O.K'

I: There is no part of the case file that gives you a form to say what conversations you had with the child and what they said back to you?

Celia: No there is no specific form. You could put it in the contact record but everyone's practice varies. Some write hardly anything; some write essays

I: Essays? Yes . . . but there is no section dedicated to the views, story as told by the child?

Celia: No, no there isn't. You see the priority is to do your 'stat' home visits and there are loads of these. You haven't got time to spend individual time with each child

Another issue that emerged (under the auspices of the 'bureaucrat') was that social workers did not give priority to building, investing and nurturing their own relationships with children but rather focused on the task of regulating and monitoring the child's developing relationships with those who were providing the day-to-day care as seen in the example below:

I: [Do you discuss with Emmet] 'Why are you in care?'

Enya: . . . I mean, that's always a difficult area to address with him, and I suppose, you know, it maybe highlights maybe one particular issue about field social workers, not responsibility as such, but the field social worker hasn't time to sit down in a proper format to discuss these issues, you know, because we've tended to do it with other people, which has been either residential social workers, outside agencies or actually the foster carers

What this example also highlights is the social worker reliance on the quality of the child's relationships with others involved in their care to fulfil some of their own tasks. A specific example of this is social workers delegating the completion of consultation forms for looked-after child meetings to these other people as seen below:

Gillian: They always know that [there's a review meeting]. Em, they do get the consultation papers em and they fill those in. They normally fill them in with their foster carers. I suppose the foster carers are the ones, by the people who the children trust most and maybe willing to open more to them

The lower priority given to building, maintaining and nurturing relationships with young children in care (as compared with form filling and target meeting) appears to reflect a broader organizational discourse regarding performance management and accountability (Houston & Knox 2004; Statham *et al.* 2006; Gupta & Blewitt 2007; Le Grand 2007). These targets, which themselves have emerged against the backdrop of earlier inquiries and concerns regarding child care policy, practice and provision, were designed to act as a framework for good practice but instead have arguably become used as an end in themselves (Asquith *et al.* 2005; Gupta & Blewitt 2007; Le Grand 2007). It may also reflect what Asquith *et al.* (2005, p. 4) describes as an uncertainty about professional identity and what should make the social worker role distinct from the roles of others involved in the life of a child in care. The social worker

relationship with a child in care is a unique relationship which should be equally valued alongside all other relationships (Gilligan 2001). The tendency to downplay the social worker relationship is a concern given that the social worker may have been a critical figure in the child's life historically and may have had access to more of the social context of the child as well as their background records than any of the alternative carers.

In relation to their role as 'assessors of risk', social workers in this research divided risk into two categories: the emotional and psychological risks to young children in care of being involved in decision making; and 'risks to self'. Both were identified as having a negative impact on relationship formation. In terms of 'risks to self', some of the social workers perceived this in terms of the emotional and psychological risks to them caused by developing deep relationships with children in care, being exposed to highly charged emotional situations (where there were no easy 'fix-it' options) and where their own emotions might surface. They assessed these displays of emotion as a 'risk to self' because they were viewed as the antithesis of the rational 'bureaucrat' and there was a fear that displays of emotion would become labelled as unprofessional and also a sign of being 'over-involved', stressed out and of not coping. Within this context, social workers managed emotional and psychological risks to themselves by reducing the opportunities to be exposed to emotion and by reducing the likelihood of displaying that emotion. One way of doing this was by maintaining distanced relationships with the young children in care based on a 'this-is-difficult-to-bear-and-therefore-best-not-to-hear' approach. Anderson (2000), in her research, notes that this type of approach is an avoidant coping strategy and leads to social workers feeling even more emotionally exhausted than they may already be. Feelings of emotional exhaustion can lead professionals to 'exert disproportionate energy 'protecting' themselves psychologically rather than their clients' (Anderson 2000, p. 846). This is otherwise known as burnout. She suggests that the use of active coping strategies including problem solving, cognitive re-structuring, social support and expressing one's emotions should be a focus within the social work profession to 'prevent and treat their own emotional exhaustion' (Anderson 2000, p. 845).

In this research, social workers used the research interview as one of the few opportunities to express and explore their emotional responses to situations. The personal cost to social workers of not having the

opportunity to address their emotional responses at an earlier stage appeared to be quite high as can be seen in the example below:

- I: there's . . . just the level of tension and conflict and . . . ?  
 Briega: Yeah, we do. When I was in the care team, you know, that would have happened, children would say, 'Well, I want to see my mum' or 'I want to see my dad more' or 'I've seen daddy contact me but it's supervised' I mean, how do you deal with that if the child is sad? And I struggle with it because [Briega again struggles with emotional response and does not finish sentence]  
 I: How did you deal with it?  
 Briega: Extremely difficult, you know, and I [Briega once more struggles with emotional response and doesn't finish sentence]  
 I: How you dealt with it?  
 Briega: I remember it was a sexual abuse case and, you know, that's what I was saying, 'Well, do you know why you're in care?' and the child knew that they'd disclosed and I said, 'Now you knew you weren't [to blame] and they did therapeutic work with you and that's the reason', and the child actually knew this, had put two and two together, but I struggled with it, it is extremely difficult, and I think that's where social workers maybe, you know, there's a lack of kind of . . . [struggles with emotional response and doesn't finish sentence]

### Trust

Following on from the first 'T' (tasks), the second 'T' that was identified was that of *trust*. In this research, social workers identified that their role as agent of social control had a significant impact on their ability to form trusting, close relationships with young children in care. Asquith *et al.* (2005, p. 3) defines an agent of social control as someone 'who helps maintain the social system against the demands of offenders or other individuals whose behaviour is problematic'. The role of a social worker as an agent of social control is defined and mandated through the many legal frameworks which govern the relationship between the state and the family. In this research, social workers were clear about the role, its reasons and its boundaries, but it was difficult for them to reconcile this with the requirement to form relationships with young children in care. The social workers gave several examples of how, in carrying out the tasks associated with the agent of social control role, their relationships with the children involved had been damaged. The children involved, because they disagreed with the actions of the social workers, did not trust their social workers and saw them as figures of punishment rather than as protectors of their welfare or as their advocates. In the examples below, Haven and Gillian explain that it was not possible to act in

the role of counsellor or to have a trusting relationship because of the children's perception/experience that social workers took children away from their families and kept them away:

Haven: The only person I would say she's [child in care] really chatting to is her key worker who is doing a 'one-to-one' with her which at least she has someone

I: Yeah

Haven: I find, as a social worker, a field work social worker, those kind of 'one-to-one's', you know, counsellor kind of environment, you don't really have [those] because you're the person who is deemed to be the person keeping them from their families

Gillian also said:

I: . . . And then earlier on you'd said that the children needed someone that they felt that they could trust? Do you, do you think the children perceive you as a trusting figure or?

Gillian: I think Grady [4 year old child in care] probably will always see me as the person that came and took him away from his mummy. I think that's his only; that is the only way he can understand that

Furthermore, Haven identified that the consequences of operating the role of social control were that the child in care perceived the social worker as being the bearer of bad news, putting down barriers and implementing courses of action which maintain the social system of the care system in general (bed and behaviour management) but which go against the wishes of the children. In these circumstances, it is possible to see how and why children may not want to invest in relationships with their social workers and why for social workers it is difficult to manage these conflicting roles and tasks (McLeod 2007). This is evident in the following discussion with Haven:

I: Has he ever said anything that he's wanted that you've been able to do for him?

Haven: No . . . even the mobile phone, they're saying no to that, and it's like, and that's why I think he is [like he is with me], cause I'm always the bearer of bad news, I'm always the one going out and putting the barriers

I: Putting the barriers down?

Haven: I couldn't blame the child for disliking me, you know

I: Do you think that's some of Henry's problem; that he feels that he's not being listened to?

Haven: I think Henry's, yeah, because I do think that Henry has been, God, he's had so many placements, a lot of them, like, he, he didn't want to leave Hammond Square residential unit, and he told me he didn't want to leave Hammond Square residential unit, and he was then off in tears, and I still had to move him and Henry resented me for that and I think Henry does think, he doesn't trust social workers, he tells people things and nothing is done about it, things are done, but in his eyes they're not, and decisions that are made that he doesn't

want to be made, and he just feels so. . . How must Henry feel? You know, so [*Haven does not finish sentence*]

### Theories

The third 'T' that was identified in this research was that of *theories* about children and childhood. It became clear that social workers' relationships with young children in care were hindered by their attitudes towards young children and their beliefs about young children's level of competence and understanding which appeared to stem from rigidly applied, and largely unspoken, theories of age-related child development. The research revealed that an emphasis on the completion of age-related child development proformas (relating to the assessment of need) created a tendency in social work practice to firstly objectify children rather than attach value to subjective and relational aspects of the child-social worker relationship, and secondly to underestimate the capacities and capabilities of young children in care by virtue of their age. There was therefore the view from some social workers that they did not need to spend much time investing in relationships with young children in care as, because of their age, these children felt less, asked less, demanded less and understood less. These views are illustrated in the discussion with Briege below:

I: Is there the possibility that younger children are more able or advanced than people think they are or?

Briege: Possibly, but I think a social worker should tend maybe, the younger the child is, you think it's easier because you think, 'Well, emotionally it's not going to impact on the same' and that's an ignorance too, whereas you think, and I know children into care, I would rather remove a four year old than remove a nine year old because I imagine their understanding and their loss is greater

I: Really?

Briege: Yes, probably, and I hate removing maybe twelve year olds who are feeling rejected completely, you know . . . I'd rather remove a two year old, a four year old

I: And do you do you think that that perception is right that younger children experience less loss or less?

Briege: And maybe. God forgive me, you know what I mean, you know, it's really that you don't have to give an explanation cause they're not going to ask you, whereas the older child will ask you, you know, it's very, very difficult, and I think probably that is where, it is difficult, you know

The influence of age-related assumptions about children's level of understanding and insight are all pervasive themes seen in the interview with Celia below:

I: With regards to . . . Crystal (aged 5 years) and Conor (aged 8 years) was any information provided to them?

Celia: Not directly no. I don't think they really had any idea what was really going on

I: Were there any reasons for this?

Celia: Well it's mainly about their age. Crystal and Conor are too young to really understand what is going on. Um; I think they are not really competent. I mean don't have the insight

Taken for granted assumptions about children and childhood, which are based on age-related stages of development, have been explored elsewhere (Taylor 2004; Winter 2006). Their significance lies in the fact that they form unstated organizing principles of practice and, in relation to younger children in care, they appear to significantly impact on social workers' openness to form relationships with this group of children. This is despite the fact that there is a wealth of evidence demonstrating the capacity, competence, insight and understanding of younger children (Alderson 2000/2008).

### Time

A related difficulty in the development of social worker and child in care relationships, which was noted as the fourth 'T' was the **lack of time**. This was defined by social workers in terms of the **statutory stipulation to visit a child in care once monthly only, high caseloads and court appearances** (also noted in the work of McSherry *et al.* 2004 for example). Social workers perceived the **requirement to form relationships with individual children as 'labour-and-time intensive'**. The example described by Gillian below illustrates the practical difficulties involved in forming relationships with a large sibling group in care (seven children in total) but not placed together:

I: Are there barriers to getting individual time [with the children]?

Gillian: I think from, from my point of view there are barriers because there are seven children in this family. Em, and I think it's a caseload, it's nearly a caseload in itself and to do it properly and to do it justice you, you need so much more time than you have

I: And they're not [placed] together?

Gillian: They're not together . . . so you're flicking between one and the other. It's just very difficult. Em, if you had those children on their own with no other cases I mean you could get in there and get so much done. Em, but, but that hasn't been possible until now. And now the children are having to be referred to other agencies for their individual working you know

### Tools and training

The fifth and sixth Ts identified in this research, as impacting on social workers' ability to form meaning-

ful relationships with children in care, were *tools* and *training*. In terms of the tools used, social workers highlighted a dearth of materials, resources, dedicated physical space, facilities and a lack of creativity often relying on forms to structure their relationship encounters with young children in care. This may reflect the broader, invisible prevalent discourses regarding values and attitudes towards children as well as the significant financial constraints which most family and child care social work programmes find themselves operating within. These issues, combined with lack of training (an area being addressed through the work of Luckock *et al.* (2007); Lefevre *et al.* 2008; Luckock and Lefevre 2008 for example), had a negative impact on social workers' relationships as seen in the discussions below:

I: . . . we've kind of discussed some of the limitations and problems with different methods, but do you think anything could be done differently?

Briege: I have to say, it's all about how the form and [how it] is structured, it's about the worker and their preparations for it [and there's] very little training in that. . .

I: I was going to say, is there much training?

Briege: Very little, very little

I: Do you get to do any?

Briege: Not really, you know . . . not specifically how to communicate with a child in care . . . how to respond to a child who is wanting more contact, that you can't give them, and how you create a situation where you can explain the reason why, but in a way that's going to be age appropriate, . . . giving you examples of how you . . . apply that to specific cases

### Typical practice

The last issue affecting social workers and their relationships with young children in care were the *typical practices* or *pre-existing organizational norms* of the social work settings. In this research, it was possible to identify some social workers who had **prioritized the social and relational aspects of their role in their work with young children in care**. However, within their organizational settings, these practices were perceived as **unusual and unsettling to the status quo as seen from the examples below**:

Joyce: . . . I'm sorry Jess's not here . . . because she is just superb with them [children in care] and she's newish

I: And what makes her stand out, what is it about her?

Joyce: It's her, the children are first and foremost, it's what the children think, what the children need, if the children's behaviours are enough to send me squealing out a building, like, [but] Jess will stick with them . . . she's doing contact with them all on Sunday, it's, well, there's another matter that needs addressed, but that's typical of her, right, they need to have contact with their siblings, they're all over the country

Another example is illustrated by Gillian where the emphasis placed on relationships with children in care by her senior manager was a challenge to existing organizational norms as seen below:

Gillian: . . . the one thing I would say positively about Gloria (Senior Manager) is that she is open to suggestion with regards to making things child friendly . . . I mean she's very child focused

I: So, she's got some ideas?

Gillian: . . . Gloria . . . she brought em, she would've started this bringing in cartons of juice and sweets to meetings and sort of she was sort of laughed at in the beginning you know I: Why, why would people have laughed at her?

Gillian: I think people just thought, oh this is a meeting . . . you know this is a meeting! What are you doing this for because that's the way we looked at LAC's

I: Do you think it fine tunes the focus back onto the child?

Gillian: Yeah it can do. . . . I mean I think we were just so dumbfounded, you know . . . what is she doing? But I think you know, she had it, you know she'd worked out what she was doing

## SOCIAL WORK PRACTICES: PROSPECTS FOR THE FUTURE

The findings have highlighted that the **contributory factors hindering the development of social worker relationships with children in care are complex.** They are not solely related to structural, organizational and resources issues but also encompass personal attitudes and values regarding children and childhood, and the attributes and skills required. The proposal for Social Work Practices (Le Grand 2007), whose **central aim is the development of meaningful relationships between children in care and their social workers, addresses some of the identified issues better than others.** Specifically, the proposal does acknowledge current concerns regarding the structure, organization and resourcing of social work programmes and uses these to suggest a new, if not uncontroversial, model for service delivery (What Makes the Difference? Project 2007, pp. 10–11) which represents a complete departure from existing provision because of its **emphasis on the private sector and market principles** (Garrett 2008). It is the view of Le Grand (2007) that the new organizational structure will lead to the development of better services with access to more resources and greater expertise leading to better outcomes for children in care.

The proposals also acknowledge the **uncertainty regarding social worker roles and tasks noting that the division of responsibilities between so many individuals within a social work organization and the quick**

**turnover of staff means that 'the incentive to develop a relationship is minimal when both sides know that one of them will shortly be moving on'** (Le Grand 2007, p. 20). In response, Social Work Practices will create the post of a 'lead' professional (usually a social worker) who will be allocated to each child in care where there is a full care order in place. This is important in that it distinguishes between field social workers who are involved in lengthy and contested care proceedings (where they have little time and trust to build relationships) and those social workers, who as lead professionals, will be freed up from the 'bureaucratic demands of a large organisation' thereby securing 'more hands on' time (Le Grand 2007, p. 23) with children in care. The role of the new **'lead professional'** has also been reframed and emphasizes the requirement to be **'a consistent parental figure and advocate for the child'** (Le Grand 2007, p. 11) who will also 'play a strong parental role in all the key aspects of a child's life' (Le Grand 2007, p. 12). This image of the social worker as the parental figure draws upon qualities such as personal responsibility, responsiveness and enduring commitment that characterize desirable parental-child relationships and which should be replicated by social workers in the new Social Work Practices.

While it could be argued therefore that the proposals may have sufficiently addressed, on paper, the surface issues (of organization, structure, resources, roles and tasks), the same cannot be said about the more 'hidden' issues regarding social worker attitudes, values and attributes. The proposals underplay the significance of these issues and yet they require serious consideration as they form the **bedrock from which social workers can form enduring, meaningful, consistent, positive and long-term relationships with young children in care.** This then raises the question as to how these issues could be addressed. In relation to attitudes and values, the research reported in this paper has revealed that it **would be beneficial for social workers to reconsider their attitudes and values in terms of how they understand and construct young children and early childhood.** As Alderson (2000/2008) notes, a range of attitudes, beyond deficit constructions of childhood, may hinder relationships with young children, including: fear of causing upset to a young child by discussing difficult issues and not feeling equipped to handle this task well; fear of a complaint being made; and worries about raising expectations in the mind of the child. The Laming Report (Laming 2003, p. 229) noted an additional fear which prevented the social worker developing her



relationship with Victoria Climbié when she was in hospital, namely the fear of contaminating the evidence. This raises important questions about social worker attitudes and values towards young children and the words of Butler Sloss (Department of Health and Social Security 1988, p. 245) 'the child is a person and not an object of concern' are once again applicable. Alderson (2000/2008) suggests that it is important to explore stated beliefs regarding children and childhood, and then the deeper feelings on which those beliefs are premised. This, if applied to social work training (at the qualifying and post-qualifying levels as suggested by Luckock *et al.* [2007]; Lefevre *et al.* [2008] for example) would allow social workers to explore their hidden assumptions and beliefs about young children, which may exert an unspoken influence on their openness or willingness to form these relationships. As indicated by Alderson (2000/2008), Winter's (2006) sociological frameworks for understanding children and childhood may be of particular importance here as they emphasize the social agency, capacities and capabilities of children and how, while these qualities may be understood with reference to age, they are not constrained by the sometimes inaccurate assumptions attributed to age. Hand-in-hand with attitudes, there needs to be a consideration of attributes as one will not be successful without the other.

Relationship formation, maintenance and nurturing are dependent on the 'use of self' or as Morrison (2007, p. 253) states 'emotional competence'. Given what we know about the highly emotionally charged nature of the job (Anderson 2000; Houston & Knox 2004; Morrison 2007), the concept of emotional intelligence (Goleman 1995) is a useful training and practice tool for social workers. The framework, with its focus on interrelated intra-personal skills (self-knowledge and self-management of thoughts and emotions) and inter-personal skills (recognition of and response to the emotions of others), is particularly relevant in the context of the proposals for Social Work Practices which place so much store on the importance of relationship as helping to secure the best long-term outcomes for children in care. Houston (2006) and Morrison (2007) demonstrate how the framework could usefully be applied by social workers in their relationships with children and families in group work in residential child care settings and family and child care social work teams. Morrison (2007) illustrates how emotional competence is central to all aspects of the social work process, from engagement through to assessment and decision

making, highlighting how much one's own emotions (and those of others) can have on these processes. Houston (2006) and Morrison (2007) also point out the centrality of emotional competence for individual social workers in developing appropriate coping strategies (as noted earlier in the paper) and its importance in helping to create the right type of organizational context in which relationships can be effectively practised and valued. With the right attitudes and attributes in place, time could then be devoted to best practice methods in working with young children in care and the required structural and organizational conditions that are most likely to allow relationships with children in care to flourish.

## CONCLUDING COMMENTS

This paper has explored social worker relationships with young children in care and the contributory factors which hinder those relationships. The proposal for Social Work Practices aims to address these difficulties but has mainly focused on surface structural and organizational issues. While these may well help pave the way for a less bureaucratic and more relationship-based social work with children in care, it seems, from the review of existing research, that good quality relationships can happen in spite of or despite organizational and structural constraints. What this indicates is that inter-personal and intra-personal attitudes and attributes are as important, if not more important. The proposal for Social Work Practices underplays the importance of these qualities. In order to create a quality workforce for children in care, the spotlight should be on how and in what ways social workers can cultivate the attitudes and attributes required to act as the responsible, responsive, committed, insightful, positive, passionate, energetic and tenacious individuals which all children in care deserve and which they require if they are to see the true value of relationships in achieving their full potential.

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