

Protecting the Child Video Transcripts

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Communication

Caption:

Broadwalk duty team have received a referral regarding a 7 year old girl.

She alleges that she was sexually abused by her grandfather

James:

So basically what's happened is Grand dad was downstairs, asked her to snuggle and she has disclosed that he got his bits out and started to touch her as well. She has become quite upset about this.

Caption:

James first task is to co-operate with police to secure a video interview with the girl.

James:

There is no indication to say she won't be age appropriate to be videoed. She has made what seems like a reasonably clear disclosure. What I'll do is ask the Social Worker to start doing an assessment as we know what we are looking for as much as you do really.

Cassie, have you spoken to the school?

Cassie:

She is busy and will call us back, she has got contact details for mum in terms of telephone number but both of the girls are in school.

James:

The Police are going to try and arrange so we can take this girl up for a video interview. The problem is they won't be able to see this girl to prep her which may be difficult. So what we need to work out is how this girl is doing emotionally and whether she is able to go through video interview – what I suggest you do is give mum a call, check she is ok and go through the process and the procedure, talk to her about the video interview – clearly she has done the right thing. Its important that the children don't have contact with ANYONE in the family.

Cassie:

Hi my name is Cassie Knight and I am a social worker up at Broadwalk... hi, are you able to talk right now? Yes, I am just calling you about the referral that has been sent through, I just wanted to ask you a few more questions if that is ok? We are trying to make an assessment as to whether it will be appropriate or not? And whether she would be able to talk to a police officer, obviously with yourself present and obviously the police officers are trained to speak to children and to gain the evidence really... do you think she would be able to do that?

Yeah... does she have any SEN or anything?...no...ok...and there is no reason you feel it would not be appropriate to do that? If you ring up and say you wanted to speak to a duty SW, it will be either myself or Vicky today ...ok and somebody will be in touch with you later on today...alright, no worries, speak to you later, bye.

Ahhh, poor lady.

James:

I don't actually want to give you this case as I think you have too many cases on at the moment so maybe perhaps it would be better if Vicky picked it up? It think you have got more space than Cassie to pick this up at the moment?

Vicky:

Yes thank you James.

James:

So its going to be my gift to you.

Planning

Cassie:

Lots of social workers have their own ways of working and they do find their own system that works best for them but in general you basically write notes when you go out on a visit and then you input it on the data system when you come back in. You just try to keep it as up to date as you can really which is actually quite difficult because there's so much to do, you can't always come back and document what you've just seen or what you've just done.

Often you might set aside time to do that and you come back to do it and something else kicks off. You have to then put it off and do it the next day.

Louise:

Hello, Louise speaking.

Um, right I can't do next week I'm afraid but we were looking at a couple of dates the week after.

Person 2:

Okay.

Cassie:

Yeah, I mean the aim of the game I guess is to collect as much information as you can and document it because you never know, which bits are going to be important.

You know at that particular time your going out on a referral that's about domestic violence but they may say something that later on relates to a sexual abuse allegation, but you don't know, so it's just best to document all you can really. Also you have to be realistic because you have only got specific time scales.

Keeping on top of case notes is one of the hardest parts of this job completely for that very reason that you, you need to go out and deal with people and they want to see a person, they want to talk to someone and you need to go out and sort a crisis out there and then.

I think that's where the note taking in the books is really important.

I have never had anyone say I don't want you writing any notes and once I have explained why and it's because I want to put their answers to my questions, there important and I want them to be accurately documented, they don't seem to mind.

Particularly for court we need to be able to prove that we've done what we were supposed to be doing. For example the advice that we give to families and the conversations that we've had are really serious conversations and we need to be able to say, we did have this conversation, this is the date that it happened because if we don't then lots of people can dispute that, they can say that you have not done it, looks like we have not done it, just record keeping is very important.

The OFSTED come in and look at our records and we are very much judged on what's on the computer systems and what we've inputted and that can be really difficult because the whole point of being a social worker is to have people skills and to be able to go out and solve problems and help them resolve their difficulties in their lives and you can't really show that, you can't, we are judged on what we write.

Supervision

Caption:

Every social worker has regular supervision with their manager.

Cassie:

Supervision I guess is an opportunity for our managers to overview our cases and to see what we're carrying as a social worker.

It's a time for us to say this is what we need and were possibly overloaded or I'm not sure what to do with this case.

I think it helps to stop cases drifting as well, it makes you remember there all important and although one might be more demanding, drift is really dangerous and that's when things go wrong.

James:

So, tell me about this new case.

Cassie:

Uh, basically it's the one that's been referred by the health visitor and she's worried about the children being under stimulated and has also said that the GP has seen the youngest child and the youngest child has rickets.

James:

So the health visitors concern is there are issues of neglect due to the youngest child having rickets?

Cassie:

Uhum.

James:

And it is believed that the rickets has been caused due to lack of sunlight, poor diet.

Cassie:

Yeah.

James:

I mean in order for us to work with a family with neglect where they don't want to engage, we need evidence and we need quite strong evidence to take it up to the safeguarding level. Otherwise we are going to struggle. So what we need is a doctor who is going to be telling us what the family need to do to help this child's rickets and whether or not they believe that the family is taking the steps

they need to do. And if there not, what the consequences of this will be in the longer term. Which I imagine maybe quite severe.

Have we got a health professional that's prepared to evidence this for us?

Cassie:

I need to ring the GP and ask them to sort of give us a proper document with this written on as his health assessment basicly.

James:

Are you going to liaise with the school?

Cassie:

Yeah, when their back after half term.

James:

Okay. Um, I would have thought the best thing to do with this would be to work towards having a child in need meeting, um...

Cassie:

Shall I wait to get the stuff from the GP's?

James:

Yes. I think that's what we need to build towards. The other side is that if the health service says yes these rickets are a consequence of neglect. This is going to cause this child significant harm if they're not co-operating with the treatment, then this becomes a child protection matter. Then it needs a child protection case conference, so that we'd end up with the multi-agency plan at that point.

James:

So, complete the enquiries. What we'll do is we'll meet again and we'll consider either path of having a child in need meeting, or if it's so significant then we'll consider whether a strategy discussion is required.

Caseload

Cassie: Umm... My caseload's quite high at the moment, um but that's just due to, I mean it's all down to luck really. You know, as you know like we pick up our cases when we're on the duty desk and when we do the initial visit.

So often you know, you just get what comes up at that particular time, and at the moment I have had quite a lot of cases that have warranted sort of long term, well you know, well monitoring really for a couple of months so, I have ended up with quite a high case load in terms of monitoring a lot and not being able to close.

Off-camera voice: What's your case load number?

Cassie: Its 29 today. Umm... but I did have supervision earlier today and I have discussed with my manager like a few that I, I'm able to now close. Umm... and also, my manager has said to me today that he's aware that it's quite high for the minute and that, um... he's going to ensure that I don't get overloaded and so doesn't give me too much 'till I have been able to clear a few, so that's a bit of relief to be honest.

Work Balance

Cassie: As a social worker need to, which is hard to do, you need to learn to be able to recognise when you're stressed and when things are creeping over into your own life and to be able to, to say to your manager, actually this is becoming quite difficult and to say no, enough's enough now I'm, I'm not gonna stay up 'til whatever time doing case notes tonight cos I need a break and you need to look after yourself.

Um, but it is about having a manager who recognises when you're getting to that point and also I think as a newly qualified social worker there was I think myself, I had this expectation of, I need to have done everything, I need to have resolve everything and, and actually you never are completely on top of absolutely everything and, and you never, you can never solve everything and, and you can't control people and, and people when you're not there are gonna, you know the families you work with when you're at home are gonna do what they, even if you've told them not to do something they will do it and you can't control that and I think when you, become at ease with that yourself and you recognise that, you can take a lot of pressure off yourself thinking, I've done everything I can do to possibly make this situation safe and now I'm going to have to go home and whatever happens, happens but I've, and just relax in the fact that you've done everything you possibly can.

Child Records

Cassie: It is really important, especially for example of children who are placed in care and they've got a right to look at their files and look back at the decisions that were made about their lives. And if we don't document that, that is a huge chunk of their lives that they maybe don't ever, they can't come to terms with because they won't ever understand why decisions were made.

You know that they couldn't go back to the family or why. And I think that it's important for children to be at you know, when they grow up and they decide they want to read their files, I think it could probably be a huge part of them coming to terms with their life and it should be there, it's really important.

And also, if they're not given a good service as well that they should be able to challenge that and we should be able to you know, we offer a service and we should be doing what we, what we're paid to do.

I think it's important and that we're able to evidence what we have done, we have done those things so, but at the same time, when you're on the other end trying to do all of that it is really frustrating because, you do spend a lot of time at a computer and I think it's, it's quite, I think it would be quite a difficult job to, to sometimes know what to cut out.

Team Meeting

James:

Just to acknowledge it's quite busy at the moment.

I don't think it's particularly um, a numbers game which has been busy although it's got busier numbers the last day or two. But I don't think that's not the issue, it's the scale of things coming in. We're not, we're getting quite a lot of big things coming through which is taking quite a lot of time. I got people who are doing caseloads of 18, 19 which seems entirely reasonable but then you look at what their having to do and it's a bit of a nightmare.

We've got three sets of procedures in the team, fourth one on its way, probably Lou. Let alone the private proceedings, which is more than normal. I counted recently; we had fifteen families in child protection case conference, normally we got four or five.

Anyway, just to acknowledge that and say thank you because people are mucking in, people are taking cases where it's not their turn to take them because they know the person on duty is struggling.

People are going out and helping people with joint visits.

I'm hoping it will ease but I have nothing of evidence to say it will do.

Cassie:

James, you know that point you said about doing your own work on the duty desk, Is there any way of stopping your calls coming through? Cus it's really hard once you've answered a phone to a family to stop them and stop them in their tracks and to say look, I'm on duty today I'll ring you tomorrow, it's really difficult and it happens a lot.

James:

I wonder whether we could talk to whoever's on reception and ask them to only put things through to the social worker if it's an urgent matter otherwise to take a matter when their on duty.

The problem is they'll get confused because some people will ring through about duty matters.

Person 1:

If it's really busy on duty assumingly, then you can say your on duty and you have this, this and this to do. I've got a CP coming in this morning; I have got to give that my attention at the moment.

It's about prioritising isn't it, working out how much priority to give things. Which we do all the time really anyway.

Cassie:

I think it's actually more difficult to get the professionals off sometimes because they kind of feel like, well you're in the office and you're the social worker why do I have to ring you tomorrow? I always feel like I'm copping out when like...

Person 2:

It's not though, because it's your priority, isn't it and it is basically getting that message across and saying I'm busy with child protection stuff today.

James:

There's a different slightly separate issue here as well is about how that difficult bit of being able to tell somebody that I know you're really worried about this but I can't talk it through to you for an hour, on the phone because I have got other more pressing matters to deal with.

Person 3:

Especially when you work full time.

James:

Yeah, it's really difficult.

I get it with families but the harder ones are the lot of professionals we have worked with who are seeking a lot of support from us and I can understand why to some degree we offer that to them but there has to be a limit to it. People have to understand that there are times when we are going to get back to them and were not going to get, you don't get an immediate response because everything does not need an immediate response, in fact some things even need thinking through.

Munro Report

Caption on screen:

Within a month of coming to power the coalition government asked Professor Eileen Munro to review childcare protection practice

Cassie (Child protection social worker):

Eileen Munro's report is a really great document you know and she makes some really valid points.

Dealing with the vast amounts of bureaucracy that social workers have to deal with and the, the time scales that we have to meet and how that actually impacts on social workers being able to do good quality social work.

And we spend probably around 70 percent of our time at our desks doing paperwork. It takes us away from working with the families and going out, you know into the community.

One of the positive things that have come out of it is, hopefully the duplication was highlighted. If you've done um, a core assessment and a, and a case conference report and then you go on to do um, a court statement. It's the same information over and over again, just duplicated and you do sometimes think my goodness.

We have to meet lots of timescales, so often we've got to do a report within a couple of days. So if the government are able to make the changes that Eileen Munro recommends then hopefully the impact would be better quality assessments because we've got more time and you know we can get to know the families and the children better, and, without worrying about is this report going to be late and I understand why the, the timescales are there but it does add pressure to being a social worker.

Caption on screen:

The report came at a time of central and local government cutbacks.

Cassie (Child protection social worker):

Bristol City Council have got to, you know make massive, massive cuts it's impossible. And we've lost lots of, you know huge amounts of resources we've lost WISH the domestic violence project, we've, we've lost the, Barnardo's the project that go in and work with the under 5s. And we're supposed to be doing more preventative work and it's, it's impossible you know it's, it's even harder now than it was before the report came out.

We're supposed to be raising the standard of social work with less.

I guess I fear that the council are going to save money by making the team smaller or, or desk hopping.

I like the fact that I, you know my desk is in a, in an office where I feel safe, it's where I come back to. It's where all my team members are, where all my support is and I just feel that, that makes me strong and capable to do the job in the first place, so if, if that was to go I would feel quite isolated and it would make, it would make me review whether I wanted to stay in social work or not.

Munro makes some really, really good points but again it's, it's only as useful as, as it's implemented really.

At the end of the day if we're not having more social workers and more resources and it doesn't, it's not really gonna help us.

Positive Visit

Caption on screen:

Two parents, known to social workers, have been arrested following a family argument.

As there were children present, Cassie needs to visit the home.

Cassie (Child protection social worker):

I needed to talk to mum about the referral that had come through and it was via the health visitor but it was actually about the domestic violence incident that had happened in the front garden between um, herself and the children's father.

I needed to go and talk to mum about this really to see what, what she provided as her reasoning for what had happened, you know, what was that over, why did that occur because we don't want it occurring again.

Did they explain to you why I was coming out?

Mum:

No, no.

Cassie:

When there've been incidents where the police have been called (Mum – Yeah) we get notified (Mum – Yeah you do yeah) anyway.

Cassie:

OK so this, this incident here I'm a bit worried that (Mum – That was just me) was, was that building up for you.

Mum:

Yeah it was just like everything on top of each other it's just things that are constantly in your head and just like it just all builds up dunnit, and just phow. (Cassie – Yeah) I just gone mad. You just gotta let it out sometimes. (Cassie – Yeah) I had to let it out didn't I.

Cassie:

Well it did, it did say the children were in bed (Mum – Yeah they were asleep yeah) you know so they. Yeah, what I don't want is obviously every time something like this happens (Mum – No) you get us coming round and having to.

Mum:

Yeah I know I've been waiting for it like all week, cos I knows how it rolls but no it don't happen often.

Cassie:

No, no.

It hasn't, I haven't kicked off for ages.

I think she knew what I was getting, she knew the concerns and she knew why I was there because she, I didn't even really need to say, she kept saying oh it happened because of, she knew it couldn't happen again it wasn't, it wasn't like she was trying to justify that everyone argues like that and it's fine, she knew it wasn't fine.

Is there anything like obviously just to prevent the, the build up and the blow ups so that there isn't like a great big, you know crisis.

Mum:

Yeah but it was just like things that couldn't be helped really.

Mum:

Getting Daisy to school and things like that.

Cassie:

Yeah.

Mum:

That's no problem now she's got brilliant attendance and everything.

Cassie:

Brilliant, excellent.

Mum:

And her reading's brilliant now.

Cassie:

What books have you got? Lets have a look.

Daisy:

Castle Garden.

Cassie:

Oh wow.

Daisy:

[inaudible] and the bear that couldn't growl.

Mum:

Got three today.

Cassie:

Wow and you read all the titles.

Cassie:

I have actually had those children on my case load briefly for about a month um, before, quite a while ago now and mum was really quite depressed, she was really down, she wasn't getting the children to school and the learning mentor was coming to the house to take them to school, but as you can see when, when we went round there she, she was really well.

Cassie:

Well you look a lot better than when I last saw you.

Mum:

Oh I feel so much better.

Cassie:

Yeah?

Cassie:

I'm even helping out at the school fair. What have you done, what have you done. What did you do. You want a towel. I'm even helping out at the school fair, everything these days.

Girl:

Help me.

Cassie:

Did you hurt your toe?

Girl:

Yeah.

Cassie:

Oh dear.

Mum:

You're ever so melodramatic ??

Girl:

On the chair.

Mum:

Oh on the chair. Naughty chair.

Cassie:

On that visit there were three children and half way through a conversation you get interrupted and, and you might be on an important point and then it's gone and it can be quite difficult to keep them, the seriousness and the momentum of the visit.

What I'll do Sarah is like, like you know, as you know we come round and visit and then um, I'll write up the (Mum – Watch it) assessment and then let you know the outcome you know. I mean the likelihood is I'm, I'm gonna close it. Next week I'll give you a ring and have a chat because obviously it's difficult (Mum – Yeah I know) with them coming in and out but thank you so much.

Mum:

That's all right thank you.

Cassie:

Sometimes you can't always have quite as frank a discussion as you, you want to have so you have to kind of select the main points that you need to get across there and then immediately, so then you would make sure that you did at least those things and then make an appointment to go back maybe when they were at school.

Additional Responsibilities

James:

I want to keep going back to it, about when it would be the right time for you to consider taking a student.

Cassie:

When do they, when will they?

James:

You need to do the five day training course first.

Cassie:

I've done that.

James:

You've done that?

Cassie:

Yeah.

James:

Okay, um... so it's a matter of when you feel ready to take one.

Cassie:

I just don't want to be overloaded with my own caseloads and doing the PQ and being responsible for someone else's supervision or whatever.

James:

Yes it's a it's a, it's how useful the student will be when you do the PQ5 and I mean I would reduce your caseload.

Cassie:

Mm...

James:

Or your workload.

Cassie:

Okay.

James:

To fit, but that's only so much of a promise isn't it?

Cassie:

Yeah.

Cassie:

Okay, go on then.

James:

So, have a think about it, go have a read about the PQ5.

Cassie:

No it's, I don't mind doing it because I am going to get stuck aren't I at PQ5, if I haven't got anything to write about.

Social Work Assistance

There are lots of small tasks that you end up doing as a social worker, that you could actually... You don't need a qualified social worker to do, like take, for example you may end up taking somebody to Argos to get a, a bed or you know, and, and that again isn't really a social work qualified job, you know and I'm not saying that you sh..., you know it's not that we've got an issue with doing it that's, you know, I'd quite like to, I'd rather go and take a, take somebody to Argos and buy a bed it's just that when, in the grand scheme of what else you've got to do it just seems ridiculous to be spending your time doing that when you've got other really, you know like a court report to write.

al workers, lower case loads, then we could go out into the community and spend more time with the families. Um, and. More social work assistance or, or, or people who can be employed in a role where they can carry out tasks that a social worker doesn't necessarily have to carry out. You know we spend huge, huge amounts of time ordering and booking taxis.

Signs

Cassie: First of all you walk into the house, and you want to know it's at an acceptable standard, you know, that it's safe as well as like, depending on the children's ages you want to see safety gates.

If there are dogs and things and cats, that the litter trays aren't just on the floor and like, toddlers aren't able to just get hold of it.

Umm... you look for lots of different things you know um, evidence for drugs or alcohol depending on the case.

I always check, you know, that the children have got, that there are enough beds, that they've got enough bedding. That you know, the sheets and blankets are clean, that there's food, there's food in the house.

You, You'll, we always try to see on the initial visit, we always want to see the child with the parents and how they interact and what their relationships like. Um, lots of things, but it very much depends on what you're going out, you know, or the referral, what the referral is, what the type of, you know, whether its domestic violence, is it drugs? Is it um neglect? Or emotional abuse?

Visits

Cassie: You just end up going out, without any opinion. You just go in thinking this could be anything.

Rather than, when you, I don't know, like for instance when I first started, I'd go out thinking aww, you know, this might be really difficult.

Yeah, now I just go out thinking I don't know what it's going to be. It could be either, and it can be quite exciting in some respects.

Um, and in others it can be a little bit, daunting, depending on what you walk into really.