Department for Education

Child and family social worker knowledge and skills

Rapid evidence review

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Social Research

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Executive summary

This report is based on a rapid evidence review of the knowledge and skills required by child and family social workers to improve outcomes for children and their families. The Independent Review of Children's Social Care (MacAlister, 2022) recommended increased support for early career child and family social workers to improve quality of practice and ensure retention. Subsequently, the then Government committed to an Early Career Framework for child and family social workers in their first five years post-qualification.

To support implementation of this Framework, this review presents evidence of the post-qualifying knowledge and skills required by child and family social workers to develop their expertise. It focused on effectiveness, or what works, in child and family social work practice. The impact of poverty, domestic abuse and other issues such as mental ill health and substance misuse on families is recognised.

Bar two notable exceptions (Forrester et al., 2019, 2020), no studies were found that attempted to quantify the impact of social worker knowledge and skills on child and family outcomes. Both studies were focused on social work skills with birth families, meaning no impact studies were identified in relation to additional, specialist knowledge and skills required by social workers.

This means that this evidence review cannot provide a definitive answer to the question 'what works?' However, findings have been structured around skills that Forrester et al. (2019, 2020) found were strongly associated with improved child and family outcomes: relationship-building skills and 'good authority' skills. Other knowledge and skills were identified on the basis of broad consensus within the qualitative literature regarding effective social work practice.

Drawing on pedagogical approaches to knowledge and skills, the review differentiates between "knowing that" and "knowing how". Put simply, "knowing that" refers to the knowledge base and "knowing how" refers to how this knowledge is used in practice. It reviews evidence for the foundational knowledge and skills required by qualified social workers to enable children to grow up in loving, safe and stable families. Where this is not possible, within birth families, additional knowledge and skills are identified to support children to develop in line with their peers within a variety of settings.

It also reviews evidence for any additional, specialist knowledge and skills required to work effectively with specific groups of children and young people. This includes children who have experienced extra familial harm, have complex health needs or mental ill health. Additionally, the emerging evidence base on knowledge and skills required by social workers to promote and protect their psychological well-being are presented. This is essential to the retention of a highly skilled, expert child and family social work workforce.

Within the social work context, the evidence suggests that the knowledge that social workers needed to intervene effectively with children and their birth families was:

- an understanding about the types of abuse, the impact of neglect, and factors that increase the risk of harm
- the specific needs of racialised and minoritised communities to practice in a culturally competent, anti-oppressive manner
- professional knowledge, based in law, theory and methods of intervention
- service user knowledge, regarding what children and families say about the knowledge and skills that they value in their social worker

"Knowing how" to use this knowledge in practice is dependent on developing relationship-building skills with children and families, practicing with good authority, partnership working and using reflexivity.

The additional knowledge and skills required by social workers to work in more specialist areas of child and family social work reinforce the key foundational domains of "knowledge that" and "knowledge how". However, the application of knowledge is sometimes different and complementary and the skills needed are often more specific or need to be contextualised. The knowledge and skills needed are summarised in tables, which can be found in Appendix 1.

Although social work practitioners generally find their work meaningful and satisfying (Grant and Kinman, 2014; YouGov, 2020), like other 'helping' professions it is challenging and emotionally demanding. Knowledge and skills to support the wellbeing of social workers are identified in this review. However, organisational support for social workers is crucial for their wellbeing and should be seen as a precursor for the development of individual knowledge and skills.

The review identified a series of significant gaps within the evidence base. This was primarily focused on knowledge and skills required by social workers to work effectively with children living in a range of settings or with specific needs. Nor does it consistently discuss how social workers can develop both their foundational, and any additional knowledge and skills required from novice to expert. There is however some evidence to indicate a progression of knowledge and skills which is indicated in the review.

While this review does provide some evidence of what is effective, it should be approached with a degree of caution. The evidence reviewed does not always focus on specific knowledge and skills or the outcomes of these for children and families. What has been found are some overarching knowledge and skills which are evident within the literature and may assist in informing the development of the Early Career Framework.

1. Introduction

The Independent Review of Children's Social Care (MacAlister, 2022: 18) states "Children's social care exists to enable children to grow up in loving, safe and stable families and where this is not possible, for care to provide the same foundations for a good life". This report presents evidence on the knowledge and skills required by early career child and family social workers to work effectively with children and their families. It reviews evidence for the foundational knowledge and skills required by social workers to enable children to grow up in loving, safe and stable families. Where this is not possible, additional knowledge and skills are identified to support children to develop in line with their peers within a variety of settings. This includes kinship placements, foster placements and residential placements and as they leave care and transition to adulthood.

It also reviews evidence for any additional, specialist knowledge and skills required to work effectively with specific groups of children and young people. This includes children and young people and their families who have a disability, complex health need or serious mental ill health diagnosis. Evidence is also presented on effective approaches to working with children and young people at risk or experiencing extra-familial harm. Additionally, the emerging evidence base on knowledge and skills required by social workers to promote and protect their psychological well-being is also presented. This is positioned as a "golden thread" that is essential to effective practice and the retention of a highly skilled, expert child and family social work workforce.

Policy context

The Independent Review of Children's Social Care (MacAlister, 2022) recommended increased support for early career child and family social workers to improve quality of practice and retention. Retention challenges reported include increased workforce instability with social workers leaving local authority work or moving to agencies. In the year leading up to September 2021, there were 32,000 full-time equivalent local authority employed social workers. In the same year, 2,780 full-time equivalent (8.6%) of all local authority children's social workers left children's services and 845 left to take up agency posts. This was an overall attrition rate of 11.2% (GovUK, 2022). High workload, stress and poor work-life balance are commonly cited reasons for the current staffing crisis in the UK social care sector (Ravelier et al., 2022).

Much has been written about the rich and complex history of the social work profession and education. Initially developed as a response to relieving poverty, knowledge of both individual and family therapeutic case work as well as more radical approaches are all significant in the profession's development. It is rooted in the social science disciplines of Social Policy, Sociology and Psychology. Social work is a graduate profession and Social Worker is a protected title.

Social Work England, the professional regulator, and the Quality Assurance Agency (2019) currently map the curriculum for generic undergraduate and postgraduate qualifying social work programmes to subject benchmarks. This provides social work education providers with the key parameters required for the curricula of professional qualifying courses in social work. This includes knowledge of the legal framework, theories such as attachment theory and theories of intervention, values and ethics and the experiences of users and carers. Additionally, it requires the teaching of problem solving, communication, relationship building and skills in professional development.

In the mid-2010s, two independent reviews (Croisdale Appleby, 2014; Narey, 2014) of Social Work Education focused on the knowledge and skills required for social workers on qualification with varying degrees of influence. In addition, new fast track social work programmes have developed which have sought to refocus their curricula on more specialist knowledge and skills, while remaining generic. In early 2023, Social Work England published its most recent review of their inspections of social work education providers (Social Work England, 2023). All of which have impacted qualifying Social Work education.

What distinguishes the present review is its focus on evidence for specialist post-qualifying knowledge and skills required to support child and family social workers to grow their expertise. These will build on the prequalifying training and so will not be revisited; the concentration will be on the accumulation and consolidation of post-qualifying knowledge and skills. In a study by Kwhali et al (2016), social workers regarded university as the place where they learn the theory that underpins their future long-term practice. Qualifying training was cited as the preparation for more complex child protection work, but none regarded their initial qualifying training as providing this.

Improving evidence based professional practice is essential to support longevity, sustainability and quality of the profession. The review has sought therefore to understand the evidence on how to support social worker wellbeing and retention; ensuring we keep expert practitioners in the profession as well as the delivery of the best possible practice. Evidence presented should inform the implementation of the new Early Career Framework, based on what is currently known to be effective in child and family social work and in retaining staff.

Knowledge and skills

Social work with children and families is a highly skilled activity that demands an extensive knowledge base (Trevithick, 2008). The social work knowledge base is informed by the values, ethics and professional expectations of practice (Social Work England, 2019). Building on their qualifying knowledge and skills, on a daily basis, social workers weave together knowledge from different sources in their conversations with colleagues and

family members with the aim of affecting change for children. They use skills to engage effectively in often complex and challenging scenarios.

There are well-established frameworks that categorise knowledge and skills in social work. The Professional Capabilities Framework (BASW, 2018) provides an overview of expectations by career stage. The Knowledge and Skills Statement for child and family social work (Department for Education, 2014) sets out what is expected of qualified social workers in specific areas. However, these existing tools have limitations; the Professional Capabilities Framework is not specific nor detailed to child and family social work and the Knowledge and Skills Statement does not distinguish by career stage for those working directly with children and families.

Within the social work literature, Trevithick's (2000) seminal text *Social Work Skills* described a tri-partite system for understanding knowledge in social work: theoretical knowledge, or social work theory; factual knowledge, including research; and practitioner knowledge, or "practice wisdom". The latter is built from experience in managing the complexities of social work practice, which is likely to be emerging for social workers in their early career. The Social Care Institute for Excellence (2003) built on Trevithick's framework to identify five sources of knowledge within social care: organisational, practitioners, policy community, research, and user and carer knowledge. The inclusion of service user and carer knowledge is notable and recognises that people using services have a right to epistemic authority regarding their own lives and experiences within the context of child and family social work (Bostock and Koprowska, 2022).

Drawing on pedagogical approaches to knowledge and skills, Ryle (1949) helpfully differentiates between "knowing that and knowing how". Put simply, "knowing that" refers to the knowledge base and "knowing how" refers to how this knowledge is used in practice. Within the social work context, social workers need to "know that" to intervene effectively, as they must understand the issues that they work with. Such issues include domestic abuse or mental ill health as well as the principles underpinning their practice based on the law, social work theory and research. "Knowing how" to use this knowledge in practice is dependent on developing a relevant skill set to ensure that issues and concerns are addressed. In these approaches, knowledge predicates the development of skills. To categorise the evidence base for knowledge and skills required by early career child and family social workers, "knowing that and knowing how" has provided us with a useful conceptual framework.

2. Evidence review

The review was based on rapid evidence assessment toolkit (Government Social Research Service, 2014) (hereafter referred to as evidence review). Rapid evidence reviews are used when a policy decision is required within a short timescale. They provide a quick synthesis of the evidence by shortening the traditional systemic review process. The current evidence review was conducted between January and March 2023.

To manage the need for a timely and current policy decision, a standard search date of post-2011 was used; this reflects changes in policy and practice guidance following the Munro (2011) review of child protection and recommendations to focus on skills required in frontline practice. It is focused on evidence from the social work literature only. The review focused on effectiveness, identifying where possible evidence of impact on outcomes for children and families. It also reviewed the qualitative literature on what social workers, children, parents and carers reported was effective in practice.

Review questions

To capture effectiveness in post-qualifying practice, the following review questions were addressed:

- What knowledge and skills do social workers need to work effectively with children and young people to ensure that they are safe and supported to develop in line with their peers when living with birth parents, in kinship placements, foster placements and residential placements as they leave care and transition to adulthood?

- What additional knowledge and skills do social workers need to work effectively with parents and carers to reduce intra-familial risk of abuse and neglect to children and enable change?

- What additional knowledge and skills do social workers need to effectively protect children and young people from extra-familial harms?

- What additional knowledge and skills do social workers need to effectively support children and young people and their families who have a disability, complex health need or serious mental ill health diagnosis?

- How do the knowledge and skills required differ at different stages of their career; what do social workers need to be able to do as they enter the profession, when they become competent practitioners and to develop excellence?

- What knowledge, skills and support do social workers need to effectively promote and protect their psychological well-being?

Intersectionality, specifically the experience of minoritised groups, has been addressed across review questions. Literature which refers to the lived experience of children and families has been prioritised where possible. Additionally, searches paid attention to the knowledge and skills required by social workers in relation to the needs and developmental stage of children.

Review methods

The review was based on undertaking systematic and reproducible searches of the literature, identifying relevant studies using pre-defined inclusion and exclusion criteria and assessing their quality. The number of databases and organisational websites searched, and level of quality assessment was restricted by the short timescale. Appendix 3 provides full details of the review's searching and screening strategy.

Systematic searches and screening applied to review questions 1-5 only. The literature on the knowledge and skills required by social workers to effectively promote and protect their psychological well-being (question 6) remains in its infancy. To review this literature, expert review methods were used to identify studies based on expert knowledge and assessment of the known literature.

Data management

In total, **4521** items were identified via database and searches of organisational websites (questions 1-5). Of these, **3233** references were unique after duplicates were removed (see Figure 1).

Screening

Inclusion of literature was based on a two-stage process. First, inclusion criteria were applied to title and abstracts only. If the study appeared to meet the criteria, full texts were accessed and assessed against inclusion criteria.

Quality appraisal

All included studies were critically appraised using guidance from the rapid evidence assessment toolkit (Government Social Research Service, 2014). This involved assessing 1) the relevance of the study for answering the review question and 2) methodological quality of the study being considered. Each study was appraised against the following criteria:

- Is this study relevant to the research question?
- Are the aims and objectives clearly stated?
- Is the research design appropriate to the question?
- Is it clear about what outcomes have been delivered and by whom?

- Has it captured service user perspectives?
- Is there evidence of impact or outcomes for children and families/carers?

Included studies were appraised using a 1-3 rating system (with "1" rated as poor and "3" rated as high). Studies that were rated as a "1" were excluded from data analysis due to poor methodological quality. A score of "3" was given to studies that were in the scope of the research question, evidenced methodological rigour and provided evidence as to the impact, outcomes or effectiveness of social worker knowledge and skills. Studies that scored "2" were methodologically rigorous and addressed social worker knowledge and skills but did not directly provide evidence of the impact on outcomes for children and families. For example, a number of observational studies provide rich and detailed evidence of the skills social workers employed in direct practice with children. These studies often were not accompanied by data to evidence that these skills lead to improved outcomes for children and families or carers (see for example Ferguson, 2016; Winter, 2017; Whincup, 2017). Searches for literature focused on additional knowledge and skills required by social workers did identify some studies that evidenced outcomes for children and families (see for example, Munro et al., 2022; Nixon and Henderson, 2022). However, they were not explicitly related to social worker knowledge and skills. These studies were rated as "2" and included for the purposes of extrapolation.

Items included for review

In total, **4521** items were identified via database and searches of organisational websites (across questions 1-5). Of these, **3233** references were unique after duplicates were removed. Once abstracts were read, **2939** studies were excluded as irrelevant. Of these, items were largely excluded because they did not contain sufficient empirical data or were not relevant to the review. Following methodological quality appraisal, a further **218** were excluded. In total, **136** items were included for review. Figure 1 illustrates the flow of studies through the evidence review process.

Data analysis

Template analysis (King, 2012) was used to develop a coding framework to analyse included items. This involved categorising the literature by the a priori codes of knowledge (know that) and skills (know how). A series of sub-themes emerged by review question and topic, generating new codes. This was used to develop a coding template and applied to the whole dataset of included items of literature. Items coded as know that included: specific issues such as child abuse and neglect; professional knowledge, including the law and social work theory; and service user knowledge. Know how included: relationship-building skills such as communication and active listening; good authority including risk assessment and decision making; partnership working; and reflective practice and supervision.

Figure 1: PRISMA diagram illustrating flow of studies through the review process
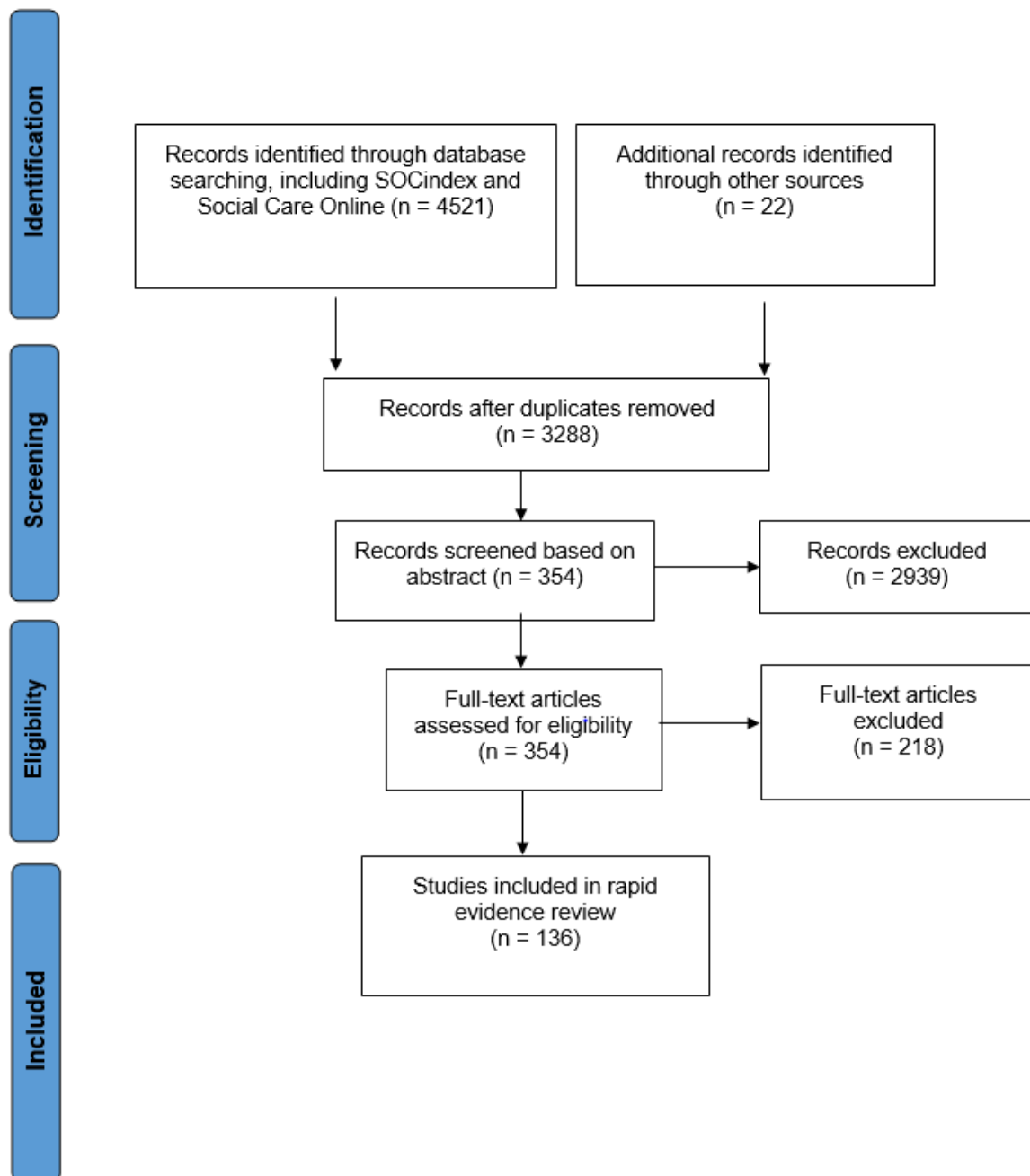
Limitations

The review aimed to assess the effectiveness of post-qualifying child and family social worker knowledge on outcomes for children and families. It identified that the effectiveness base was weak. Bar two notable exceptions (Forrester et al., 2019, 2020), no studies were found that attempted to quantify the impact of social worker knowledge and skills on child and family outcomes. Both studies were focused on social work skills with birth families, meaning no impact studies were identified in relation to additional, specialist knowledge and skills required by social workers.

This reflected the following challenges within the evidence base. First, studies were primarily qualitative and small-scale, based on observational or self-report data via interviews, focus groups or surveys. While data from such studies, particularly observational studies of direct practice, provided rich detail on social work interactions, they were methodologically limited in terms of the impact of practice on outcomes for children and families.

Second, the literature was poor at defining what was meant by social worker knowledge or skills. This in part reflected that this was not the primary focus of studies and in part reflected a dearth of information on the additional knowledge and skills required by social workers. This was particularly concerning, given lack of evidence on what specialist knowledge and skills were required by social workers to work effectively with children living in a range of settings or with specific needs. To address this gap, data were extrapolated from studies that addressed other themes, such as the skills required by foster carers or what care leavers identified as supportive. Consequently, evidence provided within Chapter 4 on additional knowledge and skills should be treated with caution.

The review did not search the grey literature systemically due to timescales. This means that there may be important learning from Ofsted reports, serious incident reports and evaluations within from Department for Education's social care innovation programme. It did search for evidence on what works in children's social care, but studies were not focused directly on social worker knowledge and skills and hence excluded. Nevertheless, there may be important learning from intervention studies on what social workers need to know and do to work effectively with children and families.

This means that this evidence review cannot provide a definitive answer to the question 'what works?' However, findings have been structured around skills that Forrester et al. (2019, 2020) found were strongly associated with improved child and family outcomes: relationship building skills and 'good authority' skills. Other knowledge and skills were identified on the basis of broad consensus within the qualitative literature regarding effective social work practice. Wherever possible, examples were included to illustrate how knowledge and skills manifest in direct practice with children and families.

Gaps in the evidence base

Searching and screening identified a series of gaps within the evidence regarding knowledge and skills required by early career social workers. These included:

- In care: the literature focused on knowledge and skills required by foster carers and residential workers and support for kinship carers, rather than the knowledge and skills required by social workers practising in this area

- Leaving care: literature focused on knowledge and skills required by young people as they transition to adulthood, including appropriate accommodation, employment, financial planning and identifying supportive resources in the community, rather than the knowledge and skills required by social workers practising in this area

- Children with mental health needs: dearth of information regarding what knowledge and skills are required by social workers to support young people experiencing mental distress, including risk of suicide and self-harm.

- Accumulation of knowledge; limited evidence on the process to become expert

Where gaps have been identified, data were extrapolated to provide evidence on the knowledge and skills that social workers might need to support young people in care and leaving care. Studies that focus on the knowledge and skills required for child and adolescent mental health practice are largely situated within health-based literature which fell outside of the scope of this review. This suggests that there may be learning from other professions that might be relevant for social work practice and complement findings from this review. With regards to the knowledge and skills specifically required by child and family social workers in terms of children's mental health needs and/or risks of self-injury and suicide, a significant gap in the knowledge base remains.

The expert review of the literature on the mental well-being of social workers has identified a range of knowledge and skills at the individual level and the organisational support required. Some of these factors were extrapolated from studies that have identified the hazards and challenges of social work practice and the individual capacities and types of support that reduces their vulnerability to work-related stress and burnout. Where the literature explored impacts for social workers at different career stages, it tended to focus on how individual capacities, such as emotional resilience, can protect against stress and burnout. While there is some evidence that early career social workers are more vulnerable to stress and burnout, it is important to recognise the healthy worker effect where those less able to withstand the pressure of practice will have left the profession. The findings of the review underlines the importance of promoting and protecting mental well-being as essential to the retention of a healthy, highly skilled, expert social work workforce.

Finally, the evidence base does not lend itself to a review assessing the specific knowledge and skills required by early career social workers from beginning to expert. The Professional Capabilities Framework addresses the *use and application* of knowledge and skills but does not indicate how to build and consolidate in-depth content knowledge that leads to expertise. Unlike other professions, social workers often do not have a neat career trajectory, moving from specialism to specialism, meaning that accumulation of knowledge and skill acquisition is rarely linear.

3. Foundational knowledge and skills for working effectively with children and families

Knowledge – 'know that'

The foundational knowledge that early career social workers need to work effectively with children and their birth families has been identified under four key themes. First, social workers need an understanding about abuse, neglect, and factors that increase the risk of harm. Second, social workers need to have knowledge about the specific needs of racialised and minoritised communities in order to practice in a culturally competent, anti-oppressive manner. Third, social workers need professional knowledge, based in law, theory and methods of intervention. The fourth area is service user knowledge, where research has captured the voices of children and young people and parents in terms of the knowledge and skills that they value in their social worker.

Knowledge about harm to children

To achieve positive outcomes for children and families, social workers need a knowledge of forms of intra-familial harm, and the factors that increase the risk of abuse and neglect.

Brandon et al. (2014) analysed serious case reviews where child deaths were associated with neglect. They identified that social workers needed to recognise the risks posed to the child not only by poor caregiving but by unsafe home environments, the risks of which had often been underestimated in cases where children had died. Neglect was harder for social workers to identify in relation to adolescents rather than younger children. There was an expectation of greater autonomy and independence once children reached secondary school age, and this meant that indicators of neglect could be missed (Hicks and Stein, 2013). Social workers also needed to be aware of the social structures and power dynamics that could impact on social workers' ability to identify and address neglect in affluent families (Bernard, 2019; Bernard and Greenwood, 2019).

In relation to knowledge of sexual abuse, social workers needed to understand the ways in which children might disclose this form of harm. Martin et al. (2014) found that older children tended to make disclosures of sexually abuse more implicitly, referring to 'things' or 'stuff' being done to them, whereas 5-8 year old children were more direct in their disclosures. This study also found that there are a wide range of terms used by children to describe male and female genitalia. Young people often used terms that might differ from the terminology used by adults, or professionals, such as using the term 'sexually harassed' to refer to rape. They may also have used new phrases or colloquialisms that could be local, regional or emergent. Therefore, social workers needed to understand the ways in which children talked about sexual abuse to recognise when it may have occurred and be curious. Social workers also expressed a view that they needed to have detailed

knowledge of healthy sexual development and normal child development to ground their work. Additionally, social workers who were effective when working with child sexual abuse were those who recognised the short, medium and longer term needs of children and non-abusive parents and identified relevant services for the needs not directly related to child safeguarding (Kwhali et al., 2016). With timely and skilled intervention, a positive contribution to both sexually abused children and their carers was evident (Kwhali et al., 2016).

With regards to domestic abuse, social workers needed to identify where domestic abuse may be a factor, and understand how to work with children, non-abusive parents and abusive parents, including after relationships have ended (Morrison, 2015). In Robbins and Cook's (2018) evaluation of a domestic abuse programme, social workers perceived as ineffective by the women participants did not understand the power dynamics inherent in abusive relationships or in the relationship between social worker and non-abusive parent. These social workers were perceived as judgemental and did not seem to understand why women did not leave their abusive partners. In this research, social workers viewed as effective saw the family through a wider lens than child safeguarding thresholds, helping the women find avenues of support by referring them to voluntary sector programmes where longer term therapeutic work could take place. The same skills would of course apply to men who are the victims of domestic violence. Studies that address the perspectives of men were not identified.

Two studies specifically looked at the knowledge that social workers need to work with parents with mental health difficulties. In Gatsou et al.'s (2017) study, parents had a limited understanding of how their mental illness affected their children, and often did not discuss their mental health with their children, even in periods when they were in better health. Social workers needed to know how parental mental ill health impacted on parent-child boundaries, attachments and how parents responded to their children's emotional needs. Martins and Tucker (2023) considered parents with emotionally unstable personality disorder, finding that effective social workers applied what they knew about personality disorder and used this to model pro-social behaviours and appropriate boundaries for parents. They remained child focused when working in partnership with other agencies who had the parent as the primary client. Both studies found that social workers had a good understanding of the stigma around mental illness and personality disorder, but that this meant that sometimes social workers felt unable to ask parents about their mental health for fear of offending them (Gatsou et al., 2017; Martins and Tucker, 2023). Similarly, where social workers suspected that parents had intellectual disabilities, their knowledge of the stigma around this type of disability meant that they often were unsure how to ask whether this was something that had been identified or addressed by services previously (Lewis et al., 2015).

It is also important for social workers to understand that a reduction in parental risk factors such as mental ill health or substance misuse does not automatically mean that the

situation is safer for the child. Galvani (2015) found that young people whose parents used drugs and alcohol did not think that the reduction in substance use would necessarily lead to better parenting, because their home lives and family relationships were more complicated than this. Experienced social workers were more aware of complexity and less likely to believe that simple solutions would solve a family's problems (Kettle, 2018).

Cultural competence and anti-discriminatory practice

Searches returned a large number of studies related to cultural competence, anti-oppressive and anti-discriminatory practice. However, the majority of these related to social work education rather than qualified practice, and were excluded. No studies were identified that specifically considered the outcomes of cultural competence knowledge and skills on outcomes for children or families receiving social work input.

One study identified (Tarr and Gupta, 2020) considered what social workers needed to know in relation to forced marriage. Here, foundational knowledge required social workers to understand the difference between forced marriage and arranged marriage. Social workers also needed to be able to explore further in cases where there were possible risks of forced marriage. Social workers, particularly white social workers, were often fearful of being seen as racist when doing so, and had to explore in a way that was culturally competent and sensitive (Tarr and Gupta, 2020). Okpokiri (2021) looked specifically at the experiences of Nigerian parents in their contact with children's services, identifying several parenting micro-strategies that parents employed to manage their encounters with social workers. This study found that many parents believed that any involvement with children's services meant a likelihood of children being removed from their families. One such strategy was 'introvertive participation', whereby parents were falsely compliant with social work interventions. The author suggests that social workers may be more effective in engaging families and reducing secrecy and false compliance if they acknowledge parents' fears about social work involvement at an early stage. A second micro-strategy identified in this study was parental assertiveness, which could be interpreted by social workers as parents being uncooperative or antagonistic. It was noted in this study that the parents interviewed were highly aspirational with regards to their children. The author extrapolates from this that one way social workers could be more effective in their practice with Nigerian parents is to explore with them their goals and aspirations for their children, rather than approaching in an authoritarian manner that might engender an antagonistic response.

No studies were identified in database searches that considered the knowledge and skills social workers needed to engage parents with a range of sexual identities. Schaub et al. (2017) carried out quantitative research into the attitudes qualified social workers had with regards to sexuality and sexual identity. These were not specifically child and family social workers and the study does not differentiate between those in adult or children's services. They found that social workers generally understood the impact of heteronormative

assumptions and stigmatised beliefs on lesbian, gay, bisexual and queer service users. However, sexuality remained an area that social workers were less likely to engage with than other areas of potential discrimination, such as race or disability.

Another key aspect of knowledge for social workers was around poverty. Morris et al. (2018:370) describe poverty as the 'wallpaper' of social work practice, "too big to tackle and too familiar to notice". In their study, social workers recognised that poverty, poor housing, mental illness, domestic abuse and substance misuse were interconnected issues. There was a tendency of the social workers observed to describe their practice as child focused and risk oriented, but then to lose sight of deprivation as being a child welfare concern in itself. Some social workers also pathologised families in poverty. We can extrapolate from this that an area of knowledge required by social workers is an understanding of socioeconomic and structural rather than individual and cultural explanations of deprivation. Social workers also needed to understand the impact of stigma on people living in poverty. An example of good practice given was a social worker transferring food bank supplies into mainstream-supermarket shopping bags before giving them to a family at their home, in order to protect the family's dignity.

Themes emerging indicated that knowledge that is also linked to the 'how'. For example, knowing about domestic abuse also needs skills in relationship building and curiosity. Social workers need these skills to warm the context or lay the foundations for discussions about difficult things, rather than being worried they will offend. This is linked with the skills of good authority and practicing with an "empathic yet forthright manner" (Ferguson, 2011: 171).

Professional knowledge

Research suggests that social workers did not always have a thorough understanding of how the law applied to their practice (Braye et al., 2013). Effective social workers used their knowledge of the law and statutory thresholds to clearly justify a particular course of action (Kettle, 2018; Bernard and Greenwood, 2019). For social work interventions with birth families, an understanding of the statutory thresholds around 'child in need' and 'significant harm' were essential for practice (Wilkins, 2015; Kirk and Duschinskey, 2016). In cases of emotional abuse, North (2022) noted that it was difficult to define at what point thresholds of 'significant harm' had been met. This was also important in cases of neglect, where 'drift' could occur, meaning that situations became normalised and social workers and other professionals became inured to ongoing harm. They could then fail to recognise where parent-child relationships had become so poor that parents had ceased to provide even basic levels of care to their children (Brandon et al., 2014; Hicks and Stein, 2013).

In their study on child sexual abuse, Kwhali et al. (2016) noted that young people who had experienced sexual abuse often experienced a 'gap' between disclosing harm and effective intervention, while criminal investigations were undertaken. To provide a joined-

up response when children and young people are most at need, social workers needed to understand how other agencies such as the police and medical or clinical professionals operate. For example, when a serious head injury was suspected to have been caused by physical abuse, social workers needed to understand how medical professionals identified non-accidental head trauma and that this could be open to clinical interpretation (Cowley, 2018). They also needed to understand the process of a police investigation so that they could provide support without impeding the gathering of evidence (Kwhali et al., 2016).

The theories underpinning social work practice that were evidenced in the research included knowledge of child development (North, 2022; Bernard and Greenwood, 2019; Handley and Doyle, 2014), attachment theory (Whincup, 2017; Gatsou et al., 2017; North, 2022), motivational interviewing (Forrester et al., 2018; Forrester et al., 2020), and systemically-informed practice (Bostock et al., 2019; Gatsou et al., 2017). The literature on trauma and adverse childhood experiences (ACEs) highlighted the importance of social workers understanding how experiences of young people with complex attachment histories impacted on their ability to form trusting relationships (Lester et al., 2020; Alderson et al., 2019).

Service user knowledge

The literature suggested that there were certain attributes that service users felt were particularly important for social workers. Young people and parents wanted to feel that their social worker genuinely cared about them and was not just interacting with them because it was their job (Alderson et al., 2019; Lever Taylor et al., 2019; Mason, 2012). Both parents and children appreciated social workers who provided practical support (Mason, 2012; Stabler et al., 2020), including access to resources and solutions to practical problems.

Studies that explored children and young people's perspectives found that they appreciated having someone to talk to who would 'really listen' to them, suggesting that effective social workers were those who had good active listening skills (Whincup, 2017; Mason, 2012). Young people appreciated having someone to talk or chat to, but did not want to be asked the same questions over and over (Whincup, 2017; Stabler et al., 2020). Young people reported finding their first encounters with social workers confusing and difficult, and noted that they were unlikely to be completely honest with the social worker in the initial visit (Jobe and Gorin, 2013). They appreciated social workers who invested time in getting to know them before asking them about difficult, personal or painful things (Lester et al., 2020; Ferguson, 2016; Jobe and Gorin, 2013). Effective social workers were those who understood a young person's disclosure of abuse or neglect as a *process*, rather than a single event (Jobe and Gorin, 2013).

A systematic review carried out by Vseteckova et al. (2021) identified that parents felt supported by social workers who offered praise and recognised change, were clear and

honest in their approach, and did not make them feel like they were being monitored. In other studies, parents appreciated social workers who seemed caring, which was demonstrated through small gestures such as offering to take over with making cups of tea (Mason, 2012). Parents wanted to be given details about meetings, in terms of why they were happening and who was going to be there. They wanted copies of minutes to be circulated promptly (Lucas, 2019; Baginsky, 2022). Pregnant mothers involved in pre-birth safeguarding procedures wanted to be involved in decision-making and wanted to feel that the social worker had taken into account the mother's own needs as well as those of her baby (Lever Taylor et al., 2019).

In their study about the service needs of children affected by adverse childhood experiences, Lester et al. (2020) found that personal attributes were more important than professional background when addressing childhood trauma. The young people in this study highlighted that not everyone could support them, only those that clearly communicated with empathy by demonstrating openness and no judgement through use of active listening skills. They also wanted practitioners to act with good authority by being clear about the reasons for their involvement, explaining their condition in a way that they could understand and being honest about what would happen next.

Skills – 'know how'

Four key themes have been identified from the literature about post-qualifying skills that social workers need to work effectively with children and families. The first two are 'relationship building' skills and 'good authority' skills. The third key area is the skill required to work in partnership with other professionals or other agencies. The fourth is reflective practice and use of supervision. Some social workers may be providing supervision to other social workers within their first five years since qualification. However, we have focused here only on social workers as supervisees, considering the impact of reflective practice skills on outcomes for children, young people and families.

Relationship-building skills with children

The evidence indicates that social workers needed to build relationships with children and young people to create trust, undertake effective assessments and carry out safeguarding interventions. The quality of child and family assessments improved where a relationship of trust had been established between the social worker and the child. This allowed the child to talk to their social worker about their experiences and to share something of their inner world (Whincup, 2017; Mason, 2012; Stabler et al., 2020).

There is evidence that effective social workers spent time and thought planning for encounters both with children they already knew and those they had never met (Ruch et al., 2017). Social workers seen as effective made sure that their name and role was clear

to children, and they discussed confidentiality in age-appropriate ways (Whincup, 2017; Ferguson, 2016; Jobe and Gorin, 2013). The research indicates that effective social workers were those who used a combination of universal and specific practices; general techniques for working with children were used alongside forms of communication idiosyncratic to the worker and the child from previous encounters (Whincup, 2017; Ruch et al., 2017; Stabler et al., 2020).

Different skills were required for social workers to build relationships with infants and toddlers, primary school aged children, and adolescents. Attunement with infants was achieved through touch and voice. With parents' agreement, social workers held babies, or engaged with them by making eye contact and talking to them in a high pitched 'sing-song' voice, accompanied with gentle squeezing of the hands, arms, legs and feet (Winter, 2017; Ferguson et al., 2022). Social workers achieved 'energetic attunement' with infants and young children through eye contact, smiling, singing, clapping and letting a toddler climb on them (Ferguson et al., 2022; Winter, 2017). This suggests that the social workers who were most effective at building relationships with babies and toddlers were those who were confident in using their face, voice, and physical touch. This allowed social workers to attune to the needs of the baby or toddler to hold them in mind and avoid being overly drawn into the needs of the parent (Bernard and Greenwood, 2019; Ferguson, 2016). During the Covid-19 pandemic, skilled social workers used facial expressions and tone of voice to communicate with babies and toddlers on video calls. Pink et al. (2021) argue that digital social work can be effective, with social workers supplementing home visits with What's App messages and video calls. However, it is important to note that 'digital' social work is different to 'virtual' social work where video calls took place instead of face-to-face contact. A purely virtual communication meant losing the aspect of touch and play that were so important for attunement, as well as the opportunity for social workers to gather important information that enabled the effective assessment of safety and risk.

There was evidence of a wide range of direct work tools being used in practice with primary school aged children. These included toys, games, colouring pens and paper, beads, lego, puppets, sand play sets, messy play activities, baking and story or drama-based activities, and worksheets (Ruch et al., 2017; Ferguson, 2016; Whincup, 2017; Winter, 2017; Handley and Doyle, 2014). The evidence suggested that it was not enough simply to bring toys or talk about them with the child; effective social workers used them to actively engage the child. For example, in one study, the social worker and a child she had not met before made bracelets together and chatted for some time, before the social worker casually introduced to the conversation her role and the reason for the visit (Winter, 2017).

Social workers who built effective relationships demonstrated to the child that the social worker had kept the child in mind. This was demonstrated through shared memories from their last interaction, and recalling small details such as the child's favourite biscuit (Ruch

et al., 2017; Winter, 2017; Whincup, 2017). They used the children's toys, photos and other items in their bedrooms to engage with children, thus softening the intrusive aspects of the bedroom inspection in child protection visits (Ferguson, 2016; Ruch et al., 2017). An example of this was a social worker who carried out the inspection of the home via a game of 'hide and seek' with the children, bringing playfulness and fun into the encounter (Winter, 2017). In one study, the social worker wore socks with Mr Happy and Mr Sad characters on them, and engaged a child who was otherwise reluctant to speak by asking which sock best matched the child's mood (Winter, 2017). This demonstrates how humour and use of the personal self could be used to engage children. Social workers also built rapport by sharing small personal details about the social worker's own life, such as their pets or hobbies (Alderson et al., 2019). This active and enthusiastic approach to relationship building with this age group is important, because it is known that parents may warn children not to talk to a social worker (Ferguson et al., 2021). Children may themselves fear that making any disclosures to a social worker will result in them being taken into care (Jobe and Gorin, 2013).

The research suggests that the social worker's car was frequently used as a site for engaging adolescents (Lester et al., 2020; Ferguson, 2016). For this age group, talking was emphasised over the use of toys and games. However, social workers still used props such as 'mood cards' to aid communication with young people who might have found it difficult to express themselves verbally (Alderson et al., 2019). Social workers engaged in conversations about hobbies, pets and computer games to build rapport with teenagers (Winter, 2017; Alderson et al., 2019). Effective social workers skilfully weaved conversations between 'safer' and more challenging topics (Winter, 2017; Cook, 2020; Ruch et al., 2017). Social workers 'protected' children from difficult forums by carefully explaining what was going to happen and who would be there before the meeting, and afterwards de-briefing with the child and making sure they understood what had happened (Whincup, 2017).

In conclusion, social workers need to understand children and adolescents, what they are interested in and to keep up to date with current trends to engage authentically.

Relationship-building skills with birth parents

Quantitative research indicates that social workers' relationship building skills were associated with higher levels of parental engagement (Forrester et al., 2019). In this research, relationship building skills were divided into the following dimensions: empathy, collaboration and autonomy or supporting the choices of service users (Whittaker et al., 2016). Parents engaged more effectively with social workers where they felt 'known', listened to and understood, which subsequently enabled better information sharing and more effective risk assessment (Lever Taylor et al., 2019). Social workers viewed as effective carefully balanced the need to engage with parents on an emotional level, while

not becoming so focused on the parents' perspective that they became 'enmeshed' thus losing the ability to adequately protect the child (Kettle, 2018). They did this by carving out time with the child while managing the dynamics of working with parents and children together (Ferguson, 2016; Cook, 2020; Ruch et al., 2017; Whincup, 2017; Winter, 2017; Robbins and Cook, 2018). Social workers seen as effective created space for the parents' perspective (Bostock and Koprowska, 2022; Lynch et al., 2019). They demonstrated understanding by using active listening skills. This involved asking lots of open questions while not 'bombarding' the parent with a barrage of questions, as well as listening carefully, summarising and reflecting back (Lynch et al., 2019). Practice was viewed as effective where social workers and parents established shared goals (Mason, 2012). Parents appreciated social workers who they felt were helpful practically, for example a social worker who helped the parent understand how to make quick nutritious meals for their children (Mason, 2012; Stabler et al., 2020).

In pre-birth safeguarding, social workers were better able to develop relationships with expectant parents when they acknowledged that having a baby can represent a 'fresh start'. This had to be carefully balanced with effective risk assessment (Lever-Taylor et al., 2019; Critchley, 2020). Finding an appropriate balance between assessing need and assessing risk was an important skill highlighted in relation to parental mental illness (Martins and Tucker, 2023) and forced marriage (Tarr and Gupta, 2020).

Supporting change for children

The social work skill that demonstrated the strongest relationship with parental goal achievement and improvements in their perception of family life following social work intervention was evocation. Evocation was a concept central to motivational interviewing and required the social worker to draw out the parent's own intrinsic motivation for change, rather than dictating what the parent should do or why. Lasting change was more likely to occur where the parent's own desire for change was the driver. Social workers who elicited motivation effectively, tended to do in all conversations with parents rather than during specific interventions about behaviour change issues (Forrester et al., 2018; Forrester et al., 2020).

Good authority skills

Ferguson (2011 :71) identified 'good authority' skills as a key aspect of effectiveness in child and family social work. 'Good authority' is the exercise of a social worker's statutory powers "in a skilful, empathic yet forthright manner". Forrester et al.'s (2019) study on the relationship between social worker skills and outcomes found that good authority skills were associated with parents reporting a better family life and improvements in family functioning. For those involved with children's social care for more than eight weeks, good authority skills had a better association with parental engagement than relationship

building skills. This means that the most effective social workers were those who were skilful in both the 'care' and 'control' aspects of the role, rather than these being competing sets of skills.

In the knowledge base, the concept of good authority has been broken down into three dimensions; purposefulness, clarity about concerns, and child focus (Whittaker et al., 2016).

Purposefulness

'Purposefulness' means the extent to which the social worker sets out and keeps to their plan for a meeting, while being flexible in relation to the family's agenda (Whittaker et al., 2016). Both quantitative and qualitative studies found evidence of purposefulness (Ferguson, 2016; Forrester et al., 2018; Forrester et al., 2020; Ruch et al., 2017). One way that purposefulness was demonstrated in practice was through the use of conflict resolution skills, in order to prevent a home visit from being shifted away from its original purpose by anger, conflict or hostility. This was demonstrated by social workers concentrating on and being able to 'read' people's eye contact, facial expression and body language. In the research, this skill was used to determine if a certain line of questioning had gone 'too far' and to return to safer conversational areas (Cook, 2020) and to determine if parents were not being truthful (Fox, 2022). The evidence base suggests that effective social workers were those who were able to maintain professionalism in the face of hostility or aggression and could respectfully challenge parents (Ferguson et al., 2020; Kettle, 2018). There is some evidence that these conflict resolution skills developed with time spent in practice, suggesting an increase in confidence and skill came with greater experience (O'Connor and Leonard, 2014; Fox, 2022). As an example of how this was put into practice, one observational study describes how a social worker used her voice and body to convey calm, stillness and quiet with parents who were standing and shouting at each other. Within minutes they were sitting down on the sofa and talking with the social worker at a normal volume, thus restoring the social worker's ability to address the purpose of her visit (Jeyasingham, 2017).

Clarity of concern

'Clarity of concern' relates to the extent to which the social worker can have clear and meaningful dialogue with parents about what the issues or concerns are and why professionals are involved (Whittaker et al., 2016). Social workers who were able to evidence clarity of concern were those who were able to respectfully challenge parents' accounts (Kettle, 2018). In one study, a social worker who struggled with this skill was unable to challenge a mother's flat denial that her two year-old had been left alone, and did not attempt to approach the issue from another angle or address it again within the visit (Ferguson, 2018).

While social workers needed to be clear in their minds about what the concerns were, they also needed to recognise and work in situations where there was a lack of clarity. Ferguson et al. (2022) note that social work home visits always involve some degree of uncertainty. Effective social workers were able to identify risk, protective and resilience factors from sometimes very limited sources of information, while recognising what they did not know and reflecting on where they were making assumptions (Wilkins, 2015). Effective social workers were able to manage situations that required quick thinking, for example unknown people being in the home, whereas less effective social workers demonstrated little curiosity when faced with unknown situations, perhaps becoming avoidant due to overwhelming feelings of anxiety and fear (Ferguson et al. 2022). Heron and Black (2023) note that uncertainty could be *resolved*, when new information came to light, leading social workers to continually review their hypotheses. It could be *accepted,* when social workers acknowledged that ultimately some things may never be known. Or it could be *managed,* with intelligent analysis and reflection and use of supervision.

Child focus

'Child focus' is the extent to which the child's voice and needs are "meaningfully integrated into the discussion in order to enhance the parents' understanding of the child's needs" (Whittaker et al., 2016:53). The social workers who demonstrated child focus were tactful but assertive when asking to view children's bedrooms or to speak to children directly (Ferguson, 2016; Ruch et al., 2017). Effective social workers acknowledged, listened to and made room for parents or carers' anger or other difficult emotions, while not losing focus on the child (North, 2022; Bernard and Greenwood, 2019; Ferguson, 2016; Cook, 2020). They found a balance in their practice where they were able to listen empathically to parents, while not becoming so enmeshed in the parents' experiences that they lost sight of the child (Kettle, 2018). Ferguson's (2017) ethnographic research explores how children can become 'invisible' in child protection social work. He highlights the skills social workers employed including eye contact, talk, touch, play, close observation and active listening that were crucial for children to remain in focus. Therefore, relationship building skills and good authority skills are closely intertwined.

Power

One facet of 'good authority' is an active recognition of the power imbalance inherent in the relationships between social workers and parents and children (Kettle, 2018; Larkin, 2015). The research indicates that effective social workers used micro-level strategies to moderate power differences, by choosing carefully where they sat or stood in relation to parents and children. For example, a social worker sat on her haunches where the parent was seated and there were no other chairs, to avoid towering over the parent from a standing position (Ferguson et al., 2022). In another study, a male social worker made a quick judgement about power and gender, choosing to sit in a teenage girl's bedroom doorway to talk to her, rather than next to her on her bed as there were no other chairs in

the room (Winter, 2017). Skilled social workers responded politely but carefully when asked if they were themselves parents, balancing boundaries around self-disclosure with relationship building skills (Archard, 2021).

Partnership working

For social workers to be effective when working alongside other agencies, they needed to give attention to interagency relationships and communication. Effective social workers paid attention to communication and relationships with other professionals and were aware of what was happening in different parts of the system (Heron and Black, 2023; Kettle, 2018). Organisational systems could form a barrier to interagency working, meaning that the balance between confidentiality and information sharing had to be carefully considered. This included developing a shared understanding between children's services and adult services working with the parents, such as mental health or substance misuse teams, about each agency's remit and what constituted a higher or lower level of need and risk for each service (Davidson et al., 2012).

Simply inviting other professionals to meetings was found not to be sufficient for interagency communication. Effective social workers ensured that each agency knew who was responsible for which area and that there were timescales for review and accountability (Martins and Tucker, 2023; Peckover and Trotter, 2017). Social workers also needed to be aware that families could present differently to different agencies. Tensions between agencies needed to be explored and addressed (Kettle, 2018). Social workers needed to recognise the impact of different agencies' priorities. For example, in one study the social worker assumed that domestic abuse risk was being managed by the probation service. However, the probation officer was only working on the father's risks of shoplifting and burglary and was not addressing the domestic violence risks to his partner and children (Peckover and Trotter, 2017).

Reflective practice and use of supervision

Social workers are required to work with families in situations where there are no clear answers (Larkin, 2015). They used supervision to re-evaluate hypotheses and determine which situations of uncertainty may be resolved, and to recognise that there are some areas in which there may never be certainty (Heron and Black, 2023). It is well established in the literature that difficult emotions can lead to avoidance and the 'invisibility' of the child. Skilled social workers used reflection and supervision to notice when their curiosity was being impeded (Ferguson, 2017; Ferguson, 2016; Ferguson et al., 2022; Heron and Black, 2023). Social workers used the emotions generated by a home visit to help make sense of an encounter. Feelings of confusion, suspicion, empathy, 'gut feelings' or 'bad vibes' helped draw their attention to pertinent information (Cook, 2020; O'Connor and Leonard, 2014). The capacity to acknowledge, discuss and use emotional responses to

the work, described as using one's 'internal supervisor', was shown to develop with time in practice (O'Connor and Leonard, 2014).

There is evidence that good quality supervision improves social work practice. In one study, Bostock et al. (2019) found that systemically-informed group supervision significantly improved direct practice with children and families, in terms of both relationship building and good authority skills. Systemic supervision was associated with more space for reflexivity, and encouraged multiple perspectives and use of hypothesising about what might be happening within a family. It supported a shift in practice away from 'first order' approaches which position the social worker as the expert, to 'second order' approaches, where social workers tried to gain a deeper understanding of the family to evoke parents' own motivation for change. An example of this is a social worker who reflected on her team's practice with mothers who were survivors of domestic abuse. Rather than simply asking the mother to sign an agreement that the father would not be allowed into the home, social workers who had experienced systemic supervision spent more time trying to really understand the mother's perspective and the family system (Bostock et al., 2019; Bostock et al., 2022). As will be indicated later, supervision also has protective factors for social workers and a positive impact on outcomes. Evidence suggests it positively impacts on stress and enhances resilience.

4. Additional specialist knowledge and skills

So far, this review has given an overview of the evidence found in relation to the key foundational knowledge and skills needed to work with children and their families. What follows is a review of what works in more specialist areas of child and family social work or with people who may, due to their experiences, have additional requirements. In all of these settings the key foundational 'knowledge that' and 'knowledge how' will still apply. What will be demonstrated is that the application of knowledge is sometimes different and complementary and the skills needed are often more specific or need to be contextualised. The key areas this chapter will cover are working with children in care. It will focus on the knowledge and skills social workers need in kinship care, foster care and residential care. There is also a section on knowledge and skills and when young people are leaving care. This chapter focuses on the additional knowledge and skills that social workers need to work with children who have experienced extra-familial harm, and/or have complex health needs or mental ill health.

Working with children in care

The literature in relation to the specific knowledge needed by social workers for working with children in care was "thin". Twenty papers were reviewed of varying quality. Much of the knowledge cited above as being effective or necessary in working with children and their birth families was echoed in the literature for this group of children. Evidence suggests that social workers needed an understanding about abuse, risks, neglect, and the long-term consequences of these. Second, social workers needed professional knowledge, based in law, theory and methods of intervention particularly in relation to attachment and trauma-informed care. Work with children in care is highly complex and specialist and social workers play a crucial role in helping carers; although the quality of evidence about what works in this respect was limited. Much of the additional knowledge for children subjected to extra-familial harm, mental ill health and complex health difficulties and disability will all be needed for effective interventions.

Below is a summary of the additional knowledge social workers needed to work with looked after children. As the literature on children in different types of care was limited, learning from settings applies to all children, whether in foster care, residential care or kinship care. Where there is specific learning, this is indicated.

Professional knowledge

The importance of understanding contemporary attachment theory, as applied to the provision of care outside of the family home, was important in most of the studies. Understanding belonging, attachment, separation and loss featured consistently.

The importance of creating a secure base for children built on understanding of psychological and relational safety were key in developing or helping others to create safe, secure and loving homes (Staines and Selwyn, 2020; Shuker and Pearce, 2019; Schofield et al., 2019). Practitioners needed to not simply apply models from birth parenting to looked after children (Sprecher et al., 2021). Understanding that "family" and "home" meant different things to different children and that there was not one singular "gold" standard for a safe and loving home was important. Rather understanding "belongingness" and how to create this through relationships was seen to be most effective (Biehal, 2014; Sprecher et al., 2021).

Knowledge of how to help children in transitions to care was cited as important, planning a change in carer, sharing information beforehand via photos and arranging prior meetings all mitigated the impact of loss and change on children (Luke and Bannergee, 2011).

Knowledge about the law and theories for intervention were not specified in the literature but assumed as important in many of the papers and reflected that cited above.

Knowledge of the impact of abuse and managing risk

Children in care experienced multiple traumas before coming into care, with the move into care for some being traumatic in itself. Effective social work practice with these children needed to be "trauma informed" (Barter and Lutman, 2015; Parry et al., 2019; Nixon and Henderson, 2022; Graham and Johnson, 2019). Understanding the impact of loss, abuse, change, low self-esteem are all things taught at pre-qualifying level but needed to be highly developed for expert intervention.

Some evidence was presented for effective interventions in residential care based on knowledge of positive psychology and attachment based restorative parenting (Nixon and Henderson, 2022). Applying social pedagogy, a relationship-centred practice that aims to holistically support people's well-being, was also found to be somewhat effective in residential care (Ridley et al., 2019). Knowledge of social learning theory and associated behaviour management techniques were cited as important for social workers own practice but also in assisting carers. (Goodyer, 2019; Barter and Lutman, 2015).

Knowledge of the complexity of managing risk and uncertainty in children who have been abused or harmed prior to coming into care was seen as effective (Shuker and Pearce, 2019; Nixon and Henderson, 2022). As in child protection, social workers who work with looked after children have the complex task of balancing risk and freedoms. For example, Shuker and Pearce (2019: 365) indicated that removing children from the location of their sexual exploitation kept children physically safe but left some feeling relationally "unsafe, unanchored, isolated and highly anxious". Relational safety was seen as more important, with location risks managed separately. Rogers (2018), in work on unaccompanied young people, stressed the importance of skilfully allowing children to have some sense of

autonomy to reflect the responsibilities that they had in their own home country. Allowing children to have sleepovers when they were in care was based on a risk management approach, rather than a purely protectionist approach, which engendered trust and agency in young people (Higgins et al., 2015; Schofield et al., 2019; Sprecher et al., 2021).

Service user knowledge

Much of what follows below on the skills needed for working with young people derives directly from research with service users and carers. Additional knowledge mainly derives from work with older children in kinship or residential care.

Residential care

Children and young people in contemporary residential care tend to be older, from more "troubled" backgrounds and from socially economically deprived areas. Many have a history of offending behaviours or seen as at risk of exploitation or harm (Graham and Johnson, 2019; Shaw, 2011; Shuker and Pearce, 2019). Understanding the multiple losses, trauma and reasons for their behaviour was seen as crucial for building relationships. Young people often felt judged in these situations (Graham and Johnson, 2019; Shaw, 2011).

Research shows that these young people valued social workers who involved them in decision-making and who were non-judgemental. Social workers needed knowledge in communicating and managing these children, to prevent them from stigmatising these children as too difficult (Shaw, 2011). This was echoed in other young people's experiences and is considered in more detail below with an anti-discriminatory practice lens.

Kinship care

In kinship care situations, children reported that they valued being placed with family members, as this enabled them to be more likely to maintain their friendship groups and relationships. Evidence also suggested that being placed within family networks promoted continuity in terms of schooling (Hill and Hart, 2017). Understanding attachment theory and the complexities of belonging in kinship care was also important for effectiveness (Hill and Hart, 2017).

Evidence also suggested that social workers needed to have knowledge of family dynamics, protective factors and the ecological system when supporting kinship carers and children (Hunt, 2021). Understanding the geography and context of where children lived is a theme that will also emerge in other sections of this report. Practitioners also need to be aware that kinship parenting practices are heavily influenced by inter-generational, cultural and religious beliefs (Hill and Hart, 2017).

Skills – "know how" working with children in care

Unsurprisingly, similar themes to the foundational skills, outlined in Chapter 3, emerged from the literature as being effective in working with children who are looked after and their carers. The literature, however, is more limited but was consistent in its main findings. Five main themes emerged. Relationship-building skills, using good authority, communication skills and application of cultural competence and anti-disciplinary practice. In addition, the need for supervision and support to build resilience was identified. This section will not repeat the findings of the sections above but will concentrate on the additional or very specific contextual skills required for working with children looked after in foster care, residential care, kinship care and when leaving care.

Relationship-building skills with children in care

Some children entering the care system will feel anxious and traumatised. Others will feel relief. Either way, the social worker is often the link between their previous life and their current situation and often the holder of knowledge about their circumstances and birth family. Relationship-based social work was cited as most effective (Staines and Selwyn, 2020; Barnes et al., 2011; Ridley et al., 2013; Nixon and Henderson, 2022; Graham and Johnson, 2019; Shuker and Pearce, 2019). In particular, social workers needed to build relationships so that children and young people felt cared about (Barnes et al., 2011).

Evidence confirmed the importance of positive relationships with social workers for a successful transition to being looked after (Ridley et al., 2013). Social workers who were seen as most effective by children and carers were ones who actively sought to build a relationship with the child, rather than seeing their role as purely case management (Staines and Selwyn, 2020; Graham and Johnson, 2019). Simple demonstrations of "caring about" included remembering birthdays and special celebration days, remembering to ask about special mementoes, photos and favourite hobbies and interests. All were cited as effective in helping children feel safe and secure (Barnes et al., 2011). Taking time to build a relationship, keeping in contact, being reliable, available and on time, showing children that they were accepted, together with small acts of kindness, all mattered (Graham and Johnson, 2019; Goodyer, 2019; Schofield et al., 2019). Children and young people wanted relationships to not just be all about "problems" and recognised that social workers needed more time to be able to develop these bonds.

Being "impersonal" was seen as a hindrance to the building of relationships. Instead, showing genuine warmth and regard for the young person were valued (Ridley et al., 2013). Ensuring practical tasks were completed and prioritised, such as making sure children had a passport on time and financial resources so that children did not feel different from their peers, were all important in building these relationships (Ridley et al., 2019). Consistency of worker was cited as being very important for effective interventions (Staines and Selwyn, 2020), with children also feeling emotionally held if others in the team knew them and could step in if their social worker was not available (Ridley et al.,

2013). One study on children who had experienced child sexual exploitation stressed the importance of relational safety for young people (Shuker and Pearce, 2019).

In their study of children living in residential care, Nixon and Henderson (2022) cited the importance of social workers who created a safe space based on relational practice to nurture wellbeing and resilience, which in turn facilitated choice and control for young people. Relationship-based care in these settings was seen as important (Nixon and Henderson, 2022; Coady, 2014). Likewise, skilful understanding of professional boundaries was needed in residential care, where young people valued social workers who showed a greater personal relationship with them (Coady, 2014). Social workers who shared information about themselves and their lives, gave small tokens on birthdays and spent time with children were valued. The balancing of professional boundaries in residential care was cited as an area for more research (Coady, 2014).

For unaccompanied asylum-seeking children, sharing food, communicating about their homeland and going to sporting events improved communication and closeness and engendered a sense of belonging (Wade, 2019).

This was echoed by the young people interviewed by Alderson et al. (2019) who considered the needs of looked after young people in a substance misuse service. They described how therapeutic interventions to reduce drug and alcohol use were dependent on building trusting relationships with young people. They emphasised that building trust could be challenging, especially where young people had a history of complex attachment relationships. To develop effective therapeutic relationships, empathy and reliability were all prized by young people, possibly because these were qualities missing from earlier attachments. This included the basics of being on time for appointments and consistently keeping their word about things that they said that would do. It also included a willingness to take things slowly, using initial sessions to build relationships rather than focus on problematic use of drugs or alcohol. They also wanted social workers to understand that their lives were complicated and that they wanted to identify goals beyond drug or alcohol reduction.

As relationships developed, young people particularly valued practitioners that were willing to trade personal information about themselves, such as their hobby or pet. This enabled a more humane relationship to build, supporting young people to feel genuinely cared for, and trust in their social worker to handle their traumatic backstory. This was underlined by interactions that were creative and visual, such as the use of mood cards rather than sessions based on adult-oriented counselling style sessions. Finally, fostering the autonomy of young people through choice, control and participation in decision-making was essential to relationship-building (Alderson et al., 2019).

Good authority

Several studies evidenced the importance of social workers being able to use their authority well in interactions with children and their carers. This was particularly evident in the literature for children and young people who may be described as having more complex needs, such as those who were in residential care (Nixon and Henderson, 2022) and those who had been subjected to child sexual exploitation. Using an "authoritative parenting" style (Baurmind, 1971) or enabling this in carers was found useful in the setting of boundaries, as long as it was combined with a warm relationship-based approach (Shuker and Pearce, 2019). One study cited young people who were frequent absconders from care noting that clearer age-appropriate boundaries would have potentially prevented them from running away (Staines and Selwyn, 2020).

Communication skills

Communication skills were also highlighted as very important for effective interventions with children. Specifically, social workers were most effective where they were able to communicate honestly about the reasons children had entered care (Goodyer, 2016). Honesty and the skill of sharing difficult information with children about the reasons for their care episode was important and led to more stability and prevented "magical thinking" (Staines and Selwyn, 2020). Skills in sharing complex and painful reasons for being in care particularly with younger children were particularly important. Delays in telling children the reasons for being in care had negative consequences (Staines and Selwyn, 2020).

Based on the development of a trusting relationship, as outlined above, skills in direct work and conversations about the past were particularly effective (Staines and Selwyn, 2020; Ridley et al., 2013). Skilful use of genograms, talking about the past regularly and ensuring memories of birth family were kept alive, were effective. Likewise. the use of story books, cartoon strips, use of direct play, and emotion recognition cards were all effective communication strategies (Luke and Bannergee, 2011). Specialist training in direct work and life story work, particularly with very young children, was recommended for best effectiveness. However skilful assessment of the right time for focused work was needed.

Communication skills needed to be authentic and age-appropriate (Ridley et al., 2013). Social workers who were able to make a joke and chat about current trends were particularly valued. As outlined above, social workers needed to base their communication skills on an understanding of child development. Young people in care in one study cited social workers who treated them as younger than their chronological years in communications as problematic. Effective communication was appropriate for the age and stage of development of a child or young person in care (Barnes et al., 2019).

Unaccompanied asylum-seeking children appreciated efforts to communicate in their own language, through basic sign language or use of pictures, as well as communicating about their home country (Wade, 2019).

Social workers who understood that "challenging" behaviour of children was often a communication strategy were most effective in interventions with children in residential care, rather than those who "pathologised" the behaviour (Nixon and Henderson, 2022).

Using digital technology for communication was also cited as effective in keeping in touch and also as an intervention tool (Wade, 2019; Luke and Bannergee, 2011; Dodsworth, 2012; Goodyer, 2011).

Use of supervision and reflective practice

Skilful use of supervision when working with children with complex needs and behaviours was effective in protecting against vicarious trauma (Nixon and Henderson, 2022) and defensive risk-averse thinking (Shuker and Pearce, 2019). Exploring boundaries, assumptions and tackling stereotypes and over-generalisations in these children was also key.

Working with carers

Some foster carers saw the involvement of a social worker as a source of stress rather than a source of support (Barter and Lutman, 2015). Where social workers were effective, they helped carers and parents to manage behaviour more effectively, and helped with practical tasks. The literature was lacking in understanding effective practice with carers. The knowledge and skills for working with birth parents will likely be relevant, taking into account that some children will not want "care" to replace their birth family relationships. What follows mainly derives from the literature on kinship care and from children with additional needs.

Social work practitioners have argued that supporting children, young people and carers in kinship placements requires a mix of knowledge and skills drawn from both child protection and fostering practice (Hunt, 2021). Social workers needed to understand or have knowledge that the characteristics of kinship carers will impact on their ability to care. More specifically, this is dependent on whether it is grandparents, siblings, other relatives or friends in the context of multiple disadvantages in which they are situated (Hill and Hart, 2017; Selwyn and Nandy, 2014). The evidence suggests that in comparison to birth parents and foster carers, kinship carers were more likely to be older, less educated, in poorer health, living in poverty and unsafe housing conditions (Hunt, 2018; Hill and Hart, 2017; Wellard et al., 2017; Selwyn and Nandy, 2014). Social workers should carry out assessments to determine the level of need for kinship carers and be aware of the impact of socio-economic disadvantage on these carers who are taking on additional responsibilities. Knowledge that structural inequalities impact health and wellbeing for kinship carers and the children was also needed for effective practice (Hunt, 2018; Hill and Hart, 2017).

Social workers needed to be aware that as with children in foster care, children living in kinship placements were more likely than their peers to have behavioural or long-term complex health needs, including disability (Hunt, 2018).

Foster carers of unaccompanied asylum seeking children and those with children who had been sexually exploited appreciated social workers who gave specific help, guidance and information about the needs and characteristics of those children (Ward 2019; Pearce and Shuker, 2019). For example, carers of refugee children needed practical support to care trans-culturally, to help children understand what foster care is and how they can be supported to settle into life in this country.

Carers of young people in residential care needed support to manage very challenging behaviour with compassion and care while not condoning stigmatising or blaming narratives (Nixon and Henderson, 2022).

Skills in cultural competence and anti-discriminatory practice

Children looked after outside of their birth family, whether that be in kinship care, foster care or residential care, are likely to have faced considerable trauma. Some evidence showed that their personal characteristics or other uniqueness of experiences were pathologised or underplayed by carers and/or social workers (Shuker and Pearce 2019; Schofield et al., 2019; Nixon and Henderson, 2022; Wade, 2019; Shaw, 2011). Developing cultural competence skills and applied skills in anti-discriminatory practice were crucial for good practice.

Children and young people who identified as LGBTQ benefitted from additional support (Schofield et al., 2019). Social workers who understood the unique challenges these minoritised children faced were more effective. Working with carers to tackle the impact of bullying, harassment and stigmatisation was cited as important. Sensitively challenging "banter" or the pathologisation of previous abuse as being the result of a child's sexuality was key to a child feeling valued and their experiences of abuse being recognised (Schofield et al., 2019). This included helping foster carers to understand and tackle such behaviour in others in their family and wider community. Likewise, understanding children's rights to privacy around their gender, sexuality and identity, particularly where the birth family may not be supportive, was important (Schofield et al., 2019).

Conscious sharing of information which did not pathologise children to avoid "public humiliation" in care reviews was cited as important (Higgins et al 2015). Likewise, the careful use of language and the challenging of "victim blaming" language was important for those in residential care (Nixon and Henderson, 2022). Looking for successes rather than a focus on failures or shortcomings was helpful. Likewise, for children and young people who had been subjected to child sexual exploitation, active challenge of language or implications of victim blaming was essential (Shuker and Pearce, 2019).

Unaccompanied asylum-seeking young people appreciated social workers taking a culturally competent approach and in supporting carers to do the same. As above, some assumptions about these children needed sensitive challenge and appreciation of them as individuals; stereotypes and assumptions should be tackled. Cultural matching of placements was helpful but not if children were in overcrowded placements where their individualised needs could not be met. Foster carers caring transculturally benefitted from support from culturally competent social workers (Wade, 2019).

Children from Black, Asian and other minority ethnic communities make up an estimated 32% of children in kinship care (Wijedasa, 2015). Statistically, Black African teenage boys, Chinese children and younger Asian children are over-represented within this population (Wijedasa, 2015; Selwyn and Nandy, 2014). Social workers needed therefore to not only be able to understand and respond to their needs taking into account cultural differences, race and ethnicity, but also to value the willingness of these communities to care for children inside their families. Evidence suggests however, this is not always the case. There is some evidence that kinship carers may lack self-confidence and this may work to their disadvantage (Hill and Hart, 2017). Therefore, social workers should be in a position to understand the barriers that prevent kinship carers from seeking help and apply the cultural competence skills they use in other areas of work to kinship care. Kinship carers were found not always to be as knowledgeable, articulate or assertive as foster carers or residential care workers, resulting in them being overlooked in terms of support (Holt and Birchall, 2022; Hill and Hart, 2017). Social workers needed to understand this to offer targeted support.

Young people leaving care

The leaving care literature was primarily focused on the experiences of young people's experiences of transitioning to adulthood. Transition from care to independence was a challenging time for young people. The knowledge and skills required by social workers were extrapolated from the wider literature.

Knowing that care leavers are all unique

Social workers needed to understand that care leavers were not a homogenous group. All care leavers will have had a different journey through their early lives and will require unique and skilful interventions. This included understanding the impact of trauma and loss on their lives. Trauma experienced included abuse, neglect, and instability in their family and living situations (Stein, 2012). Social workers also needed to know that care leavers have profoundly different experiences of the care system. For example, some young people may have had multiple placements in the foster care system, while others may have spent most of their childhood in a single placement. Some young people may have experienced significant disruptions in their education, while others may have had more

stable educational experiences (Munro et al., 2022). Such experiences influence their ability to navigate the transition to independence and adulthood.

Professional knowledge of legal frameworks

Social workers needed a professional knowledge of the law and theory about how to work with young people in adolescence who are in transition. Social workers needed the same legal knowledge that social workers need for children living with their birth families and in care. They also needed a specific understanding of the Leaving Care Act (2000) which provides a framework for local authorities to support young people who are leaving care and transitioning to independence (Dixon et al 2015).

Knowledge of practicalities of transitioning to adulthood

Social workers who work with care leavers needed knowledge of and expertise in multiple areas to ensure they provided comprehensive support to young people. One critical area of focus is pathway plans, which local authorities must prepare for every eligible young person. These plans outline the support and services that the young person will receive as they transition to independence. Additionally, social workers must have a sound understanding of accommodation options available to care leavers, including supported accommodation and extended care arrangements such as Staying Put (Munro et al., 2022). Another key area that social workers must be knowledgeable in is education and training. Local authorities have a duty to support eligible young people in accessing education, training, and employment opportunities. Lastly, social workers must be able to provide financial advice and support to care leavers, which requires knowledge of entitlements including budgeting and accessing benefits (Briheim-Crookall et al., 2020).

Skills – 'know how' to support young people leaving care

When working with care leavers, social workers needed to be familiar with specific interventions and approaches that can help young people transition to independence and adulthood successfully. These may include person-centred planning, life skills training, mentoring, advocacy, support networks, and trauma-informed care.

In addition to possessing the above types of knowledge, social workers also needed to "know how" to put this knowledge into practice to effectively support young people who were transitioning to adulthood (leaving care).

Relationship-building skills

Research on leaving care has consistently emphasised the importance of person-centred social work practices in supporting young people's transition from care to independent living. This echoes the findings related to child-focus when working with children and young people in their birth families. A person-centred approach involves recognising and

responding to the individual needs and aspirations of the young person, and working collaboratively with them to achieve their goals (Munro et al., 2022). Placing the young person at the centre of decision-making, valuing their perspectives and experiences, and ensures that they are actively involved in the planning and delivery of their support (Briheim-Crookall et al., 2020).

Studies have shown that social workers who adopted a person-centred approach helped young people to feel more empowered and in control of their lives, improving their self-esteem and confidence, and enhancing their overall wellbeing. This approach was also found to facilitate better communication and trust between social workers and young people, leading to more effective support and better outcomes (Baker, 2017; Baginsky and Manthorpe, 2020).

In addition, research highlighted the importance of social workers being friendly and approachable in their practice with young people leaving care. This meant being warm, empathetic, and non-judgmental in their interactions, and building positive relationships based on mutual respect and trust (Ferguson, 2018). Studies found that young people who experienced friendly and supportive social work practice were more likely to engage with services, felt more connected to their social worker, and reported higher levels of satisfaction with the support they received. This approach also helped to reduce the risk of social isolation and improved young people's social and emotional wellbeing as they made the transition to independent living (Briheim-Crookall et al., 2020).

Good authority skills

Good authority skills were identified as a key skill for social work practice in chapter 3. Skills in good authority were also particularly important for social workers when supporting care leavers. This included advocacy, in that social workers needed to be able to advocate effectively for care leavers, ensuring that their needs and interests were represented and protected in interactions with other professionals and agencies (Hyde and Atkinson, 2019). Social workers also needed to communicate effectively with care leavers, using clear and concise language to explain complex issues and concepts in a way that was easily understood (Bostock et al., 2020). Such skills were particularly important when working with care leavers to help them navigate complex systems and services. Social workers who demonstrated good authority skills were better equipped to help care leavers achieve positive outcomes and succeed in their transition to adulthood.

Partnership working

Working in partnership with other professionals and agencies was essential to secure successful outcomes for care leavers. It also helped social workers to better understand the range of challenges and issues faced by young people leaving care faced, and to develop more effective and comprehensive plans to help them achieve their goals. For example, social workers needed to work closely with housing providers to help young

people find suitable accommodation that met their needs (Dixon et al., 2021). They also needed to work with education providers to ensure that young people had access to the educational opportunities and support they needed to succeed in their studies (Harrison et al., 2020). In addition, social workers had to collaborate with health professionals, mental health services, and employment and training providers to help young people access the resources and services they needed to succeed in their transition to adulthood (Children's Commissioner, 2020).

Children with specific needs

Disability and complex healthcare needs

The Institute for Public Policy Research (IPPR) define complex needs as a concept that refers to people with overlapping needs that span medical and social issues (Valentine, 2016). According to the author, the term is also increasingly being used to describe disadvantaged people who present challenges to services, for example, young people with disabilities transitioning into adulthood. When referring to complex health needs, Taylor et al. (2016) focus on a wide range of disabilities, including physical, sensory, cognitive, communication impairments and mental distress.

Improved understanding of complex needs has resulted in an increased number of children and young people identified with learning disabilities, autistic spectrum disorders, behavioural and emotional problems, mental health problems and other conditions (Franklin et al., 2022; Pinney, 2017; Parr et al., 2013). However, despite an increased risk of abuse, the needs of disabled children were often overlooked by child safeguarding services (Franklin et al., 2019). Social workers reported a lack of confidence and in some cases 'real anxiety' in working with disabled children and young people (Franklin et al., 2022; Taylor et al., 2016). This suggested that there was a need to improve practitioners' awareness of disabled children's increased risk of abuse and develop their confidence and skills in communicating with disabled children (Franklin et al., 2019). A robust understanding of key legislation is essential for social workers to advocate for children and young people with disabilities and complex needs and make sure their voices are at the core of planning and service delivery (Trowler et al., 2021).

Social workers needed to be able to work with children with a range of additional needs (Trowler et al., 2021; Taylor et al., 2016). They needed to understand a child's disability and condition so as to have a realistic view of their abilities. To ensure effective support, they also needed to understand the root cause of behaviours in situations where young people had complex needs and make sure appropriate support is in place (Stalker et al., 2015).

Assessment skills

Social workers should undertake holistic assessments to identify support needs for disabled children and those with complex health needs. Trowler et al. (2021) reported cases where autism was being overshadowed by a learning disability diagnosis and some of the autistic young people were also being inappropriately referred to specialist mental health services. Social workers have also reported difficulties in ascertaining whether a presenting behavioural issue might be a child protection concern or related to the impairment (Franklin et al., 2022; Taylor et al., 2016; Stalker et al., 2015). When undertaking social care assessments, practitioners needed to be curious about the children's lives, otherwise signs of neglect or abuse could be missed (Franklin et al., 2022). Recognising abuse when working with disabled children was more complex and practitioners were more likely to wrongly attribute indicators of abuse to children's impairments. To undertake robust assessments, social workers should be committed to seeking the voice of disabled children, no matter how complex their needs are (Taylor et al., 2016).

Parents of disabled children have complained that social work assessments tended to use a child protection lens, judging parenting capacity instead of identifying support needs for the family (Trowler et al., 2021). Social workers should develop appropriate skills to assess disabled children and their families, and be able to establish if there is a safeguarding concern or family support is required (Trowler et al, 2021; Taylor et al., 2016).

On the contrary, research has found that there is little evidence on outcomes following disclosures and child protection interventions for disabled children (Franklin et al., 2022). Social workers were seen to over-empathise with demands parents faced and this sometimes overshadowed risks, to the detriment of the child (Franklin et al., 2022; Taylor et al 2016; Stalker et al., 2015). Research suggested that social workers required specialist training on how to deal with the interface of disability and child protection (Franklin et al., 2022; Taylor et al., 2016). They should respond appropriately and not minimise disclosures made by disabled children and young people. They also needed to understand barriers that might prevent these children from disclosing abuse, which include communication difficulties, mobility issues and being less aware and knowledgeable than non-disabled children (Franklin and Goff, 2019; Taylor et al., 2016). Taylor et al (2016: 70) encouraged social workers to "maintain an attitude of healthy scepticism" when dealing with child protection concerns, and base decisions on observable changes instead of what parents said. Franklin et al. (2022) advocate for 'disabled child-centred practice', where practitioners do not lose focus on the whole child, disability and abuse, even within the context of the family.

Good authority

Most children and young people with learning, sensory or physical disabilities did not meet the high thresholds for support by children's social care disability services (Franklin et al., 2022; Pinney, 2017). In a small-scale study of 56 carers and 18 young people, families reported having to wait between one to three years for allied health professionals' assessments and diagnosis (Stalker et al., 2015). This impacted on whether children were recognised as having additional needs and if they should receive support from children's services. In such cases, social workers needed to signpost families to voluntary service providers who can provide support while they await assessments (Stalker et al., 2015; Parr et al., 2013).

Evidence suggests that disabled children were three to four times more likely to experience abuse than their non-disabled peers (Taylor et al., 2016). They were also three times more likely to be not in education, employment and training (Franklin et al., 2022). It is, therefore, vital that social workers are aware of disabled children and young people's increased vulnerability to abuse and neglect and take prompt action when concerns arise (Franklin et al., 2022; Stalker at al., 2015). It is important that social workers meet the needs of disabled children in a timely and appropriate way to promote a good quality of life (Jones et al., 2017). Effective practice when working with autistic children was characterised by having a social worker as the family's key worker from an early stage and providing consistent support (Trowler et al., 2021).

The evidence suggests that there is a need to recognise intersectional issues for disabled children, as they are more likely to experience disadvantages in other areas than non-disabled children (Franklin et al., 2022; Taylor et al., 2016). There was evidence of interaction of multiple disadvantages, for example poverty, isolation and mental health needs. More attention needed to be paid to sex education, ethnicity, gender and sexual identity when responding to disabled child abuse (Franklin et al., 2022; Goff and Franklin, 2019; Franklin et al., 2015). A lack of appropriate service provision may increase risks for disabled children and young people from minority groups.

Communication

Children with complex health needs reported that practitioners tended to ignore them and communicate with their parents or carers (Franklin et al., 2022; Franklin and Goff, 2019; Jones et al., 2017; Stalker et al., 2015). Relying on parents or carers to communicate with deaf and disabled children has led to abuse going unnoticed (Jones at al., 2017). Social workers needed to engage with disabled children and young people directly and seek their views when making decisions about their care. It was also important to encourage children with disabilities and complex health needs to express their views to enable them to communicate when they are unhappy or feeling unsafe. Young people's views could also be sought on other aspects of their lives. including social relationships, participation in the

community, interests, aspirations, sense of identity and transitioning to adulthood (Franklin et al., 2022).

In a qualitative systematic review of UK social work practice in safeguarding disabled children, Franklin et al. (2022) noted frustration in social workers' lack of knowledge and skills about how to communicate directly with disabled children. Social workers needed to understand the best way to communicate with disabled children and young people as being part of their participatory rights, as well as a safeguarding mechanism (Franklin and Goff, 2019). To promote effective communication, professionals have made use of accessible and interactive communication aids such as Makaton and pictures, making use of support from speech and language therapists and British Sign Language interpreters (Franklin and Goff, 2019; Taylor et al., 2016; Stalker et al., 2015). Technology can also be used to facilitate communication. Franklin and Goff (2019) give an example of a young person who used the computer to create a life story book, making use of pictures and bubble speeches to share important facts about their life. Social workers needed to communicate at a pace that worked for the individual child and to make sure disabled children had routine access to professional interpreting and communication services (Trowler et al., 2021; Jones et al., 2017). This ensured that the voice of the child was heard and decisions and actions were not 'done to' or 'done on' but 'done with' the children and young people (Franklin et al., 2022).

Social workers also needed to understand the behaviour of children with complex health needs as a form of communication rather than a problem (Franklin and Goff, 2019; Jones et al., 2017). This required consideration of micro details including the sensory environment, sounds, lights, noises, distractions, gestures, body language, time of the day, possible pain or discomfort, likes and dislikes (Franklin and Goff, 2019). There was a need to explore effective strategies for positive behaviour management where children may have presented with challenging behaviours. Instead of assuming a child protection strategy was required, a positive behaviour support plan should be drawn up with input from the children, their families, carers and other agencies (Trowler et al., 2021; Franklin and Goff, 2019).

Relationship-based practice

Goff and Franklin (2019) found that building supportive and trusting relationships enabled disabled young people to open up about issues concerning them, including neglect and abuse. Although it might be difficult to engage children with complex needs due to challenging and anti-social behaviours, social workers needed to invest time and use warm and therapeutic skills to build relationships with them (Trowler et al., 2021). Small gestures like attempting to use British Sign Language were key to relationship-building with disabled children (Taylor et al., 2016). Continuity of relationships was also seen as crucial, especially for autistic children (Trowler et al., 2021).

Effective working with disabled children and young people required provision of support to parents as well as children. Social workers needed to listen to the child's voice and also acknowledge parents' views, as they are involved in the day-to-day care. It was important to ensure that the needs of siblings and carers were also addressed (Trowler et al., 2021; Hingley-Jones, 2013). Social workers should help families to prepare for challenges and have a plan in place to minimise family stress, especially during transitioning to adulthood. One study found that while transfer to adult services was better for young people with epilepsy, cerebral palsy and complex learning disability, it was underdeveloped for those with autism and attention-deficit hyperactivity disorder (ADHD) (Parr et al., 2013). Effective practice as suggested by Trowler et al. (2021) included:

- developing support networks for families, including through kinship and friends

- anticipating crisis points with contingency plans in place

- providing access to integrated adolescent services including youth services, leisure services, employment support and youth offending teams

- providing access to respite care for the family

- positive behaviour support.

Good relationships with the whole family was deemed important to avoid professionals alienating parents (Trowler et al., 2021).

Partnership working

Multidisciplinary and multi-agency working is important in the provision of care for children and young people with complex health needs (Parr et al., 2013). Effective support strategies included helping to build a network of professional and community support around the child. Social workers needed to work closely with other professionals including clinical psychologists, educational psychologists, health visitors, physiotherapists, occupational therapists, speech and language therapists and mental health specialists to safeguard and support disabled children and their families. This helped to mitigate fragmentation of care for children and young people with complex needs (Trowler et al., 2021; Parr et al., 2013). Social workers needed to build strong relationships across agencies and be able to draw on expertise from professionals with specialist knowledge on disability and complex health needs. Practitioners from other agencies could help to facilitate communication and provide key information on a child's specific impairments (Taylor et al., 2016). Social workers needed to work effectively with other agencies to understand what the young person was communicating through their behaviours.

It was important that social workers supported disabled children with their educational needs, considering that they experienced higher rates of exclusion from mainstream school settings (Franklin et al., 2022). Social workers should also be confident to co-

ordinate support for disabled children, working closely with education and health to ensure needs are met effectively. Trowler et al. (2021) reported that education, health and care plans (EHCPs) jointly produced across agencies, with social workers taking the lead, resulted in positive outcomes for young people and their families. However, social workers did not always prioritise EHCP reviews unless they were for a looked after child, child in need or on a child protection plan.

Social workers supporting children and young people with complex health needs also had to work closely with mental health services to ensure that children received emotional support, as research evidence points to a gap in mental health provision (Franklin et al., 2022). Challenges arose when social workers worked with other professionals, as they had different knowledge bases. Making use of multi-disciplinary assessment tools like the Common Assessment Framework helped to promote a shared understanding, resulting in alignment across agencies (Parr et al., 2013).

The evidence suggests that it was important to keep comprehensive records of a young person's life story including key events such as trauma and diagnosis to avoid families having to repeatedly tell their story to different professionals or agencies (Trowler et al., 2021; Parr et al, 2013). Examples of good practice that could be learnt from adult services were writing in the first person and the use of one-page profiles to capture strengths, likes and dislikes. It was also important to focus on how to develop independent living skills and participate in the community, especially for those transitioning to adult services (Trowler et al., 2021). Social workers should remove any barriers to participation and make options available to the children to enable choice and autonomy.

Children's mental health

There was a dearth of evidence regarding the specific knowledge and skills that are required by social workers to support children and young people experiencing mental distress, including where there is a risk of suicide and/or self-harm. This was because research has primarily focused on the skills and knowledge of professionals practising in child and adolescent mental health services. Searches were expanded beyond the original databases, however no evidence was found of research related to the knowledge and skills required by child and family social workers or outcomes for children and parents or carers.

Children at risk of or experiencing extra-familial harm

The evidence base on knowledge and skills needed by social workers to effectively protect children and young people from extra-familial harm is limited. This reflects the evolving and complex nature of extra-familial harm. More attention is paid in the literature to child sexual exploitation than child criminal exploitation, trafficking and modern slavery. It also

reflects a focus on generic safeguarding responses rather than a specific focus on social worker knowledge and skills. This section draws on overviews of the evidence base, some individual empirical studies and summaries of emerging areas of promising practice.

Exploitation as a form of abuse is characterised by "power, exchange and the restriction or absence of consent" (Firmin et al., 2019: 7). Extra-familial harm refers to safeguarding risks experienced by children and young people outside of their family environment. These extra-familial environments may include schools, public spaces and online platforms and involve actions of peers, partners and adults unconnected to family members (Huegler, 2021).

To achieve positive outcomes for young people, social workers need knowledge regarding the evolving and complex area of child exploitation and extra-familial harm. The types of harm experienced by young people include: child sexual exploitation, child criminal exploitation, including county lines and cuckooing of properties; peer-on-peer abuse, including harmful sexual behaviour and domestic abuse among adolescent couples; serious youth violence and gang association; trafficking and modern day slavery; radicalisation and violent extremism (Huegler, 2021).

Knowledge – know that

Knowledge about extra-familial harm

Although the literature identities different types of extra-familial harm experienced by young people, compared with inter-familial harm, evidence was limited regarding the knowledge and skills needed by social workers to work with different harm types. However, knowing about common methods of accessing and controlling young people was identified as important to identification and intervention. Drawing on the evidence base, Firmin et al. (2019: 10) identified five common methods of child exploitation, including:

- Grooming, whereby individuals/groups form a relationship of trust with young people for the purposes of exploitation

- Gain, whereby young people may be given or promised tangible rewards, such as money or intangible rewards, such as status, in return for sexual or criminal acts

- Choice, whereby young people have been manipulated into thinking that they have 'chosen' to engage in an activity which they do not believe to be abusive and may perceive themselves as gaining materially or socially

- Threats, debt bondage and fear, whereby young people trafficked into the UK are forced into exploitative situations, such as cannabis growing or domestic labour to cover the costs of their travel. Young people who are sexually or criminally exploited may also experience 'debt bondage' by being given material things such as clothes,

drugs and alcohol and threatened as their 'debt' accumulates. Young people and their families may also be threatened with or experience violence to ensure compliance, such as sharing naked images online

- Dual identities, which was common across all forms of child exploitation, whereby young people may be instrumental in the exploitation of peers (Firmin et al., 2019: 10).

Professional Knowledge

Like social work interventions with birth families, knowledge and understanding of statutory thresholds around 'child in need' and 'significant harm' were identified as essential. Research suggests that there was variability in the degree to which social workers applied this in practice when responding to significant risk of extra-familial harm. In part, this reflected the complex and co-occurring nature of extra-familial harm. For example, the sexual exploitation of trafficked boys and young men was often embedded within multiple forms of exploitation, rendering it obscure from safeguarding professionals (Leon and Raws, 2016).

It also reflected a hesitancy by social workers to intervene in contexts beyond the home. For example, where young people were affected by serious youth violence, gang-related violence and criminal exploitation, there was evidence to suggest that social workers were reluctant to intervene where harm was not attributable to parenting (Lloyd and Firmin, 2020). This suggested that for social workers to work effectively with young people experiencing extra-familial harm, practitioners needed to be supported to bring a 'contextual lens' to their work. In work with individual young people and their families, a contextual lens required social workers to understand the peer groups, environments and other contexts that pose risks of extra-familial harm. It also required social workers to assess and intervene in contexts of concern to improve the safety of young people (Lefevre et al., 2020).

Anti-discriminatory practice knowledge

Variability in application of statutory thresholds also reflected that common methods of exploiting young people may be misinterpreted by social workers (Lefevre et al., 2019). For example, teenagers' evolving capacity to consent to sexual activity made them more vulnerable to sexual abuse that was misidentified as consensual (Shuker and Pearce, 2019). This was because young people who exercised agency or choice by 'receiving something' were viewed making as 'lifestyle choices' rather than subject to child exploitation (TCE, 2023). This meant that teenagers experiencing sexual exploitation were often judged or ignored when they have tried to talk to professionals (Brodie et al., 2016).

While there was evidence that practitioners' understanding of extra-familial harm had improved, negative stereotypes based on sex, ethnicity or disability persisted. This included the 'adultification' of young Black people whereby they were perceived as less innocent or vulnerable and not afforded the same protection as their non-Black peers (Davis and Marsh, 2020). At the same time, overprotection and subsequent disempowerment and social isolation of young people with learning disabilities increased their vulnerability of child sex exploitation. Yet practitioners struggled to view young people with learning disabilities as sexual beings, meaning their exploitation was often rendered invisible by services (Franklin et al., 2015).

Service user knowledge

Young people were clear that professionals, including social workers, needed to understand the context of their lives, exploring their unique identities and circumstances. This was particularly important given that there was a misdirected tendency by professionals to define young people by exploitation experienced (TCE, 2023a). Understanding the lived experiences of young people required professional curiosity. There was some evidence that young people did not expect workers to be fully informed about what it meant to identify with a particular gender, class or race. They wanted social workers to be curious and demonstrate empathy by asking questions about what was meaningful to them about their lives (Scott et al., 2023).

Professionals were also required to understand that young people do not always communicate their identities in linear ways. This reflected that the identities of young people are often in flux and perceptions of race and ethnicity for example, were constantly being re-negotiated between individuals and communities. In one study of 50 young people in contact with the criminal justice system, race was identified as a prism through which they experienced their lives. However, young people from minoritised groups tended to talk about their family as a more legitimate and safer way of talking about identity, solidarity and difference (Wainwright and Larkins, 2020). This suggests that professionals needed to listen for what is being unsaid as well as what is being said by young people when sensitively exploring their identities and intersection with experiences of extra-familial harm.

Young people also reported that they wanted professionals to recognise the importance of their relational contexts. In a participatory research study exploring learning from young people who had experienced sexual abuse and sexual exploitation, the importance of friends and peers to their emotional wellbeing were cited (Warrington et al., 2023). Indeed, friends may be the preferred recipients of disclosure, to buffer young people from some of the impacts of abuse, counter social isolation and act as a bridge to professional support. Yet despite the significance of these relationships to young people's wellbeing, professionals rarely talked about or recognised their importance. In circumstances where

relationships were fraught – both supportive but at times, destabilising – young people still reported the need to connect with their friends because their emotional bonds outweighed the risks of social isolation. This suggested that opportunities existed for social workers and other professionals to "harness the supportive resources that friends and peers represent and to help young people navigate the challenges such relationships embody with greater safety and confidence" (Warrington et al., 2023: 9).

There was some evidence that peer mapping was an effective method of understanding young people's peer relationships. In one local authority, social workers described peer mapping as not only useful for professionals' understanding of current risks, but in facilitating insight into young people's own sense of safety and risk (Lefevre et al., 2020).

Effective social workers also recognised the expertise and knowledge of parents and carers. Parents and carers held invaluable information about their child and the contexts of their lives. This included information about exploiters, unsafe places and their local community (TCE, 2023a). However, where expertise was recognised, accessing support from statutory social work services depended on categorising a child or young people as "neglected". This served to blame parents or carers as being responsible for the harm perpetrated (Lloyd and Firmin, 2020).

Skills – know how

Relationship-building skills with young people

Effective relationship-building with young people experiencing extra-familial harm was dependent on seeing beyond the harm that they face (TCE, 2023a). This involved working with them to build their strengths and assets as well reducing risks and vulnerabilities. This included asking young people about the outcomes that they wanted to achieve and enabling choice and control of the nature and pace of work (Scott et al., 2019). In the child protection context, this could be sometimes difficult to achieve where there were differing differences in perspectives regarding the 'best interests of the child' between professionals and young people (TCE, 2023a). It was suggested that working collaboratively could help navigate such tensions, by 'working with' and 'not doing' to young people (Scott et al., 2019; TCE, 2023a).

Working relationally with young people involved developing trusting relationships. In a rapid evidence review of factors associated with improving outcomes for young people experiencing child sexual abuse and child sexual exploitation, trusting relationships were identified as a protective feature (Lewing et al., 2018). The review found that there was strong evidence that a strong therapeutic alliance between practitioner and child was associated with positive child outcomes. For example, establishing and maintaining trust was a core component of Trauma-Focused Cognitive Behavioural Therapy, which had a

strong evidence base for supporting survivors of abuse and neglect. However, it was difficult to unravel whether the relationship itself improved outcomes for children or enabled the delivery of a successful intervention (Lewing et al., 2018).

The salience of trusting relationships was identified as an important means of building safety for young people in extra-familial contexts. In Contextual Safeguarding, safety in extra-familial contexts was dependent on strengthening, or creation, of *protective* relationships (Owens et al., 2020). This was referred to as 'guardianship' and involved developing trusting relationships between young people and adults who understood that they had a safeguarding role. This suggests that for social workers to be effective, brokering relationships with potential guardians could be important. Asking young people to identify people they trust, for example a community youth worker and engaging in safeguarding plans, could be a way of building a stable, sustainable and young person-centred guardianship network (Owens et al., 2020: 6).

Good authority

Practicing with good authority when responding to extra-familial harm was identified as a particularly troublesome area for social workers. This reflected the challenges of reconciling young people's rights to protection from child exploitation and their right to have their agency and voice respected. Authoritative social work with young people experiencing exploitation was 'child focused' and should be 'welfare driven' (TCE, 2023a). This depended on recognising that during adolescence, exploration, risk taking and trying new things were essential parts of learning and development (Hansan and Holmes, 2015). However, balancing the rights of young people for self-determination while recognising that extra-familial contexts could pose a complex suite of risks was identified as challenging.

In a study exploring safeguarding responses to child sexual exploitation across three areas, integrating protection and participation was identified a key challenge (Lefevre et al., 2019). The study found that the majority of professionals chose 'safety at all costs', constructing children's rights via the lens of the right to safety. Rights to participation were mainly viewed as the right to discuss their concerns, risk and abuse. Social workers and other professionals acted "authoritatively to protect young people at highest risk, even where this transgressed the latter's liberty and wishes" (Lefevre at al., 2019: 1849). While 'protection at all costs' was understandable given the professional's safeguarding concerns, this could serve to alienate young people and mean that they disengaged, ran away and experienced further risk of being exploited.

Partnership working

Some promising practice was identified whereby young people's rights were recognised and good authority practiced more holistically to address extra-familial harm. This depended on developing new ways of working with partners and developing contextually-

informed approaches to assessment and intervention. Across many areas, multi-agency meetings have been introduced to support identification and planning in response to young people at risk or experiencing extra-familial harm. In a briefing paper by the Contextual Safeguarding programme, one local authority was piloting both contextual safeguarding and systemically-informed social work practice (Lewis et al., 2022). In this local authority, such meetings were chaired by children's social care and provided an opportunity for practitioners to consider multiple perspectives, a key concept in systemic theory. This was identified as particularly important, given social workers were often faced with an even greater number of perspectives and competing narratives when compared with addressing inter-familial harm.

Drawing on a case study, the briefing paper highlighted how integrating systemic thinking with contextual safeguarding approaches had improved the safety of a peer group of five young men aged 16 and 17. The introduction of interagency meetings led by a specialist child exploitation social worker helped to identify the reasons for the breakdown in relationships between police, accommodation staff and social workers. Direct work with the young people improved professional understandings of their peer relationships and the importance of emotional support provided by their friendships. As a professional network, a new narrative emerged about unmet needs rather than risks to the young people. A year later, all the young people reported feeling safer and had maintained their tenancies, which was viewed significant in the context of their previous histories of dislocation (Lewis et al., 2022: 7-10).

5. Creating conditions for effective practice: promoting and protecting psychological well-being

Although social work practitioners generally find their work meaningful and satisfying (Grant and Kinman, 2014; YouGov, 2020), it is challenging and emotionally demanding. Since its inception, the annual UK Labour Force Survey (Health and Safety Executive, 2022) has identified a higher risk of self-reported work-related stress, depression and anxiety among social workers[1] than most other occupational groups.

Social workers are particularly susceptible to burnout, an occupational syndrome characterised by emotional exhaustion, depersonalisation/cynicism, and feelings of reduced personal accomplishment (Maslach et al., 1996). For example, a survey of 1,359 social workers across the UK (with 89% working in England) found that 73% scored in the 'high' category for emotional exhaustion (McFadden, 2015). Particular risk factors for stress and burnout are working in child protection, in mental health, with refugees and homeless people, and with adults with physical disabilities (McFadden, 2015; Schiff and Lane, 2019; Wirth et al., 2019; Johnson, 2021; Padin et al., 2021).

The high workload and emotional demands of social work can also threaten recovery, increasing practitioners' vulnerability to work-life conflict. This can be time-based (where time spent on the job restricts time to recover or to spend with family and friends), strain-based (where stress, or other negative emotional reactions engendered by the job, is transferred to personal life, restricting the ability to 'switch off') and behaviour-based (where behaviours appropriate in one domain, such as work, are unsuitable or even damaging in another domain, such as with family) (Kalliath et al., 2012; Kinman and McDowall, 2014).

Knowledge, skills and support: 'knowing that' and 'knowing how'

The known risk factors for wellbeing highlight the need for social workers to acquire the personal resources and receive the support that will help them meet the challenges they face. Insight into the characteristics of individuals and organisations that build resilience and wellbeing directly informs the knowledge, skills and support that will help them so. The knowledge and skills required are summarised below with examples of research with social workers, where relevant:

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[1] In this research, social work professionals are included with healthcare professionals for reporting purposes.

Knowledge of the signs and symptoms of work-related stress and burnout

Stress and burnout can manifest themselves in many ways, affecting emotional, physical, cognitive and social health (Kinman, 2022). Insight was needed into the idiosyncratic pattern of signs of distress that individuals might experience. It was particularly important for individuals to recognise the 'early warning' signs of stress and burnout to enable appropriate intervention (Grant and Kinman, 2013).

Knowledge of work-related stress and burnout on professional effectiveness

Stress and burnout can affect job performance directly via sickness absence and attrition. It can also affect job performance indirectly, for example where high workloads, sustained emotional demands and limited resources may lead to emotional exhaustion and impaired recovery which, in turn, will reduce effectiveness. The symptoms of burnout, in particular, affected job performance via the development of cynical and depersonalising attitudes towards service users and the experience of compassion fatigue (Radley and Figley, 2007; Kapoulitsas and Corcoran, 2015). Such attitudes can affect the quality, consistency, and stability of services (Blomberg et al., 2015).

Knowledge of personal vulnerability to stress and burnout

Insight into the risk and vulnerability factors in social work, both individual and organisational (and how they can combine), that can cause psychological harm have been identified as essential for supporting wellbeing and resilience.

A systematic review (Fitzhenry et al., 2022) found that Black social workers typically reported some known risk factors, such as longer working hours, being on temporary contracts and a disproportionately higher referral rate for misconduct. Pilot research has also suggested that practitioners who were neurodiverse found the challenges of managing their conditions could intensify the negative impact of workload demands on their wellbeing (Solomon et al., 2022).

Younger and less experienced practitioners have also been identified as at greater risk of stress and burnout (Acker, 2010; Blomberg et al., 2015; Kinman and Grant, 2020; Ratzon et al., 2022). A recent scoping review found lower levels of resilience among less experienced child protection social workers (Molakeng et al., 2021). When interpreting these findings, however, it is important to recognise the 'healthy worker' effect (Li and Sung, 1999), as those less able to cope with the pressures of the job may move to a less stressful role or leave the profession entirely.

Other risk and vulnerability factors included orientations towards the job such as maladaptive perfectionism, over-involvement with service users, a 'rescuing' orientation

towards helping (Kanter, 2007; Grant and Kinman, 2014; Karpman, 2020; Kinman and Grant, 2022; Toledano and Ruiz-Olivares, 2022). Personal factors were also associated with stress and burnout such as a history of maltreatment and an insecure, avoidant attachment style. Other personal traits included low psychological capital (optimism, hope, self-efficacy and resilience), neuroticism, lack of confidence and sensitivity to rejection and inflexibility (Rose, 2003; Regehr et al., 2004; McFadden et al., 2015; West, 2015; Virga et al., 2020; Toledano and Olivares, 2023).

Emotional reactions to work identified included moral injury (Haight et al., 2017), which was defined as a strong cognitive and emotional response to actions (or inactions) that violated one's moral or ethical code. In some case, this could lead to moral distress, increased vulnerability to burnout, traumatic stress and damaging health behaviours (Williamson et al., 2018; Hagerty and Williams, 2022; Van Denend et al., 2022). Child and family social workers may be at particular risk of moral injury and distress due to the nature of their work.

Poor work-life balance and difficulties maintaining boundaries was also associated with stress and burnout. Particular risk factors were long working hours, rumination about work-related issues, and problems switching off (Kalliath et al., 2012; Jia and Fu, 2022; Chan et al., 2022). Agile and hybrid working patterns have become more common among social workers (Daley, 2023). While potentially enhancing flexibility and work-life balance, there was a risk of social isolation and lack of opportunity for support, especially in people who are newly qualified or recently appointed (Cook et al., 2020).

Knowledge of the importance of self-compassion and self-care for wellbeing

Self-compassion and self-care protect against work-related stress and burnout, with particular benefits for complex, emotionally demanding roles such as social work. Self-compassion involved creating a relationship with the self that enables a sense of caring and warmth (Neff, 2003). Studies of social workers have found that self-compassion benefited wellbeing: a) by reducing the risk of stress and burnout directly; b) by moderating the negative effects of emotional demands on wellbeing and c) by improving self-care (Miller et al., 2019, 2020; Kinman and Grant, 2020).

The following benefits were associated with self-care or purposeful action taken to enhance wellness and reduce stress. It could protect against compassion fatigue, vicarious trauma and burnout, encourage healthy behaviours, support resilience and wellbeing (Neff, 2011; Cuartero and Campos-Vidal, 2019; Lee and Miller, 2018; Truter et al., 2018; Lewis and King, 2019). The importance of an ecological approach to self-care was emphasised, with attention to biological, interpersonal, organizational, familial, peer-related, spiritual and recreational domains (Newell, 2020).

Knowledge of emotional resilience

Emotional resilience has been defined as the capacity to utilise internal and external resources to respond to challenges positively and adapt to change effectively, while maintaining a sense of control (Pooley and Cohen, 2010). Supporting its benefits for 'helping' professionals, emotional resilience has been recognised as a key capacity by the Health and Care Professions Council. Emotional resilience was a particularly important resource for social workers' wellbeing and effectiveness. It helped practitioners adapt to stressful situations and reduced the risk of distress and burnout. It also enhanced feelings of personal accomplishment, compassion satisfaction and professional capacity and sustainability (Kinman and Grant, 2011; Grant and Kinman, 2013; 2014; Kapoulitsas and Corcoran, 2015; Frost, 2017; Rose and Palattiyil, 2018; McFadden et al., 2019).

Emotional resilience has been recognised as a 'multi-dimensional resistance resource' for social workers and involved: a) the capacity to 'bounce back' from adversity, regroup and regenerate; b) the ability to utilise successful coping strategies; c) engage in effective self-care strategies, maintaining boundaries and obtaining appropriate support (Grant, Kinman and Baker, 2011).

A range of qualities, attitudes and behaviours has been associated with resilience among social workers, these included: a sense of agency; emotional intelligence/literacy; self-awareness and self-reflection; an optimistic (but realistic) explanatory style; adaptability and perseverance. They also included: the ability to maintain perspective; 'bounded' empathy and the ability to maintain 'a professional emotional distance; a strong professional identity and a passion for the job; congruence between individual and organisational values; social competence and engaging in continuous professional development (Collins, 2008; Kinman and Grant, 2011; Palma-Garcia et al., 2013; Grant and Kinman, 2013, 2014; Rose and Palattiyil, 2018; Bunce et al., 2019; Cleveland et al., 2019; Molakeng et al., 2021; Jiang et al., 2022; Ratzon et al., 2022; Rose, 2022). The ability to maintain boundaries between work and personal life to ensure emotional and physical recovery was identified as crucial.

A suite of personal qualities have been identified that specifically support social workers to interact with their working context in ways that enhanced resilience. Adamson et al., (2014) developed a conceptual framework with three interconnecting elements: the self (core attributes such as identity, autonomy, optimism, personal history, and moral and ethical codes); the practice context (aspects of the organisational structure and culture) and mediating factors between the self and the context (such as support from supervisors and colleagues, coping and problem-solving skills to manage work challenges, effective boundary setting and developmental learning).

Although a body of evidence has highlighted its benefits, it has been recognised that an emphasis on building individual resilience in social work practice risks promoting the view

that a 'failure to cope' was due to personal weakness, not a reaction to intolerable working conditions (Considine et al., 2015). Attention is therefore needed to tackling the organisational risk factors for stress and burnout (see Appendix 2), as well as aiming to support resilience at the individual level.

Coping skills and strategies

The literature divided coping strategies into two general styles: 'active' coping strategies that aimed to change the nature of the problem or how one thinks about it, and 'avoidant' coping strategies which involved activities, such as using alcohol or psychological responses, such as denial, that stopped people from addressing the problem directly (Carver et al., 1989).

Social workers who used active coping methods tended to report less distress and more resilience, whereas avoidant coping was related to lower resilience and poorer wellbeing (Kinman and Grant, 2011; McFadden et al., 2015). A flexible repertoire of coping styles appeared most effective in managing the complexity and emotional demands of social work (Grant and Kinman, 2013). More generally, psychological flexibility or successful adaptation to fluctuating situational demands and in pursuing valued goals was linked to enhanced resilience, compassion satisfaction and wellbeing (Bond et al., 2015; Garner and Golijani-Moghaddam, 2021).

Successful coping required the following skills:

- Reflecting on the most appropriate strategies/coping styles to use in response to particular challenges and the flexibility to adjust them if required
- Using problem-focused coping strategies to tackle issues that can be changed and emotion-focused strategies to manage reactions to situations that cannot
- An active awareness of the organisation's duty of care to support practitioners' wellbeing and how to access available resources and use them effectively
- Self-awareness and confidence to address organisational hazards (such as high workload pressure and interpersonal conflict) at source, via discussions with managers and colleagues and reach mutually agreed solutions
- The ability to use key organisational resources such as control, support and flexibility to manage job demands more effectively.

Knowledge of support

Many studies highlighted the fundamental importance of supportive relationships to the wellbeing of social workers (Beddoe et al., 2014; McFadden et al., 2018; Zychlinski et al., 2022). Social support and feeling connected with others reduced the risk of work-related stress and burnout and protected against the damaging effects of adversity (Grant and Kinman, 2011; McFadden et al., 2015; Iversen et al., 2020). Studies of social workers have also found strong links between workplace support and other key outcomes such as better

work-life balance and reduced turnover (Kalliath et al., 2014; McFadden et al., 2015). As well as receiving support, providing support to others is a key aspect of professional development. There were several types of support, including:

- Informational support, such as giving advice or sharing information
- Tangible support by providing practical assistance
- Emotional support by offering comfort and understanding
- Esteem-enhancing support through expressions of confidence or encouragement (Cutrona and Suhr, 1992).

While all sources of support were beneficial, emotional support seemed particularly effective in protecting social workers against stress and burnout (Himle et al., 1991; Lloyd et al., 2002; Molakeng et al., 2021).

A wide social network, both within and beyond the practitioner's organisational setting appeared to benefit wellbeing (Molakeng et al., 2021). Within the workplace, support could be provided from co-workers, line managers and the organisation more generally (Olaniyan et al., 2020). Supportive working relationships with colleagues was particularly important for social workers, as they protected against burnout and secondary traumatic stress and helped build resilience and capacity (McFadden et al., 2015; Cleveland et al., 2019; Olaniyan et al., 2020; Kinman and Grant, 2021).

The importance of a secure base for the resilience and wellbeing of social workers has also been demonstrated (Biggart et al., 2017). This created a 'safe haven' where workers feel supported and psychologically secure. To foster a secure base at team level, attention was needed to five dimensions: availability, sensitivity, acceptance, co-operation and team membership. A secure base also helped create supportive spaces and a sense of belongingness for remote working (Cook et al., 2020).

Reflective supervision was a key source of support for social workers. It protected wellbeing, encouraged best practice and potentially increased retention (Beddoe et al., 2014; Susman-Stillman et al., 2020; Chiller and Crisp, 2021). Several factors have been found to underpin effective reflective supervision in social work: consistency and regularity; trust and feelings of safety; a non-judgemental stance; a strengths-oriented approach; a sense of autonomy over content and structure; avoiding a task-oriented approach overly focused on accountability and adequate preparation by supervisees (Pack, 2015; Grant and Kinman, 2014; Ravalier et al., 2022).

6. Knowledge and skills by career stage

The evidence base on knowledge and skills by career stage was almost non-existent. What does exist, suggested that social workers became more authoritative over time (Kettle, 2018). The literature suggests that key knowledge and skills gained at qualifying level: the law, attachment theory, impact of stigma, poverty, nature of child abuse remains key. Specific 'knowledge that' and 'knowledge how' is then developed over time and honed in relation to specific practice settings. There seems to be more evidence about the expert use of skills that are acquired but this is also an underdeveloped area of research.

Experienced social workers were more confident in their knowledge regarding the law and statutory thresholds. This was reflected in a more nuanced understanding of power, including its limits and that not all children can be helped via statutory social work interventions. More autonomous practice was also identified and less reliance on documentation noted when carrying out assessments (Kettle, 2018). This included enabling service users to tell their own story, facilitated by more skilful questioning techniques and following up their responses (O'Connor and Leonard, 2014). More experienced social workers also reported becoming more skilled at reading people's responses. For example, by learning to assess body language, such as type of eye contact to identify parental deception in the safeguarding context (Fox, 2022).

At the same time, more experienced social workers were more keenly aware of complexity and the importance of maintaining a position of "authoritative doubt''. This was observed in systematically-informed supervisory sessions whereby hypothesising was used to support professional curiosity and critical reasoning. In these sessions, practitioners trained in systemic social work practice generated hypotheses that were then used to test out different ideas with families to get their perspective. This enabled practitioners to release 'news of difference' or new ideas into the system to assist families to develop new understandings of their relational patterns (Bostock et al., 2022). This approach was supported through 'interventive interviewing' or a use of a range of questioning techniques to enable family members to think reflexively about their situation by drawing attention to the perspectives of others. Practitioners used systemic supervision as a "rehearsal space" to actively plan conversations with families. They would draw on the knowledge and experience of colleagues to "formulate questions" to ask families on their next visit. Such questions enabled them to test hypothesises and ensure that they were "equipped to intervene on the next visit and that intervention to be purposeful" (Bostock et al., 2022: 6).

The Professional Capabilities Framework for Social Workers did not provide an indication of the specific accumulation of knowledge and skills to aid the development of a step by step Early Career Framework. However, it does indicate a journey from newly qualified social worker to an advanced practitioner. Newly qualified practitioners are described as becoming "more effective in their practice", "building their own confidence starting to use their initiative to broaden their repertoire of responses". Social workers are able to make

"high quality judgements in situations of increasing complexity, risk, uncertainty and challenge, acting with confidence and considerable autonomy". Experienced social workers are expected to be "acting autonomously" and "demonstrate expert and effective practice in complex situations, assessing and managing higher levels of risk." Advanced social workers are "highly skilled in their field of social work, are routinely involved in supervision or oversight of others".

7. Final thoughts

Social workers work in complex situations and the evidence suggests they need a good grounding of knowledge and skills at qualifying level to enter the workforce. Additionally, to be effective they need time and support to develop the most expert and specific knowledge and skills to work effectively in child and family social work.

This review provides evidence of what is shown to work in practice. However, while rapid evidence reviews are effective tools for quickly synthesising and disseminating information to inform evidenced-based policy decisions, they do have disadvantages. A more accelerated process than a systematic one can lead to gaps in searches and bias (Molcak, H. S, 2021). The review team have made significant attempts to mitigate these risks, through the approach taken but some gaps will be inevitable. It has been further limited by the nature of the published evidence and gaps in the literature.

Gaps in the evidence base

As outlined above this review was limited by the varying degrees of evidence in both quality and quantity. The requirement of the review demanded that we looked for evidence which demonstrated measurable effectiveness or what works. To do so, we used a well-regarded research tool and excluded studies which did not provide a degree of evidence of effectiveness. Studies which use a randomised control methodology are highly regarded as reliable evidence. These are a limited number of randomised control trials in social work (mainly the work of Forrester, et al., 2018), and no meta-analyses. The review considered 136 sources of evidence which met the quality threshold with those which had a tendency toward "sweeping statements" of effectiveness excluded. The most well developed evidence was found in foundational skills where examples of practice seen as effective, such as developing emotional attunement with children, were compelling. The effectiveness literature is less well developed and coherent when considering additional knowledge and skills.

Where gaps have been identified, data were extrapolated to provide evidence on the knowledge and skills that social workers might need, for example to support young people in care and leaving care. In these areas we had to extrapolate the knowledge we could find from either what is seen to work or not work in non-specific professional groups. For example, knowledge and skills required by foster carers and residential workers and support for kinship carers and how these could inform effective social work practice.

There was a dearth of information in the social work literature regarding what knowledge and skills are required by social workers to support young people experiencing mental distress, including risk of suicide and self-harm. This was seen as the reserve of other professionals to deal with and while additional targeted searches were undertaken, a

significant gap in the knowledge base remains. Given the rise in mental ill health in children and young people, this is a significant gap in the social work research base.

The expert review of the literature on the knowledge and skills required by social workers to promote and protect their psychological well-being identified a focus on their needs rather than their knowledge and skills. Where the literature explored impacts for social workers at different career stages, it tended to focus on resilience to protect those in practice longest against burnout. This underlines the importance of promoting and protecting social worker psychological well-being as essential to the retention of a highly skilled, expert social work workforce. Data have been extrapolated to identify knowledge, skills and support required by social workers from studies that have identified the hazards and challenges of social work practice.

Finally, the evidence base does not lend itself to a review assessing the specific knowledge and skills required by early career social workers from beginning to expert. As outlined above, the Professional Capabilities Framework addresses the use and application of knowledge and skills across adult and child and family social work, but does not indicate how to build and consolidate in-depth content knowledge and skills that leads to expertise. Unlike other professions, social workers often do not have a neat career trajectory, moving from specialism to specialism, meaning that accumulation of knowledge and skill acquisition is rarely linear. However, what we have found some cross-cutting skills are developing regardless of specialist area.

The Independent Review of Children's Social Care (MacAlister, 2022: 8) provides a "once in a generation opportunity to transform the children's social care system". Effective social workers need to have the knowledge that will inform their practice and skills for effective intervention. This rapid evidence review has brought together key evidence for the knowledge and skills they need to acquire to work effectively with children and families.

Appendix 1: Summary tables of knowledge and skills

Foundational knowledge and skills: working with children and birth families

Knowing that/ knowing how	Examples
Harm to children	Understanding the risks of neglect related to poor caregiving and unsafe home environments
	Recognising that neglect can be harder to identify for adolescents because of an increase in autonomy and independence
	Understanding power dynamics and social structures that can impact on social workers' ability to identify neglect in affluent families
	Knowledge of the language that children and young people might use to disclose sexual abuse
	Understanding of healthy sexual development and normal child development
	Understanding of why parents might not feel able to leave an abusive partner
	Understanding that abusive patterns can continue long after relationships have ended
	Knowledge of how parental mental illness impacts on caregiving, boundaries and how parents respond to children's emotional needs
	Understanding of the stigma around mental ill health
	Recognition that a reduction in substance misuse or symptoms of mental distress do not automatically create safer situations for children

Knowing that/ knowing how	Examples
Anti-discriminatory practice	Knowing the difference between arranged marriage and forced marriage Understanding the impact of culture on engagement with social workers Knowing the impact of heteronormative assumptions on lesbian, gay, bisexual and queer parents Understanding the complexity of the relationship between poverty and neglect Recognition of the stigmatising and othering nature of poverty
Professional knowledge	Knowledge of the law and statutory thresholds and ability to apply these to practice, in particular the thresholds of 'child in need' and 'significant harm'. Recognising that particularly in cases of neglect and emotional abuse it is not straightforward to recognise when statutory thresholds have been met Understanding of how partner agencies such as health, education and the police operate, so that children do not experience gaps in support when they have experienced harm, such as sexual abuse or head trauma Understanding of relevant theory: child development, attachment theory, motivational interviewing, systemically-informed practice, trauma
Service user knowledge	Children who have had social workers have reported wanting: to feel cared about and listened to; to have their social worker invest time before asking personal questions; to be open and non-judgemental Parents who have had involvement with social workers report wanting: practical help; to be informed about meetings; to be involved in decision-making; to have change recognised

Knowing that/ knowing how	Examples
Relationship building with children	To understand that building a relationship of trust is important in itself, but also because it improves the effectiveness of assessments and intervention

Attunement to infants and toddlers is achieved using voice, facial expression and touch. For example, smiling, eye contact, singing, clapping, holding babies or allowing toddlers to climb on them

Attunement to primary school-aged children is achieved through toys, games, colouring or drawing, lego, puppets, and worksheets. The skill to use humour and the disclosure of small personal details such as about hobbies or pets to engage children

The social worker's car is used to engage adolescents. Talking is used more than games. Understanding how to 'weave' conversations between safer and more challenging topics of conversation |
| Relationship building with parents | Social worker relationship building skills were found to correlate to higher levels of parental engagement

Skill to help parents feel 'known', listened to and understood, creating space for parents' perspectives while not becoming enmeshed in parents' world at the expense of maintaining focus on the child

Skill to appropriately balance risk assessment with understanding of parents' needs

The skill with the best evidence for impact on outcomes was evocation – drawing out parents' intrinsic motivation for change |

Knowing that/ knowing how	Examples
Good authority	Ability to be purposeful – setting out and keeping to plan for each encounter, while being flexible in relation to the family's agenda Skills in managing difficult situations evidenced by skilful 'reading' of people, respectful challenge, maintaining professionalism in the face of hostility or aggression Having a clarity of concern – understanding what the concerns are and why professionals are involved Understanding and recognising situations of uncertainty and maintaining curiosity Maintaining child focus – talking to children alone and tactfully managing inspections of the home to minimise power imbalance, and helping parents understand how their child's health or development was being impacted
Partnership working	Having a good understanding of the roles and responsibilities of different agencies Recognising that holding multiagency meetings is not in itself effective partnership working – being aware of the work being undertaken across different parts of the system and ensuring there are timescales for actions and review
Reflective practice	Using supervision to re-evaluate hypotheses and to recognise when curiosity is being impeded Using reflection and supervision to work through 'gut feelings' or 'bad vibes' Systemically-informed supervision in particular supports social workers to try to understand family systems in more detail and can improve outcomes

Additional specialist knowledge and skills

Working with children in care

Knowing that/ knowing how	Examples
Professional knowledge	Understanding belonging, attachment, separation and loss Understanding that "family" and "home" meant different things to different children Creating "belonging" through relationships with carers Supporting transitions by planning changes in carer, sharing information and photos and facilitating meetings to militate against loss on children
Impact of abuse	Understanding that children in care experienced multiple traumas before coming into care, with the move into care itself, being traumatic for some Knowledge of restorative parenting, social pedagogy and relationship-centred practice to holistically support young people's well-being Applying social learning theory and associated behaviour management techniques important for both social workers' own practice and supporting carers Knowledge of the complexity of managing risk and uncertainty in children who have been abused or harmed prior to coming into care Understanding that removing children from the location of their abuse kept children physically safe but left some feeling relationally "unsafe, unanchored, isolated and highly anxious"

Knowing that/ knowing how	Examples
Service user knowledge	Fostering the autonomy of young people through choice, control and participation in decision-making is essential Kinship placements are valued by children and can promote continuity in family relationships, friendships and schooling Knowledge of family dynamics, protective factors and the ecological system when supporting kinship carers and children Understanding that kinship parenting practices are heavily influenced by inter-generational, cultural and religious beliefs
Relationship building	Empathy and reliability are prized by young people, possibly because these were qualities missing from earlier attachments Simple demonstrations of "caring about" such as remembering birthdays, celebration days or asking about hobbies help children feel safe and secure Ensuring practical tasks are prioritised such as making sure children had a passport on time so that children did not feel different from their peers Trading personal information by practitioners, such as hobbies or their pet helps in building trusting relationships
Good authority	Using good authority in interactions with young people, such as negotiating age-appropriate boundaries Supporting carers develop "authoritative parenting" styles could help in boundary setting where combined with a warm relationship-based approach

Knowing that/ knowing how	Examples
Communication	Communicating with honesty and empathy with children about the reasons for coming into care promoted emotional containment

Skilful use of genograms, talking about the past regularly and ensuring memories of birth family were kept alive

Communication skills needed to be authentic and age-appropriate, for example use of story books or emotion cards with younger children

Unaccompanied asylum seeking children appreciated efforts to communicate in their own language, through basic sign language or use of pictures as well as talking about their home country

Using digital technology for communication was also cited as effective in keeping in touch with older children

Understanding that "challenging behaviour" was used as a communication strategy by some children within residential care supported effective interventions |
| Reflective practice | Using supervision to reflect on how to negotiate appropriate boundaries, develop participatory rather than protectionist practice and to challenge negative stereotypes or over-generalisations

Reviewing impact of working with children with complex needs and behaviours to protect against vicarious trauma |

Working with carers

Knowing that/ knowing how	Examples
Needs of carers	Understanding that in comparison to birth parents and foster carers, kinship carers were more likely to be older, less educated, in poorer health, living in poverty and unsafe housing conditions Foster carers of unaccompanied asylum seeking children and those with children who had been sexually exploited appreciated social workers who gave specific help, guidance and information about their unique needs and characteristics Carers of young people in residential care needed support to manage very challenging behaviour with compassion and care while not condoning stigmatising or blaming narratives
Anti-discriminatory practice	Tackling the impact of bullying, harassment and discrimination experienced by LGBTQI+ children Understanding children's rights to privacy around their gender, sexuality and identity, particularly where the birth family are not supportive Unaccompanied asylum-seeking young people appreciated practitioner curiosity about their lives and experiences Addressing the barriers that prevented kinship carers from Black, Asian and other minority ethnic communities from seeking help and applying skills in cultural competency to support kinship care

Young people leaving care

Knowing that/ knowing how	Examples
Care leavers as unique	Understanding that care leavers were not a homogenous group Personalising interventions for care leavers that recognise the unique experiences of their early lives and journeys through the care system Understanding that their life experiences influence their ability to navigate the transition to independence and adulthood
Professional knowledge	Knowledge of the Leaving Care Act (2000) to support young people who are leaving care and transitioning to independence
Practical knowledge	Using pathway plans to identify the support and services that the young person will need as they transition to independence Understanding accommodation options, including supported accommodation and extended care arrangements such as Staying Put Supporting eligible young people in accessing education, training, and employment opportunities Providing financial advice and support to care leavers, including financial entitlements, budgeting and accessing benefits
Relationship building	Adopting a person-centred approach essential to identify the needs and aspirations of the young person Being person-centred helped young people feel more empowered, improving their self-esteem and confidence, and enhancing their overall wellbeing Young people who experienced social workers as warm, friendly and non-judgemental reported higher levels of satisfaction with support received

Knowing that/ knowing how	Examples
Good authority	Advocating effectively for care leavers, ensuring that their needs and interests were represented and protected in interactions with other professionals and agencies

Using clear and concise language to explain complex issues and concepts in a way that was easily understood by care leavers |
| Partnership working | Partnership working with other professionals and agencies is essential to securing successful outcomes for care leavers

Partners included housing providers, health professionals, mental health services, and employment and training providers to help young people access the resources and services they need to succeed in their transition to adulthood |

Children with specific needs

Disability and complex healthcare needs

Knowing that/ knowing how	Examples
Disabled children as unique	Understanding that disabled children are unique and developing confidence in communicating effectively with children with a range of complex needs

Understanding that disabled children are at increased risk of abuse but often overlooked by child safeguarding services |
| Assessment skills | Undertaking robust assessments that seek to understand the voice of disabled children no matter how complex their needs

Using professional curiosity to explore complex needs with sensitivity and ensuring referrals are made to appropriate specialist services

Recognising that abuse can be misinterpreted and indicators of abuse wrongly attributed to children's impairments |

Knowing that/ knowing how	Examples
Good authority	Maintaining child focus and awareness that disabled children are at greater risk of abuse and neglect

Advocating for disabled children to ensure appropriate access to children's social care disability services

Signposting to voluntary service providers to provide support while awaiting assessments |
| Partnership working | Building a network of professional and community support around the child and family

Drawing on expertise from professionals with specialist knowledge on disability and complex health needs to support communication with the child and family and coordinate services

Making use of multi-disciplinary assessment tools like the Common Assessment Framework to ensure a shared understanding across agencies

Prioritising education, health and care plans (EHCPs) to promote positive outcomes for young people and their families

Keeping comprehensive records of a young person's life story including key events such as diagnosis or any trauma, to avoid families having to repeatedly tell their story to different professionals or agencies |

Children and young people at risk or experiencing extra familial harm

Knowing that/ knowing how	Examples
Extra familial harm to children	Understanding the evolving and complex area of child exploitation and extra-familial harm Knowing about common methods of accessing and controlling young people Understanding extra-familial environments that may pose risk of harm, including schools, public spaces and online platforms, peers, partners and adults unconnected to family members
Professional knowledge	Application of statutory thresholds around 'child in need' and 'significant harm' where risk not attributable to parenting Using a contextual lens to explore peer groups, environments and other contexts that pose risks of extra-familial harm Developing methods of assessment and intervention in contexts of concern to improve the safety of young people
Anti-discriminatory practice knowledge	Recognising that common methods of exploiting young people may be misinterpreted as consensual rather than indication of exploitation Ensuring that teenagers experiencing sexual exploitation are treated with respect and disclosures taken seriously Addressing negative stereotypes based on gender, ethnicity or disability, specifically the 'adultification' of young Black people who are not afforded the same protection as non-Black peers Understanding overprotection of young people with learning disabilities can be disempowering and result in isolation which may increase vulnerability to exploitation

Knowing that/ knowing how	Examples
Service user knowledge	Understanding that young people do not want to be defined by the exploitation experienced

Appreciating the importance of young people's relational contexts, including the salience of friends and peers to their emotional wellbeing

Use of peer mapping with young people to understand their own sense of safety and risk

Recognising the expertise and knowledge of parents and carers, regarding exploiters, unsafe places and their local community |
| Relationship building | Building a strong therapeutic alliance between practitioner and child to promote positive child outcomes

Establishing and maintaining trust is a core component of Trauma-Focused Cognitive Behavioural Therapy

Working collaboratively with young people to identify goals beyond the harm that they face

Managing tensions between professionals' perspectives on the 'best interests of the child' by 'working with' not 'doing to' young people

Creating protective relationships in extra-familial contexts through community guardianship |
| Good authority | Maintaining child focus and welfare driven approach

Recognising that during adolescence, exploration, risk taking and trying new things are essential to learning and development

Balancing the rights of young people for self-determination while recognising that extra-familial contexts can pose a complex suite of risks

Understanding that adopting 'protection at all costs' could alienate young people and increase their risk of exploitation |

Knowing that/ knowing how	Examples
Partnership working	Developing new ways of working with partners and developing contextually informed approaches to assessment and intervention

Including non-traditional safeguarding partners with reach into extra-familial contexts

Multi-agency meetings support identification and planning in response to young people at risk or experiencing extra-familial harm |

Protecting and protecting psychological well-being

Knowing that/ knowing how	Examples
Signs and symptoms of work-related stress and burnout	Signs of stress include: physical e.g. headaches, fatigue; mental e.g. anxiety, depression; cognitive e.g. poor concentration and problem solving; social e.g. withdrawal from others, need for reassurance; and behavioural e.g. emotional eating and problematic alcohol consumption

Signs and sequence of the burnout syndrome include: emotional exhaustion, depersonalisation/cynicism, lack of personal accomplishment |
| Impact of work-related stress | Knowing that stress and burnout can affect job performance directly via sickness absence and attrition

The symptoms of burnout affect job performance via the development of cynical and depersonalising attitudes towards service users and the experience of compassion fatigue |

Knowing that/ knowing how	Examples
Personal vulnerability	Minoritisation (ethnicity and neurodiversity), the risks of intersectionality, lack of experience
	Perfectionism, over-involvement, a rescuing tendency, inflexibility, rigid coping styles, lack of confidence, sensitivity to rejection
	Recognition of the high risk of work-related stress and burnout in social work, the emotional complexity of the job, the particular challenges of child and family social work
	Weak boundaries between work and personal life (time and strain-based conflict), rumination, difficulties 'switching off'
	The risks of working patterns such as agile and hybrid working e.g. isolation, lack of opportunity for support
Self-compassion, self-care	Development and use of a personalised, flexible 'toolbox' of resilience and self-care skills and strategies to maintain and build emotional capacity and wellbeing at physical, mental, cognitive and social levels
	Using social support networks to sustain wellbeing and gain perspective during challenging times
	Maintaining emotional boundaries and ensure recovery
	Communication skills to share best practice in building and sustaining resilience

Knowing that/ knowing how	Examples
Emotional resilience	Awareness of the capacities that underpin emotional resilience Maintaining a professional 'emotional distance' while showing empathy and compassion Insight into the individual's personal profile of strengths and how strengths in certain areas can be used to compensate for limitations in other areas Self-awareness required to recognise and interrogate personal prejudices and preconceptions Awareness of the limits of resilience and that an inability to manage pressure is not a personal failure Awareness of the importance of compassionate leadership and a sense of psychological safety at work and the factors that underpin organisational resilience: secure base; sense of appreciation; learning organisation; mission and vision and wellbeing and how they can support individual resilience

Knowing that/ knowing how	Examples
Coping skills	Reflecting on needs and preferences for wellbeing strategies
	Particular attention is needed to work-life balance skills and strategies and boundary maintenance
	Organisational support, both formal and informal, to achieve optimum wellbeing
	Equal attention is needed to strategies to support physical, mental, cognitive and social wellbeing
	Some strategies such as mindfulness and reflective supervision can be effective across several domains, whereas others such as cognitive behavioural skills can have particular benefits for mental wellbeing
	A creative, flexible approach is needed to identify skills and strategies that help maintain wellbeing and build capacity, such as the use of emotional writing strategies when opportunities for support may be low
	The need to take regular breaks to recharge
	Awareness that strategies may need to be revised if personal/job circumstances change

Knowing that/ knowing how	Examples
Accessing support	Developing strong social support networks inside and outside of work and how to use them effectively

Awareness of the need for different types of social support e.g. emotional, informational and where to access the most appropriate support required

The importance of the team as a secure base and a source of belongingness and the need to maintain a regular connection with others

Accessing reflective supervision and prepare for it effectively

Communicating distress and difficulties coping to others

Awareness of the support that the organisation offers for wellbeing and how it can be accessed

The importance of a flexible, individualised approach according to need and how this can be negotiated |

Career stage

Knowing that/ knowing how	Examples

	Knowledge and skills by career stage is almost non-existent
	
	Key knowledge and skills gained at qualifying level remains key
	
	Specific 'knowledge that' and 'knowledge how' is then developed over time and honed in relation to specific practice settings
	
	Experienced social workers are:
	
	    more confident in their knowledge regarding the law and statutory thresholds
	
	    more skilled in communication, including question techniques, reading people's responses, such as assessing body language to identify parental deception
	
	    more keenly aware of complexity and the importance of maintaining a position of "authoritative doubt''
	
	    more skilled within supervision, drawing on the perspectives of colleagues to develop hypothesis and plan interventions with families

Appendix 2: The organisational factors that can challenge as well as protect social workers' wellbeing

Support for mental wellbeing: organisational risk factors

Research findings highlight factors at the organisational level that increase the risk of stress and burnout for social workers:

- workload pressure; high and complex caseloads; working across multiple agencies; heavy administrative burden; long working hours

- limited resources; financial constraints, low staffing levels and lack of cover

- lack of autonomy and influence; little say over working conditions and lack of input into decision-making

- insufficient support from managers or colleagues

- poor quality working relationships; experiencing bullying, harassment and aggression

- excessive and poorly managed change; frequent reorganisations and revision of policies and procedures

- value conflicts; an inability to provide the standard of care required (see moral distress above)

- lack of reward and recognition; where efforts are overlooked or undervalued

- poor psychological safety climate; few opportunities for emotional support, poor quality supervision, stigmatisation of help-seeking, or barriers to accessing support

- emotional labour demands; supporting distressed and traumatised people and poor behaviour by service users

- public scrutiny and mistrust; negative public perceptions of the profession exacerbated by a 'blame' culture

- additional threats to wellbeing emerging from the COVID-19 pandemic; including the need for 'creative and improvisatory' modes of engagement with technology when interacting with service users and colleagues

(Found in Grant and Kinman, 2014; Geisler et al., 2019; McFadden et al., 2019; Ravalier et al., 2019; 2021; Kinman and Grant, 2020; YouGov, 2020; Dima et al., 2021; Martinez-Lopez et al., 2021; Pink et al., 2021; UNISON, 2022; Axelrad-Levy et al., 2023)

Organisational and individual risk factors combined

Prominent frameworks of work-related stress, such as the Job Demands/Control/ Support model (Karasek and Theorell, 1990) and the Effort Reward Imbalance models (Siegrist, 2001) show that a combination of organisational and individual factors typically increases a person's vulnerability to stress and burnout. For example, where high job demands are accompanied by a lack of control, support or other resources (Wilberforce et al., 2012) and if someone perceives an imbalance between the effort they feel they put into their work and the rewards they receive (especially if they are highly committed to the job) (Rugulies et al., 2009). The risk to wellbeing is also likely to be intensified if maladaptive habits acquired during social work training are reinforced by working in a highly pressured environment that overlooks the need for self-care (Grant and Kinman, 2014; Kinman et al., 2023). Moreover, the risk of moral injury and distress will be greater in a working environment where resources are scarce and support is poor (Williamson et al., 2018).

Intervention studies to enhance emotional resilience and wellbeing

The next section reviews interventions that have an evidence-base in social work.

A wait-list controlled study (Kinman and Grant, 2017) examined whether a multi-modal intervention increased the resources previously associated with resilience among social workers. Following training in cognitive behavioural skills, mindfulness, goal setting, reflective supervision and peer support, significant improvements were noted in emotional literacy, reflective ability and self-compassion compared to controls. The need for enhanced support for early career social workers is underlined by the finding that distress and compassion fatigue reduced over time in the study group but increased among controls. This study highlighted the benefits of a 'toolbox' approach, where trainees are exposed to different strategies that might suit their preferences and needs.

Another intervention study (Grant, Kinman and Alexander, 2014) found that training in enhancing emotional competencies had benefits for the wellbeing social work students. Evidence was provided that relatively brief interventions, such as an emotional writing intervention, can develop some of the capacities associated with resilience. More specifically, levels of emotional literacy, reflective ability and empathy (assessed by questionnaire and reflective logs) increased and psychological distress reduced over time.

A body of evidence from systematic reviews and intervention studies with groups of social workers (experienced, early career and student) suggest that mindfulness-based interventions are effective. Mindfulness can protect practitioners against stress and burnout, improve coping skills and enhance self-care, self-compassion and wellbeing and other attributes linked with emotional resilience, as well as potentially enhance practice

quality (McGarrigle and Walsh, 2011; Crowder and Sears, 2017; Trowbridge, 2016; Roulston et al., 2017; Maddock et al., 2021; Maddock and McCusker, 2022). For example, Kinman et al. (2019) evaluated the effects of mindfulness training over eight weeks and found that emotional self-efficacy, psychological flexibility and compassion increased and compassion fatigue reduced. Social workers who responded also identified benefits for their work-life balance and professional practice.

Schwartz Rounds are collaborative discussion groups for staff that offer practitioners the opportunity to share their experiences, thoughts and feelings on issues arising from practice. Originally developed in healthcare, participation in Schwartz Rounds has been found to aid reflection, enhance compassion and resilience and increase trust, reduce isolation and foster collaboration and a sense of shared purpose (Reed et al., 2015; Maben et al., 2021). There is some evidence that they can be effective for social care workers by reducing the risk of stress, isolation and burnout, with benefits for professional relationships and the quality of practice (Minford et al., 2020; Wilkins et al., 2021).

An intervention designed to enrich and improve social work skills reduced burnout in hospital social workers, with particular benefits for reducing depersonalisation and enhancing feelings of personal accomplishment (Cohen and Gagin, 2005).

The importance of support from colleagues to the wellbeing of social workers has been recognised above. Peer coaching involves a confidential relationship between two people of equal status that helps them achieve self-generated goals. It also provides a mechanism to share ideas, build skills and provide mutual support. A toolkit has recently been developed (Kinman and Grant, 2022) to support the use of peer coaching interventions among social workers, but its benefits for resilience and wellbeing have not yet been evaluated.

Intervention studies among social workers are limited, but some effective strategies are identified above. A review of the literature more generally identifies other options with potential to reduce the risk of workplace stress, compassion fatigue and burnout and enhance wellbeing among social workers. These include:

- Acceptance Commitment Therapy and Cognitive Behavioural Therapy (Barrett and Stewart, 2020)

- Psychoeducation and coping skills (Van Daele et al., 2012)

- Expressive writing (Pennebaker, 2018)

- Enhancing coping flexibility (Cheng et al., 2012)

Organisational support. Although individuals have some responsibility to develop the capacities to support their wellbeing, organisations have a legal and moral duty of care to protect the health and wellbeing of their employees. The section above that identifies the

key organisational-level stressors experienced by social workers highlights the need to address these hazards at source. While there is evidence that individual level interventions can reduce stress and burnout in the short term, a combination of individual and organisational-directed initiatives are likely to have longer lasting effects (Awa et al., 2010).

Few organisational-level interventions have been conducted with social workers. There is evidence that reducing working hours can help resolve time conflicts and reduce the risk of stress reactivity and emotional exhaustion among practitioners (Barck-Holst et al., 2019). To guide the introduction of organisational level, holistic interventions in social work, several potentially useful models are described below:

A longitudinal research project (Grant and Kinman, 2021) has highlighted the characteristics of resilient social work organisations with potential to enhance wellbeing, satisfaction and retention. The framework was co-produced with diverse groups of social workers, from trainees to senior leaders. Five key dimensions associated with organisational resilience were initially identified and validated: secure base; sense of appreciation; learning organisation; mission and vision and wellbeing. Also identified in this research process were some critical 'golden threads' that were particularly influential in creating the conditions required for organisational resilience in social work: a strong commitment to maintaining values and building trust; effective management of change and uncertainty; consulting employees in decision-making and change processes; having effective communication structures; managing cultural diversity successfully and a commitment to developing emotional literacy. The resulting Social Work Organisational Resilience Diagnostic (SWORD) framework identifies the knowledge, skills and attributes that can help those responsible for managing the workforce build sustainable resilience, with a view to improving wellbeing and professional effectiveness. The framework includes a diagnostic tool that identifies social workers' perceptions of the conditions found to underpin resilience providing leaders with targeted guidance on multi-level interventions with potential to enhance resilience in the five dimensions shown above. To date, a wide range of social work organisations across England has participated.

Reducing the risk of burnout. Six pathways have been identified through which organisations can reduce the risk of burnout (Leiter and Maslach, 2003; Maslach, 2017). This model is particularly relevant to highly socially connected, values-based professions such as social work and reflect the key factors highlighted above. The pathways are sustainable workload; choice and control; recognition and reward; a supportive work community; fairness, respect and social justice; clear values and meaningful work. It is also crucial to ensure that there is a good fit between the skills, values and needs of an employee and the job they do, as a mismatch increases the risk of strain and burnout (Maslach, 2017). Job crafting, or the physical and cognitive changes that employees make in the task or relational boundaries of their work, (Wrzesniewski and Dutton, 2001) can

help improve the fit between the person and their environment, enhance engagement and support wellbeing.

Compassionate leadership can help create psychologically safe working environments and protect against workplace stress and burnout (West et al., 2015; Zulueta, 2022). To date, this model has mainly been applied to healthcare, but its relevance to social work is recognised (Schaub et al., 2021) and it reflects the key issues discussed above. Compassionate leadership involves a focus on relationships and inclusivity through attending, understanding, empathising and helping to not only support employees' mental wellbeing, but to ensure they reach their potential and do their best work. Meeting the core needs of practitioners in relation to autonomy (having control over one's working life and being able to act consistently with one's values), belonging (feeling supported, valued and cared for) and contribution (feeling effective in work and able to deliver valued outcomes) can improve wellbeing and engagement (West et al., 2020). A key aspect of compassionate leadership is to model self-compassion and self-care.

Appendix 3: Search and screening strategy

The review was based on [rapid evidence assessment](#) methodology. This involved identifying a series of review questions, undertaking systematic and reproducible searches of the literature, identifying relevant studies and assessing their quality.

Searches were conducted between January and March 2023.

Review questions

The evidence review addressed the following questions:

1. What knowledge and skills do social workers need to work effectively with children and young people to ensure that they are safe and supported to develop in line with their peers when living with birth parents, in kinship placements, foster placements, residential placements, as they leave care and transition to adulthood?

2. What additional knowledge and skills do social workers need to work effectively with parents and carers to reduce intra-familial risk of abuse and neglect to children and enable change?

3. What additional knowledge and skills do social workers need to effectively protect children and young people from extra-familial harms?

4. What additional knowledge and skills do social workers need to effectively support children and young people and their families who have a disability, complex health need or serious mental ill health diagnosis?

5. How do the knowledge and skills required differ at different stages of their career; what do social workers need to be able to do as they enter the profession, when they become competent practitioners and to develop excellence?

6. What knowledge, skills and support do social workers need to effectively promote and protect their psychological well-being?

Search strategy

To manage the review process, searches have been segmented by review question focusing on specific topics, for example, birth families, in care and leaving care.

Review sources

Bibliographic databases: Social Care Online and SOCindex; in addition, PsycInfo and Google Scholar were searched for material relating to question 6 (promoting and protecting psychological well-being).

Specific journals: Child and Adolescent Mental Health; British Journal of Social Work; Social Work Practice.

Searches were conducted across organisational websites, as outlined below under 'Organisational websites and grey literature'.

Keywords

The following search string was used throughout Q1-5, with additional key words applied per question as detailed below. NB: Truncation and wildcards were applied to include relevant variations of the keywords.

Global search string: "Social work*" AND child* OR "young people" OR adolescen* AND knowledge OR skil* OR awareness OR understand* AND outcome* OR impact OR effective* AND *[combinations of the below]*

Q1: kinship placements, foster placements, residential placements: "residential care" OR "looked after children" OR "children in care" OR "kinship care"; OR "foster care"; knowledge OR skill*; cultural competenc* OR cultural awareness OR cultural sensitiv*; "social work*"; effectiveness OR efficacy OR outcome

Q1 and Q2: The birth family aspect of Q1 was combined with Q2 given both relate to keeping children safe and supported with their families (i.e. a significant overlap with literature about intra-familial harm: "birth famil*"; safeguard*; "child protection"; "edge of care"; development, "development AND peer"; communication; "decision making"; authorit*; reflex* or reflect*; empathy; relationship; "child development"; parenting; "behaviour change"; "direct work"; collaboration; "risk assess*"; compassion; multiagency or multidisciplinary or interagency or multiagency or integrated or multiprofessional; restorative; neglect; alcohol; "domestic violence" or "domestic abuse" or "intimate partner violence"; drug* or substance*; "emotional abuse"; "physical abuse"; "sexual abuse"; "female genital mutilation" or FGM; "learning disab*"; "child in need"; "section 17"; "early help"; assess*; "child protection"; safeguard*; "section 47"; "significant harm"; "toxic trio"; "adverse childhood experiences" or ACES or "ACE scor*"; trauma*

Q3 Extra Familial Harm: "CSE"; "CCE"; "county lines"; "child trafficking"; "online exploitation"; "missing"; "serious youth violence"; "harmful sexual behaviours"; "peer on peer abuse".

Q4 disability and/or complex health needs: "learning difficult*" OR disabled OR disability OR impairment OR neurodivers* OR "special needs" OR SEN OR "complex health needs"; Child* OR "young people" OR "children and young people";

Q4 mental health: "Mental health" or "mental ill health" or "mental illness" or "mental distress" or "psychiatric illness" "Emotional or behavioural" "CAMHS" "Self harm" or "self injury" or "self mutilation" or "non suicidal self injury" "Suicid*" – SI 4; SCO 4

For this component of question 4, none of the 191 returned items met the inclusion criteria. While there was literature related to poor mental health among children and adolescents, none has been identified that provides evidence of the impact or effectiveness of social workers' knowledge and skills. Therefore, a more targeted approach to searching was applied, resulting in 17 items that met the inclusion criteria. The following journals were targeted: Child and Adolescent Mental Health; British Journal of Social Work; and Social Work Practice.

Q5: career stages: Career or "career stages" or "career development" "Newly qualified" or NQSW "Assessed and supported year in employment" or ASYE "Early career" Experience or "practice experience" Practice wisdom"

Across the review questions, cultural competence was addressed by application of the following:

Including "competen*" and "divers*" in search filters

Including "*discrim* or *oppress*" to cover discrimination or anti-discriminatory practice and oppression or anti-oppressive practice

Search string (knowledge or skil*) and (race or ethnic* or religion or culture)

Search string (knowledge or skil*) and (LGB* or gay or lesbian or bisexual or pansexual or trans* or sexuality or "sexual orientation")

Search string (knowledge or skil*) and intersectional*

Organisational websites and grey literature

The following websites were searched:

The What Works Centre for Early Intervention and Children's Social Care; Department for Education's Children's Social Care Innovation Programme; Social Care Institute for Excellence; Research in Practice; Social Work England; Health and Care Professions Council; British Association of Social Workers.

Eligibility criteria

Literature that reported associations between early career social worker knowledge and skills and impact on practice and outcomes for children and families were sought. A

standard search date of post-2011 was used; this reflects changes in policy and practice guidance following the Munro (2011) review of child protection and recommendations to focus on skills required in frontline practice. It is focused on evidence from the social work literature only. The review was restricted to English language studies and only included evidence from UK-based sources.

Initial screening identified a series of gaps within the evidence regarding knowledge and skills required by early career social workers. These included:

- In care: focused on knowledge and skills required by foster carers and residential workers and support for kinship carers

- Leaving care: focused on knowledge and skills required by young people as they transition to adulthood, including appropriate accommodation, employment, financial planning and identifying supportive resources in the community

- Children with mental health needs: dearth of information regarding what knowledge and skills are required by social workers to support young people experiencing mental distress, including risk of suicide and self-harm

Where gaps have been identified, studies were included to facilitate exploration of data to provide best evidence on the knowledge and skills that social workers might need to support young people in care, leaving care and with mental health needs.

Inclusion criteria are outlined below.

Table 1: Inclusion criteria

Inclusion / exclusion criteria		Guidance	Comments and queries
1	EXCLUDE Date of publication before	2012	Date reflects changes post-Munro Review (2011) and focus on frontline practice skills
8	EXCLUDE: insufficient details to identify reference or no abstract to screen	Exclude books, dissertation abstracts, trade magazines (e.g. Community Care)	

Inclusion / exclusion criteria		Guidance	Comments and queries
3	EXCLUDE language e.g. not English	Not English	
4	EXCLUDE Publication type e.g. not journal or research report		
5	EXCLUDE Location e.g. not UK	Not UK	
6	EXCLUDE Population e.g. not young people	Not child and family social work	
7	EXCLUDE Scope	Not social work knowledge, skills or competencies Not relevant to scope of review question or sub-topics, for example, birth families, in care and leaving care Not effectiveness or impact or outcomes	Include service user accounts e.g. CYP or family perspectives Include studies for exploration purposes, where evidence is limited NB: Literature unlikely to be focused on first five years of practice/please use professional judgement

Inclusion / exclusion criteria		Guidance	Comments and queries
8	EXCLUDE: Research type	Not academic research report, academic peer review, VCSO report or government policy	Include policy guidance
9	QUERY		Not sure if able to include, query with review leads
10	INCLUDE		

Data management

All references identified from the searches were stored on RefWorks®.

Screening

The review was based on a two-stage process to screening. In stage one, abstracts only were screened using the inclusion criteria. If the study appeared to meet the criteria, full texts were accessed – where available – and assessed against criteria.

Quality appraisal

All included studies were critically appraised using guidance from the rapid evidence assessment toolkit. This involves assessing 1) the relevance of the study for answering the review question and 2) methodological quality of the study being considered. Due to short timescales, assessment of methodological quality was limited to the following:

1. Are aims and objectives of the research clearly stated?

2. Is the design appropriate to the aims of the research and are methods clearly explained?

3. Does it evidence impact on outcomes (for practice, CYP and families)?

Included studies were appraised using a 1-3 rating system, where "3" denotes evidence of effectiveness and "1" outside scope or poor methodological quality. Any study rated as a "1" was excluded from data analysis.

Given the importance of understanding the perspectives of service users and carers to social work practice, reviewers also recorded whether the study captured the views of children and families. However, given that this depends on the aims of the paper, it was not included in the quality appraisal rating system.

Items included for review

In total, **4521** items were identified via database and searches of organisational websites (across questions 1-5). Of these, **3233** references were unique after duplicates were removed. Once abstracts were read, **2939** studies were excluded as irrelevant. Of these, items were largely excluded because they did not contain sufficient empirical data or were not relevant to the review. Following quality appraisal, a further **218** were excluded. In total, **136** items were included for review.

Figure 2: PRISMA diagram illustrating flow of studies through the review process
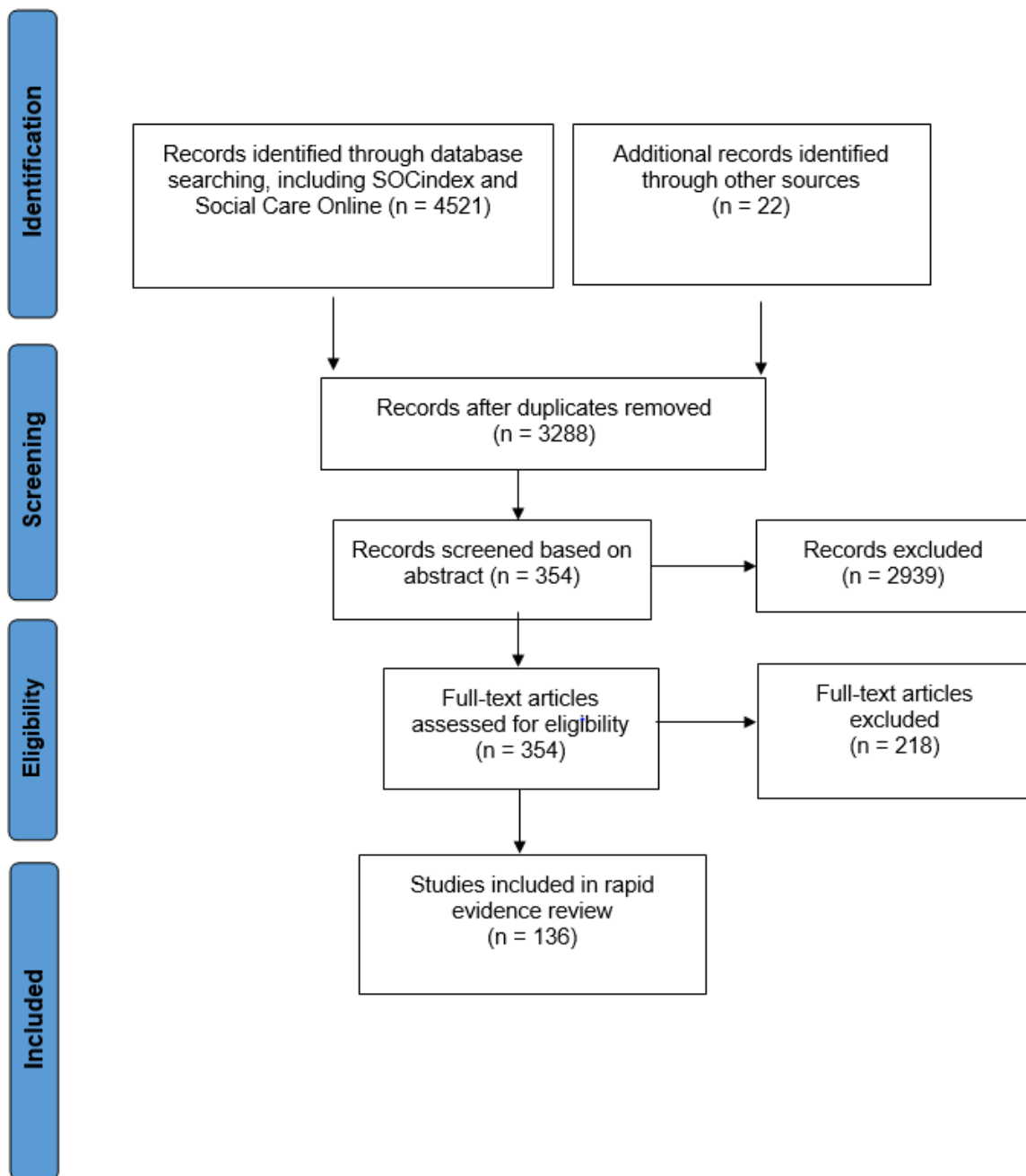
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