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Title	The Voice of Children in Social Work Assessments: What They Say? or What They Play?
Author(s)	O'Reilly, Lisa
Publication Date	2012-04-13
Item record	<a href="http://hdl.handle.net/10379/3055">http://hdl.handle.net/10379/3055</a>

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# **The Voice of Children in Social Work Assessments: What they say? Or what they play?**

A thesis submitted for the Degree of PhD to  
National University of Ireland, Galway

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APRIL 2012

# Contents

<b>Candidate Declaration Form .....</b>	<b>v</b>
<b>List of Tables.....</b>	<b>vi</b>
<b>List of Figures .....</b>	<b>vii</b>
<b>Abstract .....</b>	<b>viii</b>
<b>Acknowledgements .....</b>	<b>ix</b>
<b>Chapter 1: Introduction .....</b>	<b>1</b>
Introduction.....	1
1.1 Background to the study .....	3
1.2 Aim and objectives of study .....	4
1.3 Structure of thesis.....	5
1.4 Summary .....	7
<b>Chapter 2: Literature Review.....</b>	<b>8</b>
Introduction.....	8
2.1 THE IMPORTANCE OF PLAY IN THE LIVES OF CHILDREN .....	8
Introduction .....	8
2.1.1 The importance of play in the lives of children .....	9
2.1.2 Role of play in child development .....	10
2.1.3 History of play in child therapy .....	13
2.1.4 Play therapy .....	14
2.1.5 Summary .....	24
2.2 ATTACHMENT THEORY .....	24
Introduction .....	24
2.2.1 Bowlby's Attachment Theory .....	25
2.2.2 Patterns of attachment.....	27
2.2.3 How we attach.....	28
2.2.4 Attachment and communication.....	30
2.2.5 Attachment and gender .....	30
2.2.6 Attachment and child maltreatment .....	31
2.2.7 Attachment Theory and social work .....	33
2.2.8 Limitations of Attachment Theory .....	36
2.2.9 Summary.....	37
2.3 CHILD ABUSE: FORMS, EXTENT AND THE STATUTORY RESPONSE.....	37
Introduction .....	37
2.3.1 Child abuse and/or neglect.....	38
2.3.2 Child protection concerns .....	40
2.3.3 Assessing child abuse .....	41
2.3.4 Building relationships with children .....	45
2.3.5 Communication in social work practice .....	46
2.3.6 The voice of the child in social work assessments.....	48
2.3.7 Social work training on communicating with children .....	55
2.3.8 Summary .....	58
2.4 Chapter conclusion.....	59

<b>Chapter 3: Methodology .....</b>	<b>61</b>
Introduction.....	61
3.1 RATIONALE, AIM AND OBJECTIVES .....	61
3.2 DESIGNING THE STUDY .....	63
3.2.1 Theoretical considerations for the research design.....	63
3.2.2 Research approaches .....	67
3.2.3 Sample selection .....	69
3.2.4 Criteria for participation.....	70
3.2.5 Designing the tools .....	71
3.2.6 Questionnaires .....	74
3.2.7 Fieldwork.....	75
3.3 IMPLEMENTING THE STUDY .....	76
3.3.1 Ethical considerations.....	76
3.3.2 Piloting the study .....	83
3.3.3 Collecting data.....	85
3.3.4 Data management.....	89
3.3.5 Development of Play Skills Training (PST) programme .....	89
3.3.6 Methods of data analysis .....	93
3.4 LIMITATIONS OF THE STUDY .....	94
3.5 Summary .....	96
<b>Chapter 4: Context of study .....</b>	<b>97</b>
Introduction.....	97
4.1 EMERGENCE OF THE SOCIAL WORK PROFESSION .....	97
4.2 CHILD PROTECTION POLICY, LEGISLATION AND PROCESSES .....	99
4.2.1 UN Convention on the Rights of the Child.....	100
4.2.2 Child Care Act 1991 .....	101
4.2.3 Children First: National Guidance for the Protection and Welfare of Children .....	102
4.2.4 National Children's Strategy .....	103
4.2.5 The Agenda for Children's Services.....	104
4.2.6 The Child Protection and Welfare Practice Handbook .....	105
4.3 THE CHILD PROTECTION AND WELFARE SYSTEM .....	106
4.3.1 Service setting .....	107
4.3.2 Child protection and welfare referrals .....	109
4.3.3 Assessing child abuse and/or neglect.....	109
4.3.4 Initial assessments .....	111
4.3.5 Core assessments.....	112
4.4 SOCIAL WORK EDUCATION .....	113
4.5 PLAY SKILLS TRAINING (PST) PROGRAMME: CONTEXT FOR SOCIAL WORK.....	115
4.5.1 Key components of the Play Skills Training (PST) programme .....	117
4.6 Summary .....	120

<b>Chapter 5: Results of study</b>	<b>121</b>
5.1 QUANTITATIVE RESULTS	121
Introduction	121
5.1.1 Sample characteristics	122
5.1.2 RESULTS FOR OBJECTIVES 1, 2 and 4	126
5.1.3 Summary of quantitative results	139
5.2 QUALITATIVE STUDY RESULTS	140
Introduction	140
RESULTS FOR OBJECTIVES 1-4	141
5.3 Chapter summary	197
<b>Chapter 6: Discussion of key findings</b>	<b>198</b>
Introduction	198
6.1 Discussion of research findings in relation to Objectives 1-5	198
6.2 Limitations of the present study	222
6.3 Contributions to knowledge	224
6.4 Recommendations for practice	224
6.5 Recommendations for future research	225
6.6 Summary	226
<b>Chapter 7: Conclusion</b>	<b>227</b>
Introduction	227
7.1 Background to and aim and objectives of the study	227
7.2 Theoretical underpinnings	228
7.3 Research methodology	229
7.4 Key research findings from the study	230
7.5 Messages for practice, education, policy and research	233
7.6 Concluding messages	238
<b>References</b>	<b>239</b>
<b>Appendices</b>	
Appendix 1: Survey Questionnaire for Social Workers	249
Appendix 2: Questionnaire for Social Work Educators and Principal Social Workers	252
Appendix 3: End-of-Session Questionnaire for Social Work Students	256
Appendix 4: End-of-Session Questionnaire for Focus Group participants	259
Appendix 5: Semi-structured Interview for Social Work Managers	260
Appendix 6: Non-directive play skills	261
Appendix 7: Focused play techniques used in the PST programme to engage with children	262
Appendix 8: PST Programme lecture notes	270

# Candidate Declaration Form

I, Lisa O'Reilly, certify that the thesis is my own work and that all published or other sources of material consulted have been acknowledged in the text or in the References section. I confirm that the thesis has not been submitted for a comparable academic award.

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**Lisa O'Reilly**

# List of Tables

Table 1: Participants selected for study.....	70
Table 2: Advantages and disadvantages of using end-of-session questionnaires .....	75
Table 3: Stages of fieldwork .....	75
Table 4: Study objectives, sources of quantitative data and location in thesis .....	122
Table 5: Gender difference of study participants .....	123
Table 6: Response to questionnaire, by county.....	124
Table 7: Social workers' experience.....	124
Table 8: Veterans' years of experience in current position .....	125
Table 9: Approximate number of social workers referred to.....	125
Table 10: Codes used for all participants in this chapter .....	125
Table 11: Social workers' views and experiences of carrying out child protection assessments.....	130
Table 12: Focus group ratings of PST workshop.....	133
Table 13: Principal social workers' views on modules of PST programme for students.....	135
Table 14: Social work educators' views on modules of PST programme for students .....	135
Table 15: Principal social workers' views on what social work assessments should include .....	136
Table 16: Social work educators' views on what social work assessments should include	137
Table 17: Principal social workers' views on challenges faced by children in assessments	137
Table 18: Social work educators' views on challenges faced by children in assessments .	138
Table 19: Principal social workers' views on challenges for social workers in assessments.....	138
Table 20: Social work educators' views on challenges for social workers in assessments.....	139
Table 21: Study objectives, sources of qualitative data and location in thesis .....	140
Table 22: Summary of pre- and post-qualifying learning in relation to communicating with children in social work practice .....	149
Table 23: Summary of main findings for Objective 2 .....	156
Table 24: Summary of participants' experiences of the PST programme .....	184

# List of Figures

Figure 1: Tentative conceptual model bringing together three interconnecting areas of practice.....	60
Figure 2: Respondents by urban and rural work location.....	123
Figure 3: Respondents' views on statement 'I received adequate skills to communicate with children during my professional training' .....	127
Figure 4: Respondents' views on statement 'I received adequate skills to communicate with children from my employer' .....	128
Figure 5: Respondents' views on statement 'I use play skills during my assessment work with children' .....	131
Figure 6: Respondents' views on statement 'I am interested in learning more about the use of play in social work assessments' .....	131
Figure 7: Respondents' views on statement 'I am interested in attending a Play Skills Training programme' .....	132
Figure 8: Needs identified by social workers .....	149
Figure 9: Social workers' views on the potential and actual use of play skills .....	157
Figure 10: Social workers' views on the PST programme .....	183
Figure 11: Positive developments reported by social workers post PST training, using play skills during child protection and welfare assessments .....	184
Figure 12: Summary of veteran social work practitioners' views on play skills.....	196
Figure 13: Main findings of study .....	197
Figure 14: Material covered in PST programme .....	221
Figure 15: Conceptual model of social work training aimed at reaching and meeting the needs of the child.....	222



# Abstract

Child protection and welfare social work practice is faced with many challenges in its statutory duty to protect children at risk of abuse and/or neglect. Numerous child care tragedies have highlighted the importance of social workers engaging with children in relation to their experiences. Child care policy strongly advocates for the voice of the child to be represented in all assessments concerning the protection and welfare of children. One of the primary arguments underpinning this research is that social workers need to be skilled communicators to engage with children about deeply personal and painful issues. This study examines social work education and training in Ireland with regard to the acquisition of age-appropriate communication skills to engage with children. There is a wide range of research that maintains play is the language of children and the most effective way to learn about children is through their play. Considering this, the overarching aim of this study was **to investigate the role of play skills in supporting communication between children and social workers during child protection and welfare assessments**. To establish a theoretical base for the study, four core themes were examined: play and play therapy; attachment theory; child protection and welfare social work practice; and social work education.

A mixed methods approach was used to collect data. The quantitative study captured the views of a wide range of child protection and welfare social workers (n=122) and veteran social work practitioners (n=25) in Ireland. The qualitative study involved a team of child protection and welfare social workers and managers, two classes of social work students and one focus group of social workers. The data collection was designed to establish the thoughts and/or experiences of participants in relation to a Play Skills Training (PST) programme designed by the author. The study identifies participants' views regarding pre- and post-qualifying social work training in Ireland.

The key findings of the study reveal that the majority of social work participants rate the use of play skills in social work assessments as a key factor to effective engagement with children involved in the child protection and welfare system. These findings have implications for policy, practice, research, education and training. The author concludes the study by recommending a number of messages for each sector to consider. Of particular importance, these messages address how social work services can ensure, in a child-friendly manner that the voice of children is heard and represented in all assessments of their well-being and future care options.

# Acknowledgements

Creating this thesis has been a challenging and lengthy process. The four-year journey has been exciting, yet incredibly difficult at times. As well as the academic learning, this study has taught me how to be persistent. This persistence was aided by my upbringing, where my parents provided me with endless support and encouragement during my academic endeavours and my brother's inspiring ability taught me how to balance learning, studying and fun. My expedition would not have been possible without my wonderful husband Collin, who has been patient with me and encouraged all my efforts over many years of study. He listened to and considered numerous ideas, which helped me reach my desired goals, as well as helping me free up time to reach this significant goal. My close friends and work colleagues have been a tremendous support to me, providing me with a space to discuss my work and lots of encouragement during the challenging times.

This study would not have been possible without the enthusiasm, commitment and participation of the Roscommon Social Work Team. I wish to say a special thank you to all my colleagues who participated in this study. I am extremely grateful to **Ms. Martina McGrath**, Principal Social Worker, and **Ms. Deirdre Gallagher**, Social Work Team Leader, who encouraged my efforts and always facilitated my research.

In academic terms, I received optimal support from **Professor Pat Dolan**, Director of the Child and Family Research Centre, NUI Galway. I would like to pay particular tribute to Pat, my thesis supervisor and mentor. During the course of the study, he became the Chair of UNESCO for Children in Ireland and provided me with much help and support from many corners of the globe. Without doubt, Pat's down-to-earth nature, good sense of humour and expertise in the areas of child welfare and research got me over the line. In addition, I would like to thank my research committee, which consisted of **Professor Chris Curtin**, Head, School of Political Science and Sociology, NUI Galway, and **Dr. John Canavan**, Associate Director, Child and Family Research Centre, NUI Galway. Both of them provided me with guidance and support on a number of occasions throughout the research process. They also challenged my ideas to ensure I was proceeding in the right direction.

I would also like to say a special thank you to the following people for their help along the way:

- **The Irish Association of Social Workers** helped me to administer questionnaires to their members working in the area of child protection and welfare.
- **Ms. Anne Brennan**, Play Therapy Supervisor was very helpful in listening to and challenging my ideas on the development of the Play Skills Training programme.
- **Ms. Marguerita McGovern**, Practice Learning Co-ordinator, Masters in Social Work Programme, NUI Galway, provided me with space on their busy curriculum to conduct an important component of the fieldwork.
- **Social work students**, Masters in Social Work, NUI Galway, for their enthusiasm and commitment to participating in this research.
- **Child protection and welfare social workers in Ireland**, who gave up their time to participate in this research by completing their questionnaires and returning them to me. I am acutely aware of their pressurised workload and am very appreciative of their efforts.
- **Principal Social Workers in Ireland**, who took the time to complete their questionnaires and return them to me, making a valuable contribution to the study.
- **Social Work Educators** in NUI Galway, University College Cork, Trinity College Dublin and University College Dublin, who took the time to contribute to this research. I am very grateful for their support.
- **Mr. Pdraig Meehan** gave generously of his time to help and challenge me at various points of the study.
- **Ms. Eithne Beirne**, my good friend and colleague, provided me with an endless ear in relation to my ideas and struggles. She gave me advice and remained encouraging throughout the process.
- **Mr. Eugene O'Reilly**, my patient and loyal father, spent hours reading through a foreign subject to ensure I would reach my goal in good time.
- **Mr. Collin Wyer** relentlessly supported me with all technical challenges and my understanding of SPSS and statistics.
- **Ms. Trish Rouiller** provided me with excellent guidance and feedback in relation to many chapters of the thesis. Trish has a great knowledge of academic writing and was extremely perceptive throughout the task of proof-reading.
- **Ms. Carole Devaney** worked hard in the final task of proof-reading this thesis and remained calm, patient and professional at all times. She provided me with much needed help and support at a critical stage of the research process.

# Chapter 1: Introduction

## Introduction

The core function of social work education is based on the basic principles that uphold the acquisition of theory, advance skill development and nurture the practice wisdom of students (Lordon *et al*, 2003). Pre-qualifying social work education ought to equip students with the necessary skills to engage effectively with children. In light of numerous child care tragedies, evaluating social work education has become an area of major interest. Nonetheless, many core aspects of the curriculum remain under-researched and/or challenged, and knowledge is limited regarding how students develop and achieve professional expertise (Wilson and Kelly, 2010). The UK Department of Health announced that there will be major changes for the social work profession resulting from these tragic events, which will include a significant alteration to the current model and content of social work training (cited in Wilson and Kelly, 2010). Wilson and Kelly assert that it is necessary to equip practitioners with the required knowledge and skills to promote sound decision-making; especially in situations that involve risk. They highlight that the area of teaching and learning of ‘communication skills’ needs to be fully explored in relation to their effectiveness.

In recent years, child protection and welfare social work practice in Ireland has been dominated by a number of major challenges. Statutory children’s services have become overwhelmed by child protection referrals, while the current economic climate forces them to manage finite resources, prioritising children who are viewed to be at the greatest risk of significant harm. The incentive for the present research emanated from the author’s experience of issues in practice in relation to the lack of the child’s voice in social work assessments and the manner in which this is ascertained by social workers. Recently, there has been an emerging recognition of the importance of social workers meeting with children in relation to any issue concerning their well-being or protection.

Play has long been recognised as the primary medium to learn about children and play is described as their preferred method of communication (Landreth, 2002; Schaefer, 2002). Play therapy for children is an age-appropriate intervention, which parallels the counselling experience for adults. In Ireland, social work training equips students with counselling skills to communicate with adult service users. The present study explores whether communication

with children is afforded the same attention, considering child and family social work agencies are the largest employers of social workers. Basic play skills involve using creative age-appropriate means to communicate with children at a pace that is comfortable for them. The main aim of this study is to explore the extent and prospects of using play skills to communicate with children during child protection and welfare assessments. The study employs a training strategy called the Play Skills Training (PST) programme, designed by the author, which addresses the importance of play skills and the role they occupy in communicating with children about deeply personal and sensitive issues.

Little research has been conducted on training social workers in play skills on pre- and post-qualifying teaching programmes to prepare them for practice with children. Research conducted on training social workers to communicate with children indicates a deficit in experiential learning in this area of social work education. The purpose of this study was to determine whether social workers feel play skills are necessary for practice with children.

The study highlights the importance of using play skills as an age-appropriate medium to communicate with children. It aims to make an original contribution to knowledge by providing an account of the experiences of a team of child protection and welfare social workers in their use of a PST programme designed to support their engagement with children during assessments. A mixed method approach was used to collect data. The main **qualitative study**, which was set in a Child and Family Social Work Department in Ireland (Roscommon), provides testimonial evidence of the views of practitioners (n=9) regarding the material delivered on the training course and its applicability to assessment procedures (home visits, investigative interviews and direct work); social work students and a focus group of social workers also provided necessary data on the PST programme and social work training. The **quantitative study** establishes the collective views of practitioners (n=122) throughout Ireland on current assessment procedures for children and the potential use of play skills in the assessment process. In addition, it captures the views of veteran social work practitioners in relation to social work training and practice in Ireland.

This introductory chapter is divided into three sections: **Section 1.1** discusses the background to the study at a broad level; **Section 1.2** presents the focus of the thesis, outlining the overarching aim and objectives of the study; and **Section 1.3** describes the structure of the thesis.

## 1.1 Background to the study

This study took place at a time of high public unease about the quality of child protection and welfare services in Ireland. The study's main participants (the Roscommon social work team) were involved in a neglect audit while the research was taking place. The audit resulted from an earlier inquiry in relation to a highly publicised case of professional failure to protect children.

The study focuses on four different, yet interconnected theoretical areas of social work with children. The first theoretical area is that of **play**, with a specific focus on its use in play therapy and direct work with children. The term 'play skills' is used to describe a variety of playful and creative techniques used in play therapy to support developmentally appropriate communication between a child and an adult. A number of skills used in the play therapy process were identified as being particularly useful in helping children communicate their world. Play therapy uses a non-directive approach and/or focused play techniques to engage with children. Child protection assessments involve opportunities for social workers to meet with children to learn about their lives and make recommendations for their future care and well-being. The theory explores opportunities for using play skills during the assessment process.

The second theoretical area is that of **attachment theory**, which explains the importance of close relationships and how the quality of those relationships influences our psychological, emotional and social development. There are four styles of attachment – secure, ambivalent, avoidant and disorganised – that develop in relation to the style of parenting a child receives from their attachment figure. Attachment theory is examined to highlight the significance of a child's relationship with their main caregivers and the importance of children being protected from abuse and/or neglect. Over the past two decades, attachment theory has gained extensive recognition as one of the key theories underpinning child and family social work practice.

The third theoretical area examines **child protection and welfare social work practice**. Over the past two decades, there has been a major shift in State and public efforts to protect children at risk of abuse and/or neglect at the hands of their parents or carers. Practitioners working with children in statutory settings have become increasingly aware of the effects of abuse on a child's development, yet they face a multitude of dilemmas in their duty to

safeguard children. Policies and practice guidelines strongly advocate for the inclusion of children in matters concerning their future and thus building relationships with children is integral to the social work role to ascertain their views and wishes.

The fourth theoretical area explores **social work education**, with a specific focus on skills to communicate with children. Education and training have a major influence over the style of practice that social workers will develop, which, in turn, will strongly influence what practitioners will view as a priority in their day-to-day work. The training received by a social worker will also pave the way for competence and confidence in certain areas of practice.

The author's interest in this research topic stems from her experience of front-line practice working with children at risk. While working as a child protection and welfare social worker after qualifying from the Masters in Social Work programme, the author was acutely aware of her lack of knowledge and skills on engaging with children who had experienced abuse and/or neglect by their attachment figures. After one year of working in this area, the author had not been offered any training on communicating with children and decided to do a Diploma in Play Therapy privately. The developments that took place in the author's practice due to that training became the primary impetus for this research.

## **1.2 Aim and objectives of study**

Specifically, this research aims to explore the use of play skills as a method for social workers to communicate with children during child protection assessments. The study has five main objectives:

1. To explore pre- and post-qualifying social work training in relation to communication with children.
2. To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children.
3. To explore the benefits and limitations of a training programme in play skills among a set of child protection social work practitioners.
4. To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners.
5. To make recommendations for future social work education in relation to the potential benefits, or limitations, of utilising play as a standard social work training tool and practice utility.

This study investigates the experiences of a team of child protection and welfare social workers in using play skills in assessments over a six-month period, directly after completing the 20-hour PST programme. The study also ascertains the views of a social work focus group and two classes of social work students regarding a PST workshop. In addition, the views of 122 child protection and welfare social workers were explored regarding current assessment procedures and their interest in attending a PST programme. Finally, the views of veteran social work practitioners were elicited on play skills and social work training and practice.

The study has three key strengths. Firstly, it allows for an in-depth examination of the social worker's experience of communicating with children during child protection and welfare assessments. Secondly, it involves an appraisal of social work training in Ireland in relation to communication with children. Thirdly, it developed a training programme to equip social workers with fundamental age-appropriate skills to communicate with children involved in social work services.

### **1.3 Structure of thesis**

The thesis is divided into seven chapters. Following on from this introductory chapter:

**Chapter 2, Section 2.1** reviews the literature in relation to the importance of play in the lives of children. Discussion centres on the growing recognition that children express their feelings and experiences through play; the principal developments of using play to engage with children; and the commonalities of play therapy and direct work, together with their distinguishing features. **Section 2.2** examines attachment theory specifically in respect of the importance of a child's relationship with their main caregiver and the importance of protecting children from abusive relationships. The four attachment styles (secure, ambivalent, avoidant and disorganised) that a child may develop to their attachment figure are described. There is a specific focus on child maltreatment and the place of attachment theory in social work practice. **Section 2.3** sets out the nature and purpose of child protection and welfare social work practice and the core values driving the profession. The procedures involved in carrying out a thorough assessment are reviewed. Consideration is given to the significance of good communication skills for engaging with children involved in the child



protection and welfare system. Finally, social work education is critically examined in relation to communicating with children.

**Chapter 3** explains the methodology used in the study. **Section 3.1** describes the theoretical framework chosen for the study, followed by the aims, objectives and rationale for undertaking the research. **Section 3.2** discusses the study design, looking at the theoretical considerations; the qualitative and quantitative methods used to gather data; and the sample selection. **Section 3.3** focuses on the issues relating to the implementation of the study, including the pilot study, ethical considerations and the development and delivery of the PST programme, while also addressing the limitations of the methodology.

**Chapter 4** provides the policy, geographical, service and programmatic context in which the study took place. **Section 4.1** describes the service in which the research occurred, with a discussion of the policies and legislation built around child protection social work in Ireland. **Section 4.2** examines in detail the procedures involved in carrying out child protection and welfare assessments, with a specific focus on the challenges practitioners face in representing the child's voice accurately. **Section 4.3** provides the reader with a clearer understanding of the urgent need for the current study in light of the challenging circumstances in which practitioners are working.

**Chapter 5** presents the core research findings of the study. **Section 5.1** provides the results of the quantitative study for Objectives 1, 2 and 4, preceded by a profile of the research participants. **Section 5.2** presents the results of the qualitative study for Objectives 1-4.

**Chapter 6** discusses the study's key findings on Objectives 1-5 (**Section 6.1**), followed by the limitations of the study (**Section 6.2**), its contributions to knowledge (**Section 6.3**) and recommendations for practice and future research (**Sections 6.4 and 6.5** respectively).

**Chapter 7** provides the conclusions and recommendations of the study. **Section 7.1** recalls the background and purpose of the study, while **Section 7.2** reminds the reader of its theoretical underpinnings. The methodology used to gather data is revisited in **Section 7.3**, followed by a summary of the study's key findings in **Section 7.4**. The thesis concludes with the author's recommendations for social work practice (including child protection and welfare assessments), policy, education and future research with regard to communicating with children at risk of abuse and/or neglect (**Section 7.5**).

The **References** section is followed by six **Appendices**, detailing various aspects of the research undertaken.

## **1.4 Summary**

The primary aim of this introductory chapter was to create a visual map of the entire study, the aim of which is to explore the use of play skills in child protection and welfare social work assessments as a developmentally appropriate means of communicating with children. The wider objective of the study is to enable knowledge that will ultimately contribute to better conditions for children, whereby they will experience a child-friendly service where social workers can build relationships with them to explore deeply personal and sensitive issues in their lives. The aim and objectives of the study were then presented, followed by an outline of the structure of the thesis chapter by chapter. Chapter 2 will now explore the literature and research relevant to the study.

# Chapter 2: Literature Review

## Introduction

In this chapter, a comprehensive review of the literature related to the research topic is presented to commence the process of addressing the overarching aim of this study, along with its five objectives. **Section 2.1** examines the literature on play and play therapy, and the importance of play in the lives of children, with a specific focus on its effectiveness in therapy. The different approaches to play therapy are discussed, followed by an examination of play-based assessments with children. The differences and similarities between play therapy and direct work with children are also examined. **Section 2.2** defines and classifies attachment theory, focusing on the quality and styles of attachment the infant develops in relation to their primary carers. The central positioning of attachment theory within child protection and welfare social work practice is also examined. **Section 2.3** provides an overview of child protection and welfare assessment procedures, with an analysis of investigative interviews and direct work within the process. Social work education and continued professional development is also explored in order to highlight the significance of training in communicating with children.

## 2.1 THE IMPORTANCE OF PLAY IN THE LIVES OF CHILDREN

### Introduction

The following review will discuss the significance of play in the lives of children. The beginnings of play as an agent to engage with children in therapy is outlined. The process and approaches to play therapy are explained, followed by the function of play in assessment and direct work with children, based on evidence and research from key sources of the literature. Finally, the use of play and drawings is considered in helping professionals to assess a child's emotional world.

### 2.1.1 The importance of play in the lives of children

Now, it is perfectly clear that children have played since the beginning of time and archaeological diggings show us that every civilisation has provided toys for their use ... The loving care extended upon these toys in all human groups shows that grown-up human beings since the beginning of historical times have understood that the way to make contact with a child and to understand his way of thought is to play with him.

(Lowenfield, 1939, p. 66)

It is evident that children have played throughout the ages and museums confirm that children from earlier cultures were given miniature doll-like figures. From a psychological perspective, play was not viewed as an important or relevant activity for children until the late 1800s. Until this point, play was perceived as a way to express surplus energy or pass on religious and cultural traditions (Gitlin-Weiner *et al*, 2000). Rousseau (1762, cited in Landreth, 2002) wrote about the importance of observing children's play as a way to learn about them and understand their world (Landreth, 2002). There are many types of play activities and numerous definitions defining play. Froebel (1903, cited in Landreth, 2002, p. 28) described play as 'the highest development in childhood, for it alone is the free expression of what is in the child's soul ... Children's play is not mere sport. It is full of meaning and import'. Freud (1961) describes play as the child's way to gain mastery over their world and to experience relief from repressed emotions. He believes children repeat activities in their play, which make great impressions on them during their lives. Similarly, Erikson (1965, pp. 214-15, cited in McMahon, 1992, p. 2) states that 'the child brings into his play whatever aspect of his ego has been ruffled most ... to play it out is the most natural self-healing method childhood affords'. Woltmann (1964, p. 174, cited in Landreth, 2002, p. 11) defines play as:

The spontaneous and self-regulated activities of the child enable him to conceptualise, to structure and to bring to tangible levels of activity his experiences and the feelings with which he invests them. Play, in this meaning, furnishes the child with opportunities to "act out" situations which are disturbing, conflicting, and confusing to him. The small child especially lacks semantic fluency since the development of his apperceptive processes is in a state of growing ... flux, various types of play material seem to be ideally suited for the expression of his feelings and attitudes.

Play is to children what verbalisation is to adults – the natural medium of expression (Schaefer, 1993). According to Piaget (1952, p. 166), fantasy play 'provides the child with live, dynamic individual language indispensable for the expression of his subjective feelings

for which collective language alone is inadequate'. Research by Piaget (1962) maintains that until the age of 11 years, children do not engage in abstract reasoning or thinking 'concrete operations'. Words are made up of symbols and symbols are abstract or 'non concrete'. The child's world is a world of concretes and adults must approach their world as such if contact is to be made. Due to the major developmental differences in the ability of children and adults to think and reason abstractly, children often experience difficulties trying to communicate verbally to adults. Piaget (1962) maintains that feelings are inaccessible at a verbal level until children reach the age of approximately 11 years. Therefore, play provides children with a chance to express their feelings, wishes, desires, problems and fears.

Chazen (2002) claims that play is a universal language of communication and human emotions are the primary data generated from play activity. Play allows for the expression of feelings that may have severe consequences in the everyday world. Chazen (2002, p.19) states that:

Play is first and foremost playful. Play occupies a realm outside of everyday events. It has to do with imaginings and trial action. Anything is possible, and no consequences need intrude. Outcome is open-ended and up for grabs. Play can be infinite or finite, depending on the whim of the player(s); play is active, not static. It emerges as part of the movements of actions and ideas across space and time. Play activity is of crucial importance to children of all ages. It provides a context for social relationships and spontaneous learning. It can follow sets of rules private or shared. Play activity is characteristic of living and life. It provides a medium for the growth of a sense of self, competence and confidence in the surrounding world.

Landreth (2002) describes play as the child's natural medium of communication and asserts that self-directed play is their most natural form of self-expression. He believes that children are more comfortable with play and believes that initiating verbal contact with a child creates an automatic barrier, which sends them the message that they must meet your level of communication. Play is the primary way that children learn about the world and start to organise and understand their experiences. Through play, children have opportunities to gain mastery over their world as they experiment and explore with toys and play media – they can explore being in control of situations in ways that are not possible in the real world. In play, children can create a world as they would like it to be.

Play Therapy Ireland (2008) state that the symbolic and fantasy play are the child's most powerful method of communication. Throughout this thesis the word 'play' is used in relation

to playful and creative activities which support communication with children. The child is free to engage in whatever play activity he finds most enjoyable. These activities will be examined in more detail the next chapter.

### **2.1.2 Role of play in child development**

Piaget (1962) defined play as almost pure assimilation without any effort to adapt to an outer reality. A child playing with an airplane using a wooden block is not concerned with structural design or gravity; they are merely assimilating this external reality in with their internal cognitive structures or schemas. Assimilation happens when a child understands new objects and events in terms of existing schemas. Piaget uses the term accommodation to describe the adaptation process where people alter previously established schemata as they acquire more information. This can be observed most notably with children as they make numerous accommodations in short periods as they quickly discover more information about the world. The process refers to someone changing a schema or preconception about the world in order to accommodate new information. Accommodation influences assimilation and as reality is assimilated structures are accommodated. These processes show that through play the child develops a concept of reality and is not simply imitating what they have seen in their environment. It is the initial sensorimotoric play reactions that contribute to their future thought and reason.

Piaget's (1962) theory of cognitive development describes the differences in the way children understand and process information compared to adults. He refers to the 'pre-operational stage' (2-7 years) and the 'concrete operational stage' (8-11 years). During the **pre-operational stage**, children are developing language skills, where symbols are used to mentally represent different things. Their thinking is limited to how things present at the time. Symbolic play, which is usually solitary, involves personal symbols and reaches its peak during the pre-operational stage between the years of 3 and 6 (Piaget and Inhelder, 1969, cited in Dougherty and Ray, 2007). Symbolic play behaviours correspond to a child's cognitive ability and fulfil numerous functions in their development. Symbolic play provides children with opportunities to express and resolve their inner conflicts. Make-believe play is often associated with symbolic play, but it is not until they move into the 'concrete

operational stage' that they engage in this. Prior to this transition, children's play is a reflection on their 'subjective reality' (Piaget, 1962, cited in Dougherty and Ray, 2007).

During the **concrete operational stage**, children gain the ability to reason logically and organise their thoughts more rationally. However, they are unable to express complex emotions and manoeuvre abstract thinking. They have still to develop the abstract thinking that is needed to understand complex emotions such as guilt or jealousy. During this stage, play moves from a more solitary process to a more social one of play with rules, and symbols shift to rules (Piaget, 1962, cited in Dougherty and Ray, 2007). The progression from symbolic play to play with rules portrays how changes in play behaviours reflect progressive changes in the child's development, preparing them for adulthood (Dougherty and Ray, 2007).

Usually, young children have yet to develop the cognitive ability to verbally communicate their feelings, experiences, perceptions of themselves and others (Piaget, 1962) and this happens naturally through play. Play also promotes a child's development of expressive language, communication skills, cognitive ability, social skills, decision-making skills and emotional understanding, as well as allowing for exploration of interpersonal relationships, understanding of personal thoughts and feelings, and experimentation with adult roles (Landreth, 1993). Piaget (1962) described play as 'the bridge between the gap of concrete experience and abstract thought'. The symbolic function of play allows the child to deal in a sensory-motor way, through concrete objects, with what has been directly or indirectly experienced. Schaefer (1993) reported that play has at least 25 therapeutic powers, including releasing of hostility toward parents, alleviating guilt, overcoming resistance, catharsis, mastering of developmental fears, desensitisation by repetition, insight, attachment, self-actualisation, and ego strength. Play is an important part of communicating: it is primarily non-verbal and is a language quite different to verbal language. It allows children to act out thoughts and feelings that they are aware of but unable to express; for example, children who have suffered abuse may find it easier to express themselves using puppets (Schaefer, 1993).

In the therapeutic realm, play is used as the vehicle of communication between the child and the adult on the assumption that the child will use the play materials to directly, or symbolically, act out their thoughts, feelings and experiences. Play is used because of its responsiveness to the child's unique and varied developmental needs (Bratton *et al*, 2005).

### **2.1.3 History of play in child therapy**

The use of play in child therapy is based on the understanding of child development. As early as 1909, play was used to help children communicate their inner world and play therapy began as an extension of psychotherapy (Bishop, 1971). Freud was the first therapist to realise the importance of play in uncovering children's unconscious conflicts: he had one psychiatric session with a boy who was referred to as 'Little Hans' and decided to use what the father had told him about the child's play to assist the father in addressing the child's emotional disturbance (Bishop, 1971; Landreth, 1991).

During the 1930s, there were several significant contributions to the development of play therapy. Levy (1938 and 1982) developed a structured play method called 'release therapy', which allowed children to recreate, through play, their experience of a traumatic event. He believed that children needed to feel safe and secure, and to be afforded the correct play materials to play out previous trauma. Taft (1933) and Allen (1939) both recognised the importance of play in child therapy for the purpose of relationship building.

Other therapists also began using play therapy to work with children: Hermine Hug-Hellmuth (1921), Melanie Klein (1955) and Anna Freud (1946 and 1965) famously continued the application of psychoanalytic theory to work with children. Klein and Freud primarily treated seriously disturbed children in child guidance clinics and considered play therapy as parallel to the process of adult free association. They used the information children provided in play sessions as the basis for their interpretation (Bishop, 1971). A number of therapists subsequently began writing about their experiences of using play therapy, including Alexander (1964), Nelson (1966), Muro (1968), Waterland (1970), and Myrick and Haldin (1971). The most significant development in the field of play therapy was the development by Axline (1947 and 1969) of non-directive therapeutic principles. Non-directive play therapy is rooted in Carl Rogers' (1961) person-centred theory, which believes in the individual's capacity for self-growth and psychological well-being. Axline regarded play as the child's natural means of expression and trusted in the child's capacity to resolve their inner conflicts through play. She was one of the first to study the effects of play therapy and extended credibility to this intervention.

Since the 1940s, play therapy has gained increased recognition and acceptance as a developmentally appropriate intervention to work with children. The realm of play therapy



grew rapidly during the 1980s and '90s, as theorists, academics and practitioners developed specific approaches based on their experiences with children and their theoretical positions. These new approaches included Oaklander's (2001) Gestalt play therapy, O'Connor's (2000) ecosystemic play therapy, and Schaefer's (2001) prescriptive play therapy. Play therapy has evolved over the last 100 years to include a multitude of approaches and theoretical schools of thought (Bratton *et al*, 2005).

#### **2.1.4 Play therapy**

Piaget (1962) believes the use of simple words and concrete questions will not address the fundamental difficulties involved in questioning children and states that questions of any kind places children in a cognitive frame of reference. This view by Piaget (1962) led others to advocate the use of play as a method of working with children. This assumes that a play therapy approach will allow a child to express how they interpret the world and the experiences and issues that are causing them distress, according to Landreth *et al* (1999). These authors reckon that only a few toys are needed to provide children with an opportunity to communicate messages and feelings. They consider the following array of utensils and toys to be the minimal requirements: crayons, newsprint, blunt scissors, plastic nursing bottle, rubber knife, doll, play-dough, toy dart gun, handcuffs, toy soldiers, empty vegetable can (doubles as container for toy soldiers), plastic tin play dishes, spoons (avoid forks due to sharp points), small airplane, small car, telephone, hand puppets or bendable doll family, a small cardboard box with rooms indicated by strips of tape, doll house furniture, small plain mask (Lone Ranger type), nerf ball, bendable Gumby (nondescript figure), lollipop sticks, pipe cleaners, old cap or hat, and empty egg cartons.

Play therapy for children parallels the counselling experience for adults. Landreth (2002, p. 529) states:

Play therapy is a well-thought out, philosophically conceived, developmentally based and research-supported approach to helping children cope with and overcome the problems they experience in the process of living their lives. The roots of play therapy are in understanding play, which has long been recognised as having a significant role in children's lives.

Again, Landreth (2005) draws attention to the emotional undercurrents resulting from abuse and states that they must be matched by some form of therapeutic process, highlighting the

attributes that can be found in a play therapy relationship. He maintains that children who have experienced abuse should not be requested to describe this experience or their reaction in words since they do not have the 'cognitive-verbal' ability to do so. When children repetitively play out an experience, they are using their natural ability to heal. It is their natural reaction, in an unconscious attempt to make sense of, rise above, develop a sense of control or to absorb this experience (Landreth, 2005).

According to Landreth (2002), it is often the symbolic distancing from reality that allows children to feel safe and act out traumatic experiences through play. In play therapy, toys are perceived as the child's words – and play is considered the language of the child. Play is a language of activity, which may provide more pertinent material than articulated words. Landreth believes that it is the symbolic function of the play that is of key significance, by providing the child with a means to express their inner world. In the play therapy relationship, responsibility is returned to the child to gain mastery over their world and their environment. He shows that parents operating in the most difficult situations can also be taught play therapy skills in order to support them to improve their understanding of their child and his or her self-concept (Landreth, 2002).

### **Play therapy approaches**

Play therapy is a technique in the treatment of children in which the child's play is the medium for expression and communication between child and therapist. It is a medium for children to communicate feelings and experiences that they are unable to express verbally (Giordano *et al*, 2005). There are two basic forms of play therapy interventions – non-directive and directive (where focused play techniques are used). **Non-directive play therapy** is based on Carl Rogers' (1961) person-centred therapy and theories of child development, including attachment theory (*see Section 2.2*). In sessions, the child chooses how to spend their time and is in no way directed by the therapist (safety boundaries and limits are set at the start of the session so the child is clear when the therapist may need to be directive). The therapist is able to be with the child and enable them to focus on their feelings and issues, and work with them towards resolution (Axline, 1969). In this non-directive approach, children may spontaneously choose the toys or materials they will use and proceed in the process at their own pace. As the child plays, the therapist responds by reflecting their feelings, thoughts and actions, as well as by clarifying and summarising them. The responses

are focused on the feelings, ideas and actions being expressed in the play. The use of these skills communicates to the child the worker's understanding, acceptance, respect, interest and genuine care for them. It also increases the worker's understanding of the child and their life situation.

Ryan (2007, p. 77) describes the benefits of this approach:

Non-directive play therapy has recently been updated for working with maltreated children in statutory settings. Its characteristics of being able to address multiple problems simultaneously, of using non-verbal communication, and its inherent flexibility in adjusting to children's changing, and perhaps atypical, developmental needs, point to its suitability for maltreated children.

**In the directive play therapy approach**, focused play techniques are recommended for use by social workers in their work with children (McMahon, 1992). Relevant play materials are offered to the child where the worker has some knowledge of what has happened in the child's life and the child may be provided with materials that enable them to re-enact events or indicate what they would like to happen. The worker can take a directive approach, introduce play themes and participate in pretend play with puppets, drawings or figures. There are also many play techniques that allow the worker and child to get to know one another to help uncover the child's feelings and to permit their expression. When using focused play techniques, the worker may choose to make available only those play materials that pertain to the child's problem, according to the worker's insights of the child (McMahon, 1992, p. 39).

Oaklander (2006, p. 27) describes the importance of carrying out '*strengthening the self*' work with children during sessions. Helping children develop a sense of self is a major step in helping them uncover repressed emotions and aids them in developing a sense of well-being, as well as positive feelings about themselves. A heightened awareness of themselves often results in spontaneous expression of their emotions. Oaklander (2006) states that to empower ourselves, we must know ourselves. In her psychotherapeutic work with children, she encourages children to make 'self' statements using techniques such as drawing, work with clay or play with puppets. Children begin to verbalise things about themselves, for example, what they like or dislike, what makes them feel happy, angry or sad. The aim is get children to recognise who they are and who they are not. Oaklander (2006, p. 28) believes

that ‘the more the child can be assisted to define herself, the stronger the self becomes and the more opportunity there is for healthful growth’.

### **The use of play in work with children**

Landreth *et al* (1996) showed that play therapy is an effective therapeutic approach for a wide variety of children’s problems and can help children overcome a range of adversities. The authors propose a play therapy intervention to deal with issues such as abuse, neglect, acting out, aggression, attachment difficulties, chronic illness, autism, emotional difficulties, enuresis and encopresis, low self-esteem, anxiety, grief, social maladjustment, social withdrawal, speech problems, selective mutism, learning difficulties, trauma, mental challenges, physical challenges, deafness, dissociation and schizophrenia. Landreth *et al* (1999) refer to 92 studies they examined, each of which documents the effectiveness of play therapy. They highlight that a further 23 studies show results where children engaged in play therapy for 10 sessions or less and their presenting problems were completely alleviated.

Advocating play as a method of intervention, the same authors purport that expecting children to adapt to an adult verbal process gives a clear message that they are being squeezed into an adult conceptual framework, as opposed to being prized as individuals in their own right (Landreth *et al*, 1999). Within the area of counselling children, where communication is integral to the process, they recommend that techniques are used which are devoted to the developmental needs of children; without this, they claim, we are expecting the child to communicate in a manner which is most comfortable for adults. It is through play that children can communicate and explore their experiences, their reactions to their experiences and what they want or need in their lives.

Gurney and Flumen (1970, cited in Rennie, 2000) trained elementary school teachers in basic child-centred play therapy skills to use with their students during special play times. This helped teachers to decrease emotional problems and withdrawn behaviours in a number of children. In a similar study based on Axline’s (1947) model, Kranz (1972) found that teachers gained a deeper understanding of the child’s emotional world and the impact of this on the educational environment. This resulted in a significant reduction in challenging behaviours, academic anxiety and relationship difficulties. Important research by Klem (1992, cited in Rennie, 2000) reported on a 6-year-old boy who was able to disclose his experience of physical and sexual abuse during a play therapy session. At the referral stage, the child was

developmentally delayed, destructive, disruptive and preoccupied with death. He had started exposing himself and trying to sexually touch other children at his school. When he experienced safety in the play session and concrete play with the doll's house, he was able to act out the abuse he was experiencing in his home.

## **Direct work with children**

Wilson *et al.* (2008, p. 313) state that the process of direct work is often described as:

Working with a child in order to build a relationship in which it becomes possible for the child to trust you, and you to begin to understand more about him or her.

Direct work is not usually used to treat trauma or mental health issues, and tends to be carried out on a short-term basis, ranging from six to eight sessions. Social workers with good practice skills can carry out effective direct work and it is important that they have a basic knowledge of the theoretical framework underpinning the work. Direct work usually forms part of the practitioner's external overall role with the child and family (Elmer, 2009).

Fahlberg (1991, p. 326) outlines that the purposes of direct work are:

- to help strengthen current relationships;
- to understand the child's needs and perceptions;
- to prepare the child for transitions;
- to assess needs and for disengagement work (e.g. from previous relationships);
- to explain plans for the future and to address areas of concern;
- to facilitate identity formation by helping the child to know her/himself better;
- to reintegrate early life experiences.

Engaging in an activity with a child, playing and sharing experiences are all forms of communicating with children using what Wilson *et al* (2008) call 'the third object'. They highlight the significance of this technique in helping children to understand difficult experiences, as well as helping adults to discuss and explain complex or new situations. Sometimes children may find it easy to talk without the use of 'props', but usually they are more comfortable engaging with adults in the context of a mutual activity. This manner of engagement provides opportunities to interact without being face-to-face, the need for eye

contact and verbal conversation. The authors claim that the rationale for using the third object includes lessening the stress for the child on sensitive issues and allowing them to proceed at their own pace. The child is permitted to avoid eye contact if they prefer. By using the third object, the child has the opportunity to express views and experiences that may be their own but that can be attributed to toys – since these views may be too frightening or threatening to own personally. This also provides a concrete non-verbal way to identify and talk about feelings.

Wilson *et al* (2008) set out some of the key principles of engaging in direct work with children. They begin by pointing out that it is important to choose the right setting to ensure the child feels safe and comfortable. The worker must observe, see, notice and listen to what the child is saying and talk to the child about topics and activities that interest them in order to build a relationship. The authors promote honesty about roles and responsibilities, and recommend truthfulness on the part of the social worker; even if it means saying that you do not know the answer. During direct work, it is important to be sensitive to the pain of a topic and respect the child's right not to respond verbally, as well as being sensitive to their non-verbal cues. It is important that the child is clear on the limits of confidentiality. Wilson *et al* (2008) advise practitioners to consult the child as much as possible and check their understanding from time to time. The session must progress at the child's pace and desired medium of communication. They propose that the adult be imaginative in finding ways to communicate and to adapt communications and activities to suit the child's age, level of understanding and ability. They conclude by advising workers to be consistent, reliable and punctual, and to think of ways to record the session in the least intrusive way.

## **Play and direct work**

The literature highlights many similarities and differences between direct work and the two main approaches to play therapy – non-directive and directive. Although the use of both approaches are appropriate in direct work with children, non-directive play is recommended for giving children a sense of freedom and self-determination and encouraging free and full self-expression. The non-directive approach is also very important for helping workers to accurately understand the child and his or her world. Some workers use the non-directive approach throughout the duration of the session, while others use it for the majority of

sessions, with focused play techniques used during later sessions to help the child focus more directly on the issues that most concern him or her (Oaklander, 1978).

McMahon (1992) points out that if children are to be helped through play, it is necessary that the helper is able to recognise the developmental level of the child. The child's play follows a predictable pattern, which is connected to aspects of their physical, intellectual, social and emotional development. The use of these techniques communicates to the child the worker's understanding, acceptance, respect and interest in their world. It also increases the worker's understanding of the child and his or her life situation. McMahon (1992) points out that by observing children's play; workers can learn which aspects of the child's life are causing them the most difficulty. The intensity of feelings and emotion expressed in the child's play will portray areas of acute distress for the child. More severely traumatised children initially may not be able to play at all. Oaklander (1978) recommends that a natural balance be sought in terms of using non-directive skills and focused techniques in work with children. Kowprowska (2010) states that play can be used by social workers to gain an understanding of a child's feelings regarding their past and future circumstances. It also supports relationship building and facilitates discussion while engaging in a fun activity. Kowprowska (2010) quotes Lefevre *et al* (2008, p. 135), who claim:

The more approaches you feel confident in using, the more likely it is that you and the child will find a mode of communication which works between you.

### **Play in assessment work**

The assessment process can be viewed as a problem-solving method that evaluates the child as a whole. It must provide a comprehensive picture of the child, which is informative and precise, with a primary focus on identifying and putting into perspective the strengths and weaknesses of the child. To do this, practitioners must completely evaluate the child as an individual, which encapsulates aspects of their cognitive ability, temperament, moods, motivations, behavioural responses, personality traits and physiological factors. Practitioners must also become aware of the child's social realm by gaining insight into family dynamics, cultural factors, school, peers and many other environmental aspects surrounding the child (Schaefer *et al*, 1991).

Gitlin-Weiner *et al* (2000, p. 621) state:

By its very nature, play assessment reflects both the strengths and weaknesses of most evaluative procedures. Because play allows for the natural expression of children's thoughts, feelings, perceptions, and beliefs, it lends itself to interpretations on multiple levels. Play permits children to portray rich fantasy themes that they might not have the capacity to verbally express.

Puppet play has long been valued as a pillar in play therapy and is gaining similar status in the area of play assessment (Gitlin-Weiner *et al*, 2000). Puppet play is enjoyable, easy to administer and developmentally sensitive, resulting in a huge amount of information relating to the young child's emotional functioning. Puppets are familiar objects in most play rooms and are commonly used with national school children who have what Sarnoff (1976) labels a '*latency structure*', referring to the period between the ages of 6-12 years. During this period, children develop solid defences that allow them to deal with powerful emotions and feelings, primarily by shifting them into fantasy. By relocating feelings towards parents and others onto symbols, children hold psychic stability and are thus empowered to carry on learning and playing. Children can often have an outward appearance of calmness and adaptability, while fantasy activities often reveal their actual thoughts and feelings. Puppet play taps into this rich fantasy life and is a very natural activity for children at this stage of development. It is recommended to have 15-20 hand puppets available for the child to play with since this will stimulate their interest and offer them many choices. Choices may include royalty puppets, helping professional puppets, animals (both tame and aggressive) and fictional characters (Gitlin-Weiner *et al*, 2000).

As part of the assessment process, Gitlin-Weiner *et al* (2000) recommend that once the session is over the practitioner examines the child's story for:

- **Content:** This looks at the setting, plot and theme, which give a greater insight into the child's wishes and worries. The content can be looked at as a series of events that happens to the hero, with whom the child often identifies with in some way. This often becomes clearer in post-play discussion, especially if the child is asked which character they would like and would not like to be. To gain a greater insight into the child's emotional and intellectual development, ask him to describe his characters and to consider how they became the way they are.
- **Form:** This gives a better understanding than the content (*see above*) of the child's emotional well-being. The content is the 'what' of the story, while the form is the 'how'. The story's length, complexity, coherence, intelligibility and steps to a logical ending give indications of the child's emotional development. Sometimes the stories are illogical and confusing and may lead to the child acting-out in mid-play session. The child's underlying conflicts are often expressed symbolically through the play.



Children who play with appropriate levels of control show ego-strength and potential for insight-focused work. A child whose play is chaotic and impulsive needs ego-strengthening support. It is important to note if the child's story is full of dichotomies, such as all-or-nothing situations, good or bad terms. Or does the child show an awareness of both good and bad, love and hate, since this depicts greater emotional development.

- **Process:** The practitioner must note the process of play, especially changes, regressions or disruptions to the play. It is important to observe the feelings and ideas being enacted by the child and to see how they deal with the issues that arise.
- **Management of anxiety:** Sometimes conflict emerges as dreams and fears come together, resulting in psychological upset. It is important to note how the child manages the anxiety and to explore what triggered the anxiety. If a child becomes upset but is able to tolerate this inner stress rather than act it out, he is demonstrating psychological strength and potential for insight-oriented work. If the child is very anxious and cannot play or act it out, then he may need more supportive ego-building work.
- **Underlying preoccupations:** In play, themes emerge and are elaborated on. The child's preoccupations and ways of dealing with them will give a deeper insight into his unconscious world. Strong defences mark the way for forming symbols in fantasy.
- **Defences and coping style:** The session can also be evaluated to see the type of rapport the child starts to establish with the practitioner; for example, was the child compliant, controlling, combative, eager to please, seductive or withdrawn.

## Drawings and art

Malchiodi (1998) stated that she wrote her book *Understanding Children's Drawings* with psychologists, social workers, counsellors and play therapists in mind. She describes children's drawings as a powerful tool for understanding their thoughts, feelings, desires, experiences, worries, perceptions and reflections of the world they live in. She highlights how children's drawings have captivated social workers, psychologists and other helping professionals who recognise the applications of children's art expressions for assessment and treatment plans. More and more professionals recognise that drawing is a child-appropriate method of communication, which makes them feel more comfortable and usually expedites assessments and intervention plans. Drawing is the most economical modality to help children express themselves and while it offers a window to children's problems and experiences, its main purpose is to provide the child with another language to share their feelings, ideas, fantasies and perceptions of their environment. It is widely agreed that art expressions are uniquely individual statements that exhibit elements of conscious and

unconscious meaning and are usually representative of the numerous characteristics of the children who produce them.

Oster and Gould Crone (2004) found in psychology and art therapy sessions that the use of drawings was the only way to externalise painful feelings and experiences, especially when the child had been abused. The authors state that drawings can become concrete markers for significant events, means to remembering dreams, techniques to unveil unconscious material and points to review when terminating sessions. They point out that drawings are great for rapport building and depicting family dynamics, and are a less threatening way to engage with abused children who are suppressing severe pain and unspoken family secrets. Drawings expand opportunity for further discussion through the characters and images created. Graphic representations can begin to help children express their inner feelings towards their families and particular members with whom they experience conflict. The drawings allow children who are being assessed or engaged in therapy to offer crucial information by way of the spontaneous imagery, which otherwise may be censored by their verbal defences. Drawings establish new avenues of communication that become vehicles to express fears, worries, wishes and fantasies.

McCarthy (2008) argues that children are not ‘in their heads’ yet – the natural language of children is multidimensional and closer to the heart of life. He states that it is not a linear language that can simply be learned and points out that the process of engaging with children through play has much to teach us about them and how they best express what is important to them. In addition, this non-verbal language is the primary language of children and it is often the only way they are able to express and depict their life experiences. He believes it is possible to assess the severity of numerous childhood problems by the ease with which a child will use creative materials such as paints, colours or clay. He recommends the use of all creative media and claims that the immobilising consequences of trauma can be observed in how the child moulds clay, engages with sand and moves their body. He claims that children can be helped by helping them to articulate their experiences via these materials and describes it as a means of ‘expressing the inexpressible’ (McCarthy, 2008 p. 14). He describes the importance of at least offering children the opportunity to speak in their language if they are to entrust themselves with us. The most important element of non-verbal work with children is that they feel more satisfied on a deeper level because they feel listened to and heard.

This thesis employs the term ‘play skills’ to describe playful and creative techniques used in the field of play therapy to communicate with children. Cambridge Dictionaries Online (2012) state that ‘when you play, especially as a child, you spend time doing an enjoyable activity and/or entertaining activity. The term play skills encapsulates any enjoyable activity the child chooses as their preferred method of engagement during the assessment process. Many approaches to communicating with children have been described throughout this section and will be used to assess whether these skills can support social workers in their communication with children during child protection and welfare assessments.

### **2.1.5 Summary**

Section 2.1 has attempted to capture and describe the emergence, development and significance of play as a therapeutic agent in the lives of children. In addition, the role of play in child development and its importance in understanding a child’s emotional world were discussed, with a specific focus on the use of play while working with children and supporting them to express their thoughts, feelings and experiences. The relevant materials used to facilitate expression were also explored. The use of play in direct work with children was examined, including the similarities and differences between play therapy and direct work.

Section 2.2 will now examine the importance of the child’s attachment relationship with their primary caregiver and other significant attachment figures in meeting their needs for optimal development and paving the way for how their future relationships will be formed.

## **2.2 ATTACHMENT THEORY**

### **Introduction**

Pertinent to the present study is the role of attachment theory in forming the theoretical base for child abuse (Corby, 1989, cited in Aldgate and Lishman, 1991) and the process of direct work with children (Aldgate and Simmonds, 1988, cited in Aldgate and Lishman, 1991). Attachment theory is now explored in this specific context, as well as its value as a framework for understanding the importance of children being protected from abuse and/or

neglect. The first part looks at the main proponent of attachment theory, child psychiatrist John Bowlby (1907-1990). Following this, the evolution of the theory, driven by a number of theorists who succeeded Bowlby, is discussed. The key concepts of the theory are examined and the classification of the different styles. The benefits of developing a *secure attachment* to a caregiver, and how this is related to positive developments in the life of a child, are referred to throughout this section; in addition, the negative developments in a child's life resulting from insecure attachments will be explained. The significance of attachment theory to key agents in the lives of children within the child welfare system is explored, with particular emphasis on child and family social workers. Finally, the limitations of attachment theory are outlined.

One of the key human relationships is that between a child and their main caregiver – the individual who, in the majority of cases, becomes the child's selective attachment figure. Different styles of attachment are developed during childhood and continue to influence an individual's ability to form intimate and healthy relationships throughout adult life (Ainsworth, 1982 and 1989, cited in Craven and Lee, 2006). The theory of personality development, commonly called attachment theory, explains why close relationships are so important. According to Howe *et al* (1999, p. 23), it explains:

How they are developed and how their qualities influence psychological experience, cognitive modelling and relationship styles

Aldgate and Lishman (1991) argue that attachment theory has been refined from its early days through research and developments in social work practice and psychological theories. However, it holds an integral role in a social worker's catalogue of theory since it forms the theoretical basis for several areas of practice interventions.

### **2.2.1 Bowlby's Attachment Theory**

In the 1950s, the World Health Organization commissioned John Bowlby, who had become the pioneer of 'attachment theory', to write a report on the mental health of homeless children. In the first part of his seminal report, he formulated the principle that the infant and young child must experience a continuous warm and intimate relationship with their mother or permanent caregiver in which they both receive mutual enjoyment and satisfaction. In light

of these principles, the second part of his report outlined the measures necessary to safeguard the mental health of children separated from their families.

From empirical observation, Bowlby and his colleagues concluded that a child's hunger for his mother's love and presence was as great as his hunger for food. They observed that in her absence, a powerful sense of loss and anger was generated (Bowlby, 1969). Bowlby called attention to the acute distress a child experienced on being separated from his primary caregiver. He highlighted the necessity of a close mother–infant relationship for socio-emotional adjustment and believed that it was essential for mental health. Bowlby (1951, p. 11) stated:

That the infant and young child should experience a warm, intimate, and continuous relationship with his mother or permanent mother-substitute ... in which both find satisfaction and enjoyment.

According to Bowlby, secure attachments were necessary to create independence; they would be built on by the individual in future relationships. He maintained that major separation experiences were a contributing factor in the development of an affectionless character and that early separation of a child from his or her mother was in itself traumatic (Van Dijken, 1998, cited in Bhreathnach and Gogarty, 2000). Bowlby (1969, p. 371) offered a definition of the term 'attachment' as follows:

To say of a child that he is attached to, or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill.

Bowlby's research with non-human species mirrored his research findings with human children. He focused on how animals formed intimate bonds and observed their conflict behaviours. The parallels between his work and the work of ethnologists confirmed for him the validity of his conclusion – that attachment serves as an evolutionary function and is required for human survival (Bhreathnach and Gogarty, 2000). The work of Lorenz (1965) and Harlow (1958) on the attachment behaviour of mammals (which directly influenced Bowlby's ideas) revealed that even in the absence of food, animals will seek attachment. Therefore, they suggested, attachment was a primary need rather than a secondary one (both cited in Hayslett-McCall and Bernard, 2002).

### 2.2.2 Patterns of attachment

Mary Ainsworth, an early collaborator of Bowlby, was the second great pioneer of attachment theory. In the 1960s, she designed an experimental situation, called the ‘strange situation’, which examined the degree of security experienced by children in their relationship with their parents and their response to separation from them. In these experiments, the level of exploration the child engaged in and the child’s reaction to the departure and return of the parent was observed.

Emanating from her study of mother–infant dyads, Ainsworth noted three patterns of attachment: secure, ambivalent and avoidant (Atwool, 2006). Firstly, the **secure attachment** pattern provided the framework for optimal development. The primary attachment figure provided consistent sensitive responsiveness. This responsiveness facilitated the infant’s ‘internal working model’ – their perception of themselves as worthy and of others as reliable and available within an environment that is challenging, but manageable with support. The attachment figure provided the infant with a secure base from which they could explore their environment. Secondly, the **ambivalent attachment** pattern also developed as a response to inconsistent, unreliable and at times intrusive responses from the attachment figure. The infant experienced uncertainty about their self-worth; other people were perceived as unreliable, overpowering and insensitive; and the child’s environment was perceived as unpredictable and chaotic. Exploration of the environment was often inhibited, Ainsworth noted, increasing the possibility that cognitive aspects of brain development might also be inhibited. Children in this category were often characterised by helplessness and resentment. Atwool (2006) described Ainsworth’s second and third ‘insecure categories’ as representative of the infant’s ability to adapt to a less than optimal environment. Thirdly, the **avoidant attachment** pattern developed when the attachment figure was unresponsive or rejecting in their relationship with the infant. This resulted in the perception that the self was unworthy since others were unavailable and hurtful. Their environment was perceived as threatening due to the lack of support in stressful situations and consequently the infant learned to become self-reliant at this early stage. This led to the shutting down of attachment behaviours in order to protect the self from repeated rejecting experiences.

Main *et al* (1985, cited Irish Foster Care Association, 2007) developed a fourth category of attachment – the **disorganised/disoriented attachment** pattern. The authors maintain that a child displaying this attachment pattern was likely to have parents who were overwhelmed

and frightened at the responsibilities of parenting. The parents appeared insensitive and unresponsive to the child and were not on hand to help him explore his immediate environment. The parents often felt negatively about themselves and the demands placed on them by their child. Within this environment, the child fails to find an effective way to receive the parenting he requires and is often frightened of his parents. This can lead to fear and aggression in his interaction with others and may leave him reluctant to engage in new experiences.

Attachment theory holds that, within close relationships, children acquire mental representations, or internal working models, of their own worthiness based on other people's availability to them and their willingness to provide care and protection to the child (Ainsworth *et al*, 1978, cited in Howe *et al*, 1999). Sroufe (1988, p. 18, quoted in Atwool, 2006) argued that:

Such models concerning the availability of others and, in turn, the self as worthy or unworthy of care provide a basic context for subsequent transactions with the environment, most particularly social relationships.

Attachment researchers in the 21st century have discussed the concepts of attunement (the coordination of affective states), rupture (the lapse of mutual coordination) and repair (the re-establishment of coordination under new conditions) in relationships (Walker, 2008). Attunement, rupture and repair are a sequence which is continuously repeated between the infant and the primary caregiver. It is crucial that these periods of rupture do not last too long or become too intense so the process of repair can begin to help the infant regulate his emotions. The repair process by the infant (by his own agency) will transform disconnection into reconnection, and this ability to reconnect with another after a period of rupture is said to be at the heart of resilience. These moments of rupture occur in all relationships and a vital resource for the child is his ability to tolerate these moments (Walker, 2008).

### **2.2.3 How we attach**

In the early 1980s, Vera Fahlberg began to write on attachment theory and describes attachment as 'an affectionate bond between two individuals which endures through time and space and serves to join them emotionally' (Fahlberg, 1981, p. 7). She states that attachment

is crucial to support a child in reaching his full potential cognitively, emotionally and socially. In her later work, Fahlberg (1994, reprinted 2004) maintains that the promotion of attachment occurs in two rudimentary ways. Firstly, children set it up themselves by communicating a need and a parent responds to this need in a positive manner. This gives the child the message that it is alright to have a need and to communicate it to his parents. In addition, the child will receive the message that his needs are likely to be met most of the time and this is formally referred to as the 'arousal cycle'. Secondly, attachment occurs when parents initiate an interaction with their child, which means they are engaging in a manner that brings pleasure to them and to the child. This serves to bring them closer emotionally and is referred to as the 'positive interaction cycle' (Fahlberg, 1994, cited in Irish Foster Care Association, 2007, p. 62).

Fahlberg (1994) highlights the significance of this early intimate relationship and describes the numerous positive effects that it has on a child's development. She asserts that attachment is necessary for children to attain their full intellectual potential, to think logically and to help them make sense of their world. Attachment relationships support children in recognising their own feelings and in developing a conscience, as they strive to maintain approval from the people they are close to and reliant on. Fahlberg points out that as attachment grows, children become more aware of those they can depend on and trust. Good feelings are developed from being attached to a parent or carer, which, in turn, promotes self-reliance in children as they are continuously being acknowledged for achieving normal everyday tasks. During times of stress and frustration, they are comforted and encouraged, which, in turn, supports them to deal with normal childhood worries and setbacks. Fahlberg also believes that when a child experiences secure love and care from a parent, they are better equipped to deal with feelings of jealousy as they do not feel the need to compete with others to be loved.

If a caregiver has an uncomfortable relationship with their own feelings, they may find it extremely difficult to notice their baby's feelings and therefore be in a position to regulate them. Good relationships rely on a reasonable balance between being able to track one's own feelings at the same time as being able to track those of other people. This includes being able to tolerate uncomfortable feelings while they are experienced by another person (Gerhardt, 2004). If the caregiver has experienced difficulty in managing negative states, such as anger and hostility, they may find it very difficult to manage these states in their children. This often leads to responses like telling the child to 'shut up', which over time results in children



learning to suppress their feelings. Attachment researchers have found that children who experience this type of relationship with their caregiver often present as calm and apathetic, but when measured, their heart rate and autonomic arousal were racing (cited in Gerhardt, 2004). Gerhardt pointed out that children learn that there is no regulatory help with such feelings and they suppress them, trying to switch them off altogether. This is rarely successful and is known as an avoidant attachment pattern.

#### **2.2.4 Attachment and communication**

Contemporary neuroscience tends to lend support to the view that an individual's early experience with their primary caregiver becomes internalised and becomes an organising tenet throughout their life (Cozolino, 2002, cited in Walker, 2008). These early experiences with our primary caregiver will have a major impact on our patterns of communication. Children who form secure attachments develop complex vocabulary to express their emotions, which allows them to communicate how they are feeling and to devise efficient response mechanisms. They describe their physiological and emotional states more often than maltreated children do (Cicchetti and White, 1999, cited in Van der Kolk, 2006). When trauma comes from within the family, children undergo a loyalty crisis between protecting themselves or their parents, and they have to organise their behaviour to survive within their family. When a traumatised child is hindered from articulating their experiences, they organise their behaviour to adapt in whatever way they can to their entrapment in the abusive or neglectful environment (Piaget, 1952, cited in Van der Kolk, 2006).

#### **2.2.5 Attachment and gender**

During the first decades of attachment research, no sex differences were reported in attachment security and patterns. Del Giudice and Belsky (2010) assert that this was because the primary focus was on infants and pre-school children, who do not usually display sex differences in attachment. The authors state that studies (e.g. Moss *et al*, 1998, cited in Del Giudice and Belsky, 2010) with children up to 6 years of age found a similar proportion of avoidant and ambivalent attachment patterns in boys and girls. Marked gender differences were reported when middle childhood was examined. A study of Israeli children aged 9-11 (Granot and Mayseless, 2001) and a sample of Italian children aged 7 (Del Giudice, 2008)

found similar results in terms of attachment differences between boys and girls: most of the insecure boys were classified as ‘avoidant’, while insecure girls were primarily classified as ‘ambivalent’. The studies by Finnegan *et al* (1996), Karavasilis *et al* (2003) and Kerns *et al* (2007) also found greater avoidant coping patterns in boys and more pre-occupied coping patterns in girls.

## **2.2.6 Attachment and child maltreatment**

David Howe, Emeritus Professor of Social Work in the University of East Anglia, has made a major contribution to elaborating and enriching attachment theory to its current form. He states that a child is born with an innate need for relationships and interpersonal stimulation, so the way caregivers respond to these needs gives the message to the young mind about his or her worth and emotional state (Howe *et al*, 1999). Caregivers who are emotionally unavailable, insensitive or interfering leave their child with a psychological dilemma. Howe argues that when a child’s attachment system is activated and he enters the relationship in an excitable manner but finds there is no instant or similar response from his attachment figure, he receives no help to support him in recovering emotional stability. The development of strategies that bring him into closer proximity and psychological engagement with his attachment figure is essentially the aim of attachment behaviour. Children who display insecure, avoidant or ambivalent attachment styles have learned that there are conditions to gaining proximity to their attachment figure (Howe *et al*, 1999).

When a caregiver is the source of a child’s distress, or does not have the ability to attune sensitively to them at these times, the child is left acutely and consistently emotionally dysregulated.<sup>1</sup> The experience of being cared for by an attachment figure who continuously frightens the child because of what they do (abuse), what they fail to do (abandonment or rejection) or what they do not do (neglect) is described by Schore as an experience of ‘relational trauma’ (Howe, 2005, p. 46). Howe points out that the experience of relational trauma to a child’s mind is a terrifying experience. One of the consequences for the child is

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<sup>1</sup> Emotional dysregulation (ED) is a term used by mental health professionals to describe an emotional response that is poorly adjusted and does not fall within the conventionally accepted range of emotive response. Manifestations include aggression, angry outbursts and behavioural difficulties, which affect social interactions and relationships.

that they may start to develop defensive strategies to block out of consciousness the excruciating thoughts that their attachment figure does not provide them with care and protection. When an infant experiences the physical and emotional loss of their attachment figure, they will have to develop their own defence strategies to deal with their stress and vulnerability in times of danger. This is carried out through psychological measures since there is nothing they can do behaviourally to ensure their safety and reduce their feelings of stress.

When children leave infancy and begin maturation, and continue to experience neglectful under-involved parents, the basic state of the interpersonal relationship remains the same, but they are now able to verbally make demands of their parents. They can physically follow them around the home or shout and scream at them to try to attract their attention and get them involved. These strategies are quite likely to provoke their parents, which often results in erratic responses such as threats of abandonment. Threats of this type give rise to higher levels of anxiety, which, in turn, give rise to their attachment behaviour (Howe, 2005). Glaser (2000) explored the effects of child abuse and/or neglect on the brain's structure, development and functioning, and argued that chronic stress caused by prolonged maltreatment could result in a continuous hyper-arousal by the automatic nervous system. Research has suggested that the higher the number of negative childhood experiences, the greater the risk for children who grow to adulthood to become alcohol-dependent.

Ryan (2004) outlines that a child with maltreating parents does not feel safe or trust their attachment figure to meet their physical and emotional needs. Developmentally appropriate exploratory needs, including play experiences, are hindered by environments that are threatening and unresponsive. The child will develop strategies, both externally and internally, to help them feel safe within these environments; they either organise their behaviour to coerce more parental attention or they act detached and independent (Crittenden, 2000; Crittenden and Ainsworth, 1989, cited in Ryan, 2004). When trauma comes from within the family, the child undergoes a loyalty crisis between their own protection and that of their parents and they have to organise their behaviour to survive within the family (Piaget, 1952, cited in Van der Kolk, 2006).

When a child experiences problems with attachment to their caregiver, a number of behaviours may be displayed. There may be a delay in a child's conscience development and they may not display normal reactions to aggression or cruel behaviour in which they have

engaged. Guilt may be absent and there may be a propensity to blame others. Such children often show very poor self-control and rely on others to impose limits. They may tend to think impulsively and have a poor ability to think through consequences. Their attention span may be out of keeping with their developmental age. Poor self-esteem issues may prevent them from gaining self-satisfaction from chores they carry out at home and at school. They may also experience cognitive/learning difficulties since they have missed out on a large amount of the informal learning that parents normally pass on to their children. Developmental problems are also prominent when a child loses out on the experience of consistent availability, love and attention from a parent or carer. Parents interpret the world for their children and name everyday actions and objects, helping them make sense of what they see, hear and feel. Without this security, children face the dilemma of having to sort this out for themselves and quite often they do not learn to connect things (Irish Foster Care Association, 2007).

### **2.2.7 Attachment Theory and social work**

This section reviews attachment theory and positions its significance in social work practice with children involved in the child protection and welfare system. Page and Norwood (2007) stress that it is imperative for social work practice and social work education to be fully grounded in attachment theory and research. They highlight that this profession has a unique onus to provide services and support to the most vulnerable children in society through the child protection and welfare system. To make the most informed decisions about the well-being of these children, it is crucial that social workers have a thorough knowledge of the processes children go through to form attachments to their caregivers. Page and Norwood argue that unless this is the case, social workers are not honouring their responsibilities nor are they practising in an ethical manner (Page and Norwood, 2007).

Walker (2008) states that social work clients tend to come from the most disadvantaged areas in society and many have traumatic life histories. It is likely that they will have had numerous rupture experiences without the experience of repair and this may leave them feeling helpless, unheard and misconstrued. Many will respond with anger and humiliation if miscommunication occurs, or they imagine it occurs. This can often be the result of the involvement of social workers in their lives, throwing them back into early experiences of

rupture without the repair. In the likely occurrence of this, Walker recommends social workers be aware of two aspects: firstly, the client may react in an aggressive manner since they are responding to these early rupture experiences which the current situation has awakened; and secondly, the repair of the relationship is more likely to occur if the client can be supported to safely express some of the anger awakened by the rupture.

Attachment theory and attachment therapy have gained much status in social work, especially in the areas of fostering and adoption, because it is arguably one of the most accepted theories for explaining parent–child behaviour by professionals working in the area of child welfare (Barth *et al*, 2005). Of particular interest to child protection social work practice is the recognition that unfavourable relationships affect children’s ability to develop a healthy social and emotional understanding. Children who grow up in such environments may find interpersonal life taxing and frustrating, which, in turn, may lead to problem behaviours. Children who suffer physical abuse are more likely to develop an aggressive nature and abuse their own children, therefore allowing the cycle of violence to continue. The greater the risk elements a child is exposed to, the greater the chance is for him or her to develop psychological disturbance (Howe *et al*, 1999). George (1996, cited in Howe *et al*, 1999) points out that experience of abuse and/or neglect always occurs within the context of one’s relationships. Howe *et al* (1999, p. 230) state that ‘practice interventions aim to disconfirm insecure working models and promote the protective effects of secure attachments and positive relationships’.

Aldgate and Lishman (1991) purport that the conditions in which attachments develop are varied and recommend that professionals assessing children and families have a thorough understanding of the conditions that may lead to the development of normal or abnormal attachment styles. In relation to social workers, they state:

What is particularly relevant to social workers working with children is to recognise that, given the right conditions, children are resilient to change and have the potential to adapt to different patterns of attachment ... Attachment is not a mechanical, all or nothing phenomena, but far more complicated and subject to later modification.

(Algate and Lishman, 1991, p. 14)

Child protection and welfare social workers are often left with no choice but to place children in foster care if parents fail to respond appropriately to supports and interventions put in place to improve their children’s quality of life. Ryan (2004) acknowledges that children in care are

often challenging for professionals. They will usually have a life history characterised by abuse, neglect and instability to their attachment figures. Children with maltreating parents do not feel safe or trust their attachment figure to meet their physical and emotional needs. Developmentally appropriate exploratory needs, including play experiences, are hindered by environments that are threatening and unresponsive. These children develop strategies, both externally and internally, to help them feel safe within these environments – they either organise their behaviour to coerce more parental attention or act detached and independent (Crittenden, 2000; Crittenden and Ainsworth, 1989, cited in Ryan, 2004). When children are placed in foster care, they bring these strategies into their new attachment relationships.

All children who come into foster care are faced with forming new attachments to their carers. Failure to form attachments can have devastating long-term effects and it is crucial that foster care systems respond in ways that promote the development of new attachments with the child's primary caregiver, whoever they may be (Fahlberg, 1991). Children who enter the care system are faced with the loss of their parents or family. The worst thing that can happen in the face of all this trauma in which they feel helpless is that their feelings can be clamped down on, which can lead to depression and deadness (Winnicott, 1986, cited in Fahlberg, 1991). Fahlberg (1991) maintains that one of the most important challenges for child welfare workers is to help children cope with these traumatic separations. Forming a healthy attachment with foster carers can play a vital role in the psychological development and well-being of foster children. Fahlberg states that many foster children have not developed healthy attachments to parental figures and this is largely due to their early experiences with their birth family. Inappropriate placements and placement moves add to this difficulty in developing trusting relationships and forming a sense of autonomy. Reder and Duncan (2000, cited in Howe, 2005) state that when children enter the care system after experiences of abuse and/or neglect and they are not supported to make sense of their experiences or helped to feel contained, they will not be able to recognise their hurt or deem themselves able to survive the pain they have endured. They then turn to defences, leaving the conflicts unresolved and likely to return in later life as a psychological or mental health disturbance. A child's relationship with members of the foster family is thought to have a profound impact on the outcomes of foster care (Schofield, 2002; Chapman *et al*, 2004) and supporting children's attachments to new families is highly encouraged (Fernandez, 2007).

### 2.2.8 Limitations of Attachment Theory

Consistent with Bowlby's attachment theory as originally constructed, many modern researchers continue to maintain that parents are integral to their child's developmental process. Harris (1995, cited in Hayslett-McCall and Bernard, 2002) argues that a child's innate temperament has a strong influence on how their caregiver will respond to them. She believes that parenting is largely a response to the child and that the child is the influential party in the relationship (cited in Hayslett-McCall and Bernard, 2002). Harris maintains that a child's peers will have a stronger influence on them than their parents because children often work hard to fit into specific peer groups. In *The Nurture Assumption*, Harris (1998) highlights the incidents where a child's parents are immigrants and do not speak the local language; the child will speak their native tongue in the family home, while outside in the wider community they will learn to fit into the society into which they were born. However, Harris also agrees that the adult caregivers play an important role in the child's life.

In Bowlby's era, the child was seen more as a passive recipient. Lewis (1997, cited in Ryan, 2004, p. 77) criticised attachment theory for its 'lack of interrelating interpersonal systems, such as autonomy, psychosexuality and creativity'. Furthermore, it has been argued that attachment theory cannot be used confidently to predict how children will develop in the future, while acknowledging that attachment problems may predispose children to behavioural problems which must be assessed and treated within the child's current environment (Barth *et al*, 2005).

Many feminists regard attachment theory as intrinsic to their core beliefs since it deals with one of the major roles of women – the early relationship between mothers and their babies. Birns (1999) acknowledges the importance of the infant's relationship to their parents, but questions whether these early moments in time are the deciding factors for all that is to come. She highlights the pressures that attachment theory place on mothers who have difficulties bonding with their babies in the early months, for reasons such as illness or late adoption, and feels the theory further compounds their feelings of inadequacy. Birns believes the most negative consequence for believing attachment forms the foundations for future mental well-being is that by blaming mothers and the quality of care they give to their children's problems, this minimises the significance of all the other factors influencing how children develop.

### **2.2.9 Summary**

This section examined attachment theory and its value as a framework for understanding the importance of protecting children from abusive and neglectful parenting experiences. The central positioning of attachment theory in child protection and welfare social work was described. Finally, the limitations of attachment theory were discussed. The next section will explore the role of social work in the assessment of children at risk of abuse and/or neglect, and the statutory recommendations for good practice within this process.

Any review of theory and research in the area must acknowledge the merit of Bowlby's analysis of the significance of the attachment process – his realisation that secure attachments in early childhood are closely linked to positive long-term outcomes and that insecure attachments in early childhood are associated with long-term negative outcomes. But in the years since his innovative work, the *zeitgeist* of his era, the certainties of behaviourist and modernist thought have been challenged over a wide range of disciplines, and this applies no less to the arena of psychology and social science. It is necessary to be familiar with the different patterns of attachment so that the appropriate intervention can be used to support children with attachment problems. Attachment to 'a significant other' is critical for children, but for many this experience has been missed in the early years of life.

## **2.3 CHILD ABUSE: FORMS, EXTENT AND THE STATUTORY RESPONSE**

### **Introduction**

The aim of this section is to define and classify the problems of child abuse. The multiple disadvantages faced by children and families is examined. The statutory responsibility of social workers within the Irish child protection and welfare system to protect children at risk is outlined. International experiences of child protection and welfare systems are referred to throughout the discussion. There is a specific focus on communicating with children during the assessment process and what it means to represent the voice of the child in assessments concerning their future. Following on from this, the importance of interviewing and carrying out direct work with children in order to hear their voice is discussed. Finally, the importance of social work training with regard to communication with children is addressed.



### 2.3.1 Child abuse and/or neglect

The child protection and welfare system aims to prevent and intervene in the lives of children and young people under the age of 18 years where experiences of maltreatment potentially endanger their life or development. There is no automatic agreement on what is in a child's best interests when abuse is known or suspected to be occurring and the system is made up of various disciplines that can take action to help keep children safe from harm (Woolfson *et al*, 2010). Horwath (2007) points out that a wide range of professional, organisational and personal factors will influence practitioners' judgements in relation to assessing child abuse and/or neglect. Practice wisdom is often based on the workers' own experiences, gut feelings and discussions in relation to their colleagues' experiences.

In Ireland, national guidelines for the protection and welfare of children were developed in 1999 to give professionals insight into identifying child abuse and how to go about reporting it. These guidelines were revised in 2011 by the Department of Children and Youth Affairs (DCYA) to reflect national and international best practice to provide a stronger, more consistent system for protecting children. Chapter 2 of *Children's First: National Guidance for the Protection and Welfare of Children* (2011) now offers the following definitions of child abuse:

#### 2.2. Definition of 'neglect'

- 2.2.1 Neglect can be defined in terms of an *omission*, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.
- 2.2.2 Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.
- 2.2.3 Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.
- 2.2.4 The *threshold of significant harm* is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

#### 2.3 Definition of 'emotional abuse'

- 2.3.1 Emotional abuse is normally to be found in the *relationship* between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:
  - (i) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
  - (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;

- (iii) emotional unavailability of the child's parent/carer;
  - (iv) unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
  - (v) premature imposition of responsibility on the child;
  - (vi) unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
  - (vii) under- or over-protection of the child;
  - (viii) failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
  - (ix) use of unreasonable or over-harsh disciplinary measures;
  - (x) exposure to domestic violence;
  - (xi) exposure to inappropriate or abusive material through new technology.
- 2.3.2 Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The *threshold of significant harm* is reached when abusive interactions dominate and become *typical* of the relationship between the child and the parent/carer.

## 2.4 Definition of 'physical abuse'

- 2.4.1 Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents. Physical abuse can involve:
- (i) severe physical punishment;
  - (ii) beating, slapping, hitting or kicking;
  - (iii) pushing, shaking or throwing;
  - (iv) pinching, biting, choking or hair-pulling;
  - (v) terrorising with threats;
  - (vi) observing violence;
  - (vii) use of excessive force in handling;
  - (viii) deliberate poisoning;
  - (ix) suffocation;
  - (x) fabricated/induced illness (*see Appendix 1 for details*);
  - (xi) allowing or creating a substantial risk of significant harm to a child.

## 2.5 Definition of 'sexual abuse'

- 2.5.1 Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:
- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
  - (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
  - (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
  - (iv) sexual intercourse with the child, whether oral, vaginal or anal;
  - (v) sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
  - (vi) consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

2.5.2 It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

### 2.3.2 Child protection concerns

Child protection social work in the Western world has its origins in the 1870s and 1880s, and for every day of those 130 years, practitioners have struggled to reach suspected abused children and gain the cooperation of the parents and carers.

(Ferguson, 2009, p. 473)

Importantly, in the UK Department of Health's (1995) *Child Protection: Messages from Research*, it was found that a high proportion of children referred to UK social services were referred in respect of their exposure to domestic violence, drug and alcohol misuse within the family home. Since then, studies continue to show the prominence of these issues for children and the risk of significant harm to their physical and emotional development (Forrester, 2000; Young *et al*, 2007). Risks vary – from harm to unborn children, injuries resulting from poor supervision or intervening during parental rows, and children experiencing emotional and physical neglect due to poor parenting. In addition, negative experiences of exposure to parental addiction and domestic violence often result in ruptured attachment patterns and emotional instability (Stein, 2009).

Parental substance misuse and domestic violence can prevent families getting the help they require through the child protection system (Cleaver *et al*, 2007, cited in Stein, 2009). Stein (2009) maintains that parents are often reluctant to admit they have problems or to seek help, especially if the perpetrator is likely to threaten the mother or child. In addition, practitioners feel intimidated and are less likely to visit the home or have the skills to work with violent parents, resulting in a poor risk assessment. Stein explored the effectiveness of child protection practices in responding to children exposed to domestic violence or drug and alcohol misuse by their parents. The research focused on the different stages of the assessment and service delivery, as well as the views of the child and parents on the intervention. A total of 375 case files were examined and the vulnerability of children living in these circumstances highlighted. It transpired that three-quarters of the children were not having their needs met in at least one area of their development and for many of the children their wider family and environment were having a negative impact on them. A key finding

was that social workers found it very difficult to do direct work with children and families, which can result in the impact of drugs, alcohol or violence on the child being less understood (Stein, 2009).

### 2.3.3 Assessing child abuse

The Health Service Executive's *Child Protection and Welfare Practice Handbook*, published in 2011 as a companion text to *Children First*, defines assessment as:

The purposeful gathering and structured analysis of available information to inform evidence-based decision-making. Although assessment is an ongoing process, key junctures in the child protection and welfare process require the recording of formal assessments

(HSE, 2011, p. 4)

The assessment commences with an *Initial Assessment*, which involves meeting with the child and their parents after receiving a referral regarding child protection or welfare concerns. The relevant professionals involved with the family will also be contacted. The aim of the initial assessment is to make a preliminary evaluation of risk and unmet needs. A further assessment may be needed following the initial assessment or at any stage of the child protection and welfare process. The *Core Assessment* is an in-depth social work assessment that uses a standard assessment framework to develop a comprehensive insight into the child's circumstances. A *Risk Assessment* is an assessment aimed at measuring the risk of harm to a child, which is conducted using validated actuarial tools to support practitioners in their judgement. Child protection assessments are discussed further in Chapter 4 of this thesis.

The HSE's *Practice Handbook* outlines the importance of social workers being alert to the quality and style of a child's attachment to their primary caregiver during the assessment process. It presents the following quote (HSE, 2011, p. 100) from the report of the Roscommon Child Care Inquiry (2010, p. 103) to stress the significance of assessing attachment in child protection and welfare investigations:

Children may appear to display a strong attachment to an abusing parent, but, in fact, such an attachment is disorganised and insecure since it is virtually impossible for a child to form sound attachments within a dysfunctional family. In addition, we are also satisfied that, in fact, the children were coached by the parents to give the

impression to outsiders that all was well and that this was not picked up by the professionals involved.

It is crucial that the professional keeps the child as the focus at all stages of the assessment and does not get distracted by issues the parent may present to divert attention from the child. The HSE's *Practice Handbook* recommends that as standard policy the social worker is able to meet the children on their own during home visits and also has the opportunity to interview children separately from their parents. Every child has the right to be heard, listened to and have their views taken seriously, while taking into account their age and level of understanding. The *Practice Handbook* recommends that children are involved and consulted in relation to all matters and decisions regarding their lives.

Buckley *et al* (2006) strongly advise that social workers assessing child abuse and/or neglect see children regularly, in a manner that allows for an assessment of their safety needs. They warn practitioners not to allow their relationship with the parent to prevent them taking the necessary action to ensure a child's safety. In a study of service users' perceptions of the Irish child protection and welfare system, Buckley *et al* (2011) found that the assessment process was intimidating and stressful for children and families, despite increased opportunities for them to participate. Their research highlights that the factor most likely to mitigate stress and intimidation was the service user's relationship with their social worker. Interventions that were viewed positively included in-home support, transport, advocacy, parenting advice, and home visits that included direct work with the children. The findings concluded that the difficult components of the child protection process can be neutralised if the service user receives a quality service. Buckley *et al* argue that although weaknesses in child protection and welfare are often systemic deficits, the front-line social worker must bear some of the onus for the quality of their practice. They recommend that social workers are more aware of the effect of different methods of communication on the assessment process and outcome. They also encourage negotiating sensitive interventions, such as direct work with children, and ensuring that they seek clarification from the child on the information they share. Buckley *et al* (2006, p. 52) outline concerns regarding the inclusion of children in child protection and welfare assessments:

Research has shown that investigation and assessment of child protection and welfare concerns often focus solely on the child's main caregiver. Children are not always included in a meaningful way. Siblings are not always included in the assessment, even though a serious concern about the welfare or safety of one child could reasonably give rise to a concern for other children living with the same caregivers.

Thomas and Holland (2010) conducted a qualitative research study to examine how social workers in a Welsh local authority assess and report on children's identities in core social work assessments. A key finding in this small-scale study was that it can be difficult to get a sense of the child and their views from the core assessment report. Their research parallels findings in previous studies where it was noted that social workers tend to draw on a narrow interpretation of theory when trying to represent the needs of children in assessment reports and only a very brief description of the child's interpretation of their experience was reported (Kahkonen, 1999; Holland, 2001 – both cited in Thomas and Holland, 2010). More recent evidence suggests that practitioners with specialist skills in child participation only partially managed to involve children (Vis and Thomas, 2009, cited in Thomas and Holland, 2010) and the parental assessment was a lot more descriptive in the report (Holland, 2004).

Identifying any type of child vulnerability is a complex undertaking and identifying child neglect is particularly complex. There are many layers to neglect, centering on the carer's failure to meet the child's developmental needs (Stevenson, 1998; Stone, 1998 – both cited in Horwath, 2007). Due to the complex nature of neglect and other forms of child maltreatment, policy-makers have introduced many guidelines over the past 20 years to assist practitioners in their assessments. Following the death of Victoria Climbié, Laming (2003) made it clear in his report that using guidance procedures alone is not enough. There is no assessment tool that will routinely provide practitioners with the correct answers when identifying a child's needs. Quite often questions in the frameworks are linked and reliant on practitioners' own professional judgement around parenting strengths and weaknesses. Eraut (1994, p. 49) acknowledges that professionals make sense of information in different ways and refers to 'the interpretive use of knowledge', practical experience, appropriateness and viability. Moral-practice activity acknowledges that people do not fit into certain boxes and practitioners' own value systems will influence their assessment (Taylor and White, 2001, cited in Horwath, 2007). Horwath (2007) argues that assessment tools and frameworks fail to highlight how cases are constructed and interpreted in relation to the practitioners' personal and professional situations. She places a major emphasis on social workers' awareness of developmental theories and empirical research.

In a study by Woolfson *et al* (2010) of young people involved in the Scottish child protection and welfare system, a common fear voiced by the young people was the potential separation from their parents when the assessment process commenced. This is in line with previous

research, which confirmed that over 80% of abused children have an insecure attachment to their parents (Howe *et al*, 1999; Howe, 2005). Respondents stated that the initial stages of the assessment process were the most psychologically challenging for them. This was the stage when they knew least about what was happening and any information given to them could be confusing or forgotten quickly. The young people wanted help for their family without any drastic changes to their family structure. The authors recommend that information is shared with children in a lucid child-friendly way and repeated to the child on subsequent meetings.

Walker (2009) explores an aspect of unresolved trauma with reference to assessments of emotional neglect in child protection. He focuses on the area of ‘dissociation’, where the individual ‘sees and feels nothing at all’. He cites Schore (2003, cited in Walker, 2009), who describes the process of dissociation as one in which the individual becomes disengaged from external stimulation and only attends to an internal world. Schore comments that the individual may use dissociation to respond to severe trauma as a way of coping. Mollon (2001, cited in Walker, 2009) purports that dissociation often occurs when the child’s main caregiver is an abuser and the child uses internal escape mechanisms since there is no one else to run to or turn to. Walker discusses the links between abuse and shame, and stresses that children who experience abuse are likely to feel shame about themselves. He states:

From an attachment perspective, it is dangerous and frightening for the child to think of the parents – on whom the child is totally dependent – as being ‘bad’ and threatening. It is much safer for the child to think of himself as being ‘bad’, rather than think of primary caregivers in this way ... Dissociation, which involves a cutting off from childhood experiences and feelings, can therefore be thought about as being a way of avoiding thinking about deeply shameful feelings about oneself.

(Walker, 2009, p. 110)

Walker (2009) recommends that social workers should be highly knowledgeable about the dangers of childhood neglect while carrying out assessments of risk. He refers to the evidence neuroscience has demonstrated regarding the devastating effects neglect has on brain development in the early years of life. Again, he cites Schore (2003, cited in Walker, 2009), who argues that maternal dissociation blocks the formation of infant attachment and highlights the strong connection between dissociation and child neglect. Walker (2009, p. 111) maintains that, ‘the mother who is in a dissociative state will be absorbed in her own internal state and hence not be able to “tune in” to the needs of her child, thereby becoming neglectful’.

In his research, Walker was extremely surprised to find that women who had experienced sexual abuse often became involved with men who had histories of offending sexually. The women presented with little awareness or knowledge around the ways that perpetrators operated. Due to the correlation between dissociation, neglect and choice of partner, Walker recommends that social workers are alert to and skilled at identifying and assessing dissociation. He points out that memory loss around childhood experiences or traumatic events may be the child's way of cutting themselves off from unbearable pain. Continuous daydreaming or being in their own world may also be symptoms of dissociation. Walker recommends the use of non-verbal interventions for clients who find their experiences too painful to discuss (e.g. art and creative therapies) and alerts child protection social workers to the consequent risks of leaving trauma unresolved.

Munro (2011), in her important review of child protection social work in the UK, recommends that large-scale empirical research programmes have a key role in improving social worker's ability to recognise abuse and put appropriate interventions in place for children and their families. She states that the skills in forming relationships with children are integral to getting the information required to inform the assessment and to engage with the child and their family in order to bring about the necessary change. She acknowledges that this seems an obvious requirement, but highlights that it is something that has been overlooked and undervalued in social work assessments in recent years. She outlines her concerns regarding the shift from relationship-based social work assessments to a more technical approach, which involves completing detailed assessment forms specifying the data the social worker needs to collect and the tight timescales allocated to gathering this information. She argues that the most important work takes place when social workers actually meet with children and families, and try to communicate and work with them towards change.

### **2.3.4 Building relationships with children**

For as long as there have been inquiries into the care of children by social services, there have been expressions of concern about poor-quality social worker relationships with young children.

(Winter, 2011, p. 2)



Winter (2011) stresses the importance of the social worker–child relationship in terms of giving children time and space to share their thoughts and experiences, and for these to be given serious consideration. She cites Corby *et al* (1998), who assert that in the UK alone there have been over 70 public inquiries into child abuse published since 1945. Winter draws specific attention to the key findings of inquiry reports where social workers failed to develop meaningful relationships with children living in the most horrific circumstances. She acknowledges that concerns are also located within the wider context of organisational failings. However, she believes that social workers are responsible for visiting the children on their caseload; engaging and communicating with them alone; reflecting their concerns verbally or in the social work records; acting decisively on obvious concerns regarding weight, bruising, neglect and emotional distress; and, above all, ensuring that the child is the primary focus of the intervention. Winter recommends that when thinking of the state of social work practice in general terms, it is important to ask the question, ‘Do children known to social services get the best from their relationships with social workers?’ (Winter, 2011 p. 23).

Winter (2011) maintains that social workers should have a good understanding of the value and importance of meaningful relationships with children and reminds us that in their training they are introduced to theoretical areas, such as developmental psychology and attachment theory that have a specific focus on the importance of positive relationships in a child’s life. She states that it is often the case that social work training places less attention and less priority on the social worker’s relationship with the child in question.

### **2.3.5 Communication in social work practice**

Every practice approach requires the skill to communicate with service users from various backgrounds to gain an understanding of their problems and needs as they see them and to facilitate them in articulating their choices and aspirations (Richards *et al*, 2005). To understand the problems and needs of service users, social workers must engage with them as individuals: As Richards *et al* (2005, p. 409) observed, ‘Good communication skills lie at the heart of effective social work practice’.

Kowprowska (2010) argues that communicative incompetence is a widespread issue, with the risk of considerable implications. She strongly recommends that social workers be highly

skilled communicators. She states that the principal reasons for working with children is their right to have their voices heard and if social workers overlook or misinterpret communication from children, erroneous decisions may be made (Jones, 2003, cited in Kowprowska, 2010). Kowprowska maintains that children do not like sitting down and talking face to face with adults for too long and recommends that social workers get comfortable using age-appropriate toys and creative activities, which is more likely to result in successful engagement with a child. Kowprowska (2010, p. 100) quotes Buckley (2003), who states 'It is thought that children consolidate their understanding of the world and human experiences through imaginative play.' Kowprowska encourages vigilance when exploring child protection and welfare concerns and states that it is crucial that children are not inadvertently led into making statements that could result in separation from their parents or criminal proceedings. On the other hand, decisions not to take action and leave children at risk may cause them further harm and jeopardise their trust in social workers and other adults. In light of the neurological and social effects of abuse and/or neglect, children may experience difficulties engaging with adults. Kowprowska recommends that play be used by social workers to make children feel at ease when discussing experiences of abuse and/or neglect. She highlights that play can be a powerful means of communication when drawn from different play therapy approaches.

Wilson *et al* (2008) purport that the use of questions while engaging with clients requires careful consideration from the social worker. They argue that by commencing a relationship with numerous questions, the professional may present as anxious about finishing the task and that their primary focus is to meet bureaucratic expectations (which social work often requires). They stress that social workers must be empathic and prioritise the anxious feelings their client may have, and resist the bureaucratic demands that often require information gathering in a prescriptive fashion. They point out that if a bureaucratic agenda remains to the fore of one's mind, it is very easy to ask questions that result in 'Yes' or 'No' answers, i.e. closed questions. They therefore recommend dialogue that allows the service user to determine their own response. Wilson *et al* (2008, p. 311) quote Claire Winnicott (1964), a social worker who established child care practice during the last century:

The immediate purpose of communication ... is to get in touch with the real self of the child, which is what he is feeling about himself and his life at the moment of the meeting. We want to help children remain in contact with themselves and maintain a sense of their own unique identity and worth in relation to other people.

Wilson *et al* (2008) claim that in many ways the skills for communicating with children are no different than the skills used for communicating generally within the professional context. However, communicating with children does require the use of different skills. In part, this is due to the ways children communicate through their use of play and their developmental stage regarding language and understanding, as well as the power differences and autonomy between children and adults. The authors highlight the difficulties social workers often experience in communicating with children effectively. They refer to the numerous inquiries into child abuse where social workers failed to meet children on their own and they draw specific attention to Laming's (2003) criticism of the social worker's decision not to communicate with Victoria Climbié by herself while she was in hospital. Wilson *et al* balance this negative representation of social work by citing the results of a small-scale study (Nice, 2005) that explored child-centred practice and found social workers to be primarily child-focused, rather than parent-focused, in their communications during assessments.

### **2.3.6 The voice of the child in social work assessments**

In keeping with global developments, the child protection system in Ireland has moved towards a greater involvement of children and respect for their views on their current and prospective situations (Buckley *et al*, 2008). Buckley *et al* state that there has been no substantial body of data collected in Ireland in relation to service users' views of the child protection system, but many studies in the UK and elsewhere highlight the importance of seeking the views of service users if child protection interventions are to succeed. In their study of 13 young people involved in the Irish child protection system, Buckley *et al* found that young people experienced interventions in a more favourable manner if they felt they were key agents in the process, rather than it being something they were subject to. The young people reported on the importance of social workers consulting with them to ascertain their views and opinions. They outlined how difficult it was for them to see their parents' views being privileged over their own and their views given little or no consideration within the assessment of their own safety and well-being. In addition, the importance of social workers believing their disclosures of abuse was highlighted as a critical determinant to the young people's experience of the system.

Holland (2004) acknowledges that representing the voice of the child can be difficult and highlights the issues around confidentiality and the potential consequences for their family by the child expressing their views. Holland outlines the polarised arguments in relation to children expressing their views: on the one hand, children need to be afforded the opportunity to express themselves and be involved in decisions concerning their future, while on the other hand, from a welfare perspective, they may need protection from harm and the burden of decision-making. Holland cites Schofield and Thoburn (1996), who argue that these positions do not have to compete with one another. Children usually take a more balanced outlook and many suggested that they wanted to be listened to, but they did not want to hold the overall responsibility around major decisions for their future.

Holland (2004) conducted research on child protection assessments in the UK and discovered that the child's narrative was a minor component in most of the assessment reports. The parent's narrative was quite in-depth, providing the reader with a vivid image of them and their lives. In general, children were discussed in the context of their parents and there was no description of them in the context of their own personalities, schools, play and interests. Only one report (which was in complete contrast to all the others in the study) mentioned that a child had been consulted about his situation through play sessions: three and a half pages were dedicated to a comprehensive account of the child's thoughts and experiences, only slightly shorter than the account given of his parents. Different as this report was, Holland also labelled it 'unusual' in that it did not give an opinion as to the credibility of the child's views.

Apart from their moral obligation, front-line social workers are legally obliged to hear children and to ensure their best interests are served and they remain safe. Yet cases of child protection and welfare can be extremely complex and often overwhelming for social workers to deal with, according to Archard and Skivenes (2009). They conducted a study of child protection social workers in England and Norway, which identified the authors' firm belief that children should be involved in their own cases and their voices should be heard. Nevertheless, there were striking ambiguities and uncertainties around the exact role children should have within the process. Many social workers believed sharing information with the child about the child protection process and its possible outcomes was sufficient. Views varied in relation to the reasons why a child's voice needs to be heard. Some of the views articulated included the rationale that children will be more compliant during the process;

social workers can deliver a better service if children express their needs; the children feel more involved; and if children are confident that they are heard, they will have more confidence in the decisions made in relation to their care. Archard and Skivenes noted that none of the social workers in the study expressed the significance of affording the child an opportunity to give an original opinion and contribution. They also found that some social workers were more emphatic about adolescents, rather than younger children, having a strong voice within the process.

A similar study by Woolfson *et al* (2010) found areas of deficit in the child protection and welfare system relating to the engagement of young people. Respondents in the study made recommendations for engaging young people in a more effective manner. The authors cite their earlier studies, undertaken in 2006 and 2008, which show that in order to promote better outcomes for children and families, the children need to be consulted and have their views taken into account. In addition, young people voiced their discomfort during interviews and quite often felt their social worker did not believe them due to the ongoing questions. Young people stated that they would like to be met with promptly when the assessment process begins and to be listened to, with all future possibilities clearly explained to them. Woolfson *et al* argue that procedures in child protection and welfare for consulting with children are by no means fully developed. They cite the 2005 UK report by the Commission for Social Care Inspection, entitled *Safeguarding Children: The Second Joint Chief Inspectors' Report on Arrangements to Safeguard Children*, which comments that child protection workers are now increasing their efforts to listen to and consult with children (Paragraph 2.2). However, the same report concludes that many children are not provided with sufficient opportunities to express their thoughts and concerns (Paragraph. 2.6). The 2008 follow-up report, entitled *The Third Joint Chief Inspectors' Report*, concludes that those in positions to safeguard children acknowledge the necessity to consult more regularly with children in an effort to reflect their views in policy and service delivery.

The Scottish Government conducted their largest enquiry into the Child Protection System (CPS) in 2002. The resultant report, entitled '*It's everybody's job to make sure I'm alright*' – *Report of the Child Protection Audit and Review* (Scottish Executive, 2002), found that procedures paralleled those used elsewhere in the UK and, importantly, that children were often not consulted during assessments to determine what was in their best interests:

It is likely, therefore, that CPS investigations could be more child-friendly and child-engaging if policy-makers and practitioners took these suggestions into account. Without such changes, children and young people who are the focus of child protection investigations will continue to experience some dissatisfaction with, and alienation from, the process and procedures that are intended to protect them.

(Scottish Executive, 2002, p. 2083).

After exploring the voices of young people on their views of abuse, Mudaly and Goddard (2006) report that children's experiences leave them confused and bewildered, and they have no option other than to believe this is how families are supposed to be. Growing up in a violent home provides little opportunity to escape dangerous and terrifying situations, and the fear and shame exacerbates the need to keep the violence a secret and keep outside supports at a distance. Participants in the study referred to the multiple complexities involved in divulging child abuse, highlighting the fear of separation from their families and ongoing threats from an abuser. Mudaly and Goddard stress that professionals working with children who have suffered abuse must understand that listening to their voices involves a lot more than just hearing their words because such children may experience difficulties in expressing their feelings and experiences. The authors strongly recommend that services are improved, adapted and made more accessible to involve children in matters that affect them. They believe that programmes designed for children will increase their commitment and performance in them. In addition, they argue that it is important to build children's self-esteem since they have shown that their insight, ideas and experiences enrich adult understandings and augment adult actions. Finally, Mudaly and Goddard (2006) cite Milner and Carolin (1999), who purport that if the principles of the UN Convention on the Rights of the Child (UN, 1989) are to be respected and recognition given to the importance of the views of children, then practitioners must find ways to listen to their thoughts, feelings and needs.

Elmer (2009) reports that practitioners often give evidence to the Courts based on direct work and play therapy experiences, where children feel safe to disclose their experiences of abuse and/or neglect. She outlines the importance of ensuring that children are clear on the limits of confidentiality when it comes to their safety. In her *Interim Report: The Child's Journey*, Munro (2011, p. 36) states that:

It should always be of paramount importance for social workers to seek and be informed by the views and opinions of children. What does the child think needs to

change to address their problems? How should the social worker go about making that change happen?

## **The Voice of the Child: Interviewing**

Interviewing children is integral to the assessment of their well-being. In Chapter 6 (Section 6.4) of *Children First: National Guidance* (DCYA, 2011), it states that the reasons for interviewing a child include to get a picture of the child's physical and emotional state; to establish whether the child needs urgent medical attention; to hear the child's version of events leading to the concern; to get a picture of the child's relationship with their parents or carer; to support the child's involvement in decisions affecting them according to their age or stage of maturity; to see who the child trusts; and to inform the child of further action needed in the enquiry. It is recommended that professionals interviewing children in relation to child protection concerns have had sufficient training and are experienced. Osborne (1999) states that the more trendy and child-friendly the service in the eyes of children, the more prepared they will be to access it (cited in Fergusan and O'Reilly, 2001).

Kellet and Ding (2004, cited in Jager and Ryan, 2007) point out that many researchers feel children below 7 or 8 years of age make incompetent interviewees. They argue that weak data emanating from these interviews are a result of poor interviewing techniques, rather than incompetent children. Additional research by Aubrey and Dahl (2006, cited in Jager and Ryan, 2007) concluded that when children under the age of 12 are being interviewed, the uses of drawings or enactments are effective strategies to communicate their experiences. Jager and Ryan (2007) took this argument a step further in their research, arguing that play therapy techniques seem the most child-centred and effective way to interview children. Furthermore, they believe play enhances children's ability to communicate verbally and non-verbally.

In their *Guide to Interviewing Children*, Wilson and Powell (2001) discuss the concept of suggestibility, which refers to the numerous situations where the interviewer can influence what the child says by the use of leading questions or by making the child aware of the interviewer's expectations. Interviewing techniques of this nature may alter the child's report, regardless of what the child actually remembers. This can occur when a child's desire to please the interviewer is greater than their desire to be heard. The authors state that no age group is immune to suggestibility, but point out that when children are interviewed appropriately, even the very young can give completely accurate accounts of their

experiences. They also look at children keeping secrets and assert that children between the ages of 4 and 6 are very good at this. From 7-9 years of age, children are beginning to distinguish when it is OK or not OK to tell secrets. At around 9 years, children are becoming more like adults and gain a clearer understanding of who is appropriate to tell a secret to. This will vary in relation to the consequence of telling and their personal understanding of justice. Wilson and Powell (2001, p. 16) state that:

The most successful strategy in getting a child to tell a secret is to give him time to get to know you and trust you. Secrecy is about trust and so is the sharing of secrets.

Winter (2011) maintains that a successful interview with a child depends on the development of a good rapport, the use of good listening, questioning and responding skills, awareness of non-verbal skills and the ability to see and manage emotions. Another crucial component to this intervention is the social worker's ability to respect and follow the direction of the child. In relation to communicating with children, it is important that social workers are clear that while they set up the interview and often manage the agenda, it is still possible for the child to manage their own choices, changes and control within the constraints of the interview scenario. Communication may be verbal or non-verbal, and is based on reciprocity rather than social workers dominating the process.

### **The Voice of the Child: Direct work**

The response of adults can make things better or worse for a child who has suffered abuse and/or neglect (Goddard, 2000, cited in Mudaly and Goddard, 2006). Mudaly and Goddard (2006) state that children who have been badly hurt can experience further hurt by the adults' response. They argue that adults can make it incredibly difficult and painful for a child to disclose abuse:

Children and young people are rarely heard. Children who have been abused and neglected are heard even less. It is as if they are further abused and neglected by society in general, as well as by the abusive adults. The reality maybe that we do not want to hear what they say because their words are too painful to absorb.

(Mudaly and Goddard, 2006, p. 33)

McAuley *et al* (2006) maintain that practitioners spend a lot of time and energy worrying about the children they work with, as opposed to working directly with them. The authors believe this to be a major omission in practice since children may often be the best ones to



help practitioners understand their position. McCauley *et al* found that the process of direct work only occurred when a family reached crisis point and they strongly recommend that resources are allocated to prioritise and implement this crucial work with children and young people. Aldgate and Seden (2006) highlight three fundamental reasons for carrying out direct work with children. Firstly, they view it from a rights' perspective and assert that children are competent in voicing issues that directly affect them and that this position is only affected by a child's age, level of understanding and disability. They refer to Article 12 of the UN Convention on the Rights of the Child, which emphasizes the significance of including children in decisions that affect them. Secondly, children are competent sources of evidence in relation to their own abuse and/or neglect. Thirdly, from a therapeutic perspective, they state that children must have an opportunity to make sense of the events that may potentially be harmful to their development, such as the harm caused by neglect or maltreatment, or loss of attachment figures. Aldgate and Seden (2006) assert that practitioners need skills to engage in age-appropriate communication with children and they must be confident enough to use these skills as part of the assessment process.

Ferguson (2008, cited in Jones *et al*, 2008), writing about best practice in child protection social work, outlines the numerous difficulties practitioners face in trying to assess the needs of children, while simultaneously trying to engage with carers or parents who do not want the intervention. He notes the importance of parenting support, but highlights the importance of direct work with children in achieving best practice. He describes a case where a social worker put time aside on a weekly basis for five months to meet with a vulnerable child. By learning what was needed from the child's point of view, the social worker was able to communicate this to the child's mother and a compromise was reached in terms of their interaction with one another. This direct work had several advantages: it gave the child an opportunity to deal with the trauma of being parented poorly; she was supported to manage her anger; and she gained emotional awareness and literacy. Through the process, the child's immediate problems were addressed and a longer term Child Protection Plan was put in place for the family, with a particular focus on the parents. The family support worker reported that the child felt empowered after the direct work and knew where she could get help when she needed it.

Goodyer (2007) describes direct work as a communicative process to stimulate discourse, rather than a therapeutic process, and believes the teaching and learning of good

communication skills related to the child's age and stage of development is central to achieving a child-focused practice. She recommends the use of imaginative play with toys or puppets to facilitate discussions about family relationships. She also recommends the use of creative media, such as paints and paper, to help children visually represent their family or feelings, paving the way for further discussion. Goodyer largely focuses on focused play techniques to engage with children as discussed on page 15. This study builds on her work by focusing on non-directive (pg 15) interventions as well as supporting social workers to use non-directive play skills while using directive/focused approaches with children during child protection and welfare assessments.

### **2.3.7 Social work training on communicating with children**

Lefevre *et al* (2008) examined how social work education might best be developed to teach students the fundamental communication skills to carry out successful direct work with children. Their findings highlighted that this could not be guaranteed in the UK. They state that:

Traditional commitments to the therapeutic aspects of social work communications with children have given way to an emphasis on communication as information exchange for the purpose of facilitating the voices and choices of children in protection and care planning. This latter perspective is central to government concerns that social workers re-engage with the children they are responsible for.

(Lefevre *et al*, 2008, p. 167).

Lefevre *et al* (2008) assert that social workers are clearly responsible for ensuring effectual communication with children so they can understand their thoughts, feelings and experiences, and promote their well-being in all these areas. In their survey of 43 social work courses in the UK, the authors found that there was minimal agreement and consistency regarding teaching and learning in this area. Most of the courses offered students some input in relation to directly communicating with children, but in general the coverage was short and/or sporadic and quite often was dependent on the individual tutor's interest in the area. The survey did not find any evidence to show that the students' placements compensated for this gap in the programme.

Clare and Mevik (2008) carried out an exploratory study to consider the extent to which social work education in Australia and Norway prepares practitioners to work inclusively

with children. A significant finding of this study was the lack of published curricula material representing children. Neither country had a clearly stated focus on children in their own right or participatory social work practice with children. In the teaching of communication skills for practice, training in direct work with children was again found to be invisible. To the exclusion of children, the primary focus of social work training was with involuntary clients and how best to engage with adult service users. Communicating with children was not identified as a necessary area of social work learning. Instead, learning emphasis was placed on work with families as a collective, risk assessments and child protection procedures, rather than working in an inclusive manner and recognising children as complex and capable beings.

Clare and Mevik (2008) found in both Australia and Norway that the social work academics concurred that children were not visible in their own right in the education of social workers. They outlined that students were not taught how to talk to children or to be with them. There was little opportunity for students to gain grounded knowledge of children's interactions with their world. When students returned from placements in child protection and welfare, it was reported that experience of direct work with children was unusual. Interventions primarily focused on work with parents and the wider system. It also emerged that practitioners were unfamiliar with current theoretical understandings of children. Clare and Mevik (2008) found that, ironically, Australian academics recognised that work with children was a common motivator in choosing a career in social work. Students left their education with the perception that work with children was a specialised activity for use in clinical settings. Among the quotes from Australian social work academics, with many years of experience in statutory children protection, were the following:

The system prevents [you] from working with children. Caseloads prevent proactive work. First, you work through the system to the family; to work with the child is a luxury.

I sit, still with the view we had when I worked in child welfare many years ago – that we as adults work more frequently with adults than we do with children. If you have children on your caseload in child welfare work, you work with the parents – that's expected thing to do. People in child welfare almost have their time counted when they are seeing the child, or they will just continue working with the adults. I think social workers don't identify well enough with working with children.

Norwegian academics concurred with the Australian view that social work students were poorly prepared to work with children when they leave college. In essence, this exploratory study by Clare and Mevik (2008) highlighted that in contrast to prevailing discourse of

inclusion and participation, social work students in Australia and Norway continue to be poorly equipped to work with children in their own right. The present study stresses the need for further research in this area if practitioners are to properly represent children within the welfare system.

Importantly, Richards *et al* (2005) question whether social work training in the UK and elsewhere sufficiently prepares students for practice in terms of their communication skills and if training takes adequate account of today's practice environment. As social work educators, the authors were surprised to find that this issue was barely mentioned in their review of the literature. Also surprising was the fact that the focus on skills for developing relationships with service users appeared at odds with the workplace focus of understanding the service users through bureaucratic systems, intended to create entitlement for services and levels of risk.

Goodyer (2007) argues that communication skills to work effectively with children are necessary and vital components in social work education. She asserts that using imaginative and creative play with children will result in higher levels of communication than is usually achieved in traditional social work styles of interviewing. Goodyer herself teaches direct work skills to Social Work Degree students in London's Southbank University and states that age-appropriate modes of communication can be used by social workers to enhance their communication with children. In her 2007 study, her students learned direct work skills through experiential workshops and then provided feedback in relation to their experience of the process. They engaged in exercises that could potentially be used to communicate with children. Some of the techniques explored involved timelines (significant life events are mapped out on paper using pictures or symbols), imaginative play, life-story work and other creative techniques. The students rated the material covered very positively on their evaluation forms and highlighted that the main learning outcome for them was the way the process facilitated discussion about their personal lives and histories. Goodyer also highlights that it is usually child care programmes that provide a deeper exploration of direct work and states that these skills are transferable to social work education, where learning to communicate with children is of vital importance.

Thompson (2009) describes communication skills as among the core competencies required for social work practice and states that many people drawn to the profession already have a good foundation of skills. He points out that social work education should aim to build on,

understand and develop new skills in social work students. He categorises communication into the following: verbal; telephone; non-verbal (body language, facial expressions, mood); and writing. The necessity of each of these skills is then discussed for social work practitioners. He also highlights that social workers must be able to consolidate and develop their wide range of communication skills so that interactions with clients will be successful, resulting in true effective social work practice.

Wilson and Kelly (2010) purport that it is necessary to equip practitioners with the required knowledge and skills to promote sound decision-making, especially in situations that involve risk. They highlight that the area of teaching and learning ‘communication skills’ need to be fully explored in relation to their effectiveness. In Northern Ireland, the regulatory authority, the Northern Ireland Social Care Council, has increased students’ placement time and stressed the necessity for academic learning to uphold practice learning, with a specific emphasis on improving training in communication skills. Another key requirement is that students will be assessed to ensure they are ready to carry out direct work with service users before commencing their placement.

### **2.3.8 Summary**

This final Section 2.3 of the literature review examined child protection and welfare social work practice on both a national and international level. The types and degrees of child abuse and/or neglect were explored. An in-depth examination of child protection and welfare assessments was presented, with a specific focus on the importance of social workers being highly skilled communicators with children. The central positioning of the voice of the child in social work assessments was discussed, with an acknowledgement of the dilemmas practitioners face in representing this crucial component. The processes of interviewing children and engaging in direct work with children were described. Finally, a detailed analysis of social work education and communication with children was presented, concluding the literature review.

## 2.4 CHAPTER CONCLUSION

**Section 2.1** examined the importance of play in the lives of children, with a major focus on engaging with children through play to learn and understand about their world. The techniques used in play therapy to support communication between a child and an adult were described and earmarked as potentially useful in supporting communication between a child and their social worker. The differences and similarities between play therapy and direct work were outlined. **Section 2.2** explored the significance of a child's attachment to their primary caregiver. Attachment theory was defined and classified, with a specific focus on the quality and styles of attachment the infant develops in relation to their primary carers. The relevance of attachment theory within child protection and welfare social work practice was examined. **Section 2.3** presented an overview of child protection and welfare assessment procedures. The importance of social workers being skilled communicators with children at risk of abuse and/or neglect was discussed. The processes of investigative interviews and direct work were described. Finally, social work education and continued professional development were explored to highlight the significance of training around communicating with children.

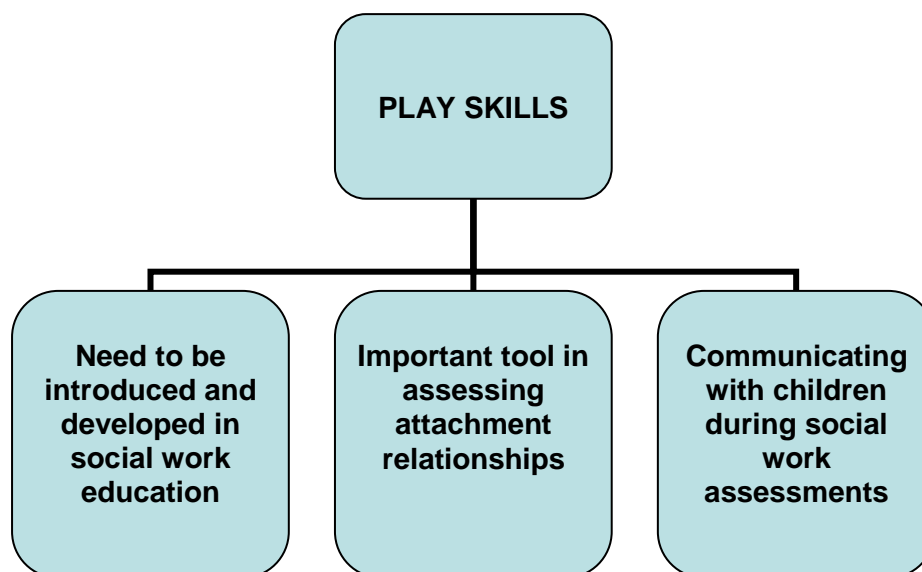
Because the literature reports difficulties regarding the assessment of children at risk of abuse, it is important to consider viable options. The literature has pointed out that children often experience difficulties articulating their experiences and developmentally find it easier to communicate their world through the use of metaphor and symbols. Therefore, play provides children with a chance to express their feelings, wishes, desires, problems and fears. In addition, play therapy is cited as the adult equivalent to counselling. Play is used to assess children in the fields of child psychiatry, psychology, occupational therapy and speech and language therapy.

No empirical literature was found where social workers were trained to use play skills in their assessments of children at risk. This finding adds to the credibility of the need for the present research, when one considers the prominence given to play in other disciplines working in the child welfare arena. It is logical to believe that this type of intervention is worth considering as an assessment tool for children who are at risk of abuse, and this is the focus of this study. (Chapter 3 will look at the methods used to explore whether play skills have a role in social work assessments of child protection and welfare concerns.)

Chapter 2 has discussed types and effects of child abuse and the difficulties social workers continue to face in their assessment of it. The assessment process was examined with a specific focus on the voice of the child. The areas of investigative interviews and direct work were earmarked as important opportunities for social workers to ascertain the child's voice. In Section 2.1, play is described as the language of children. In Section 2.2, research studies from elsewhere suggest that child abuse and/or neglect may have devastating, even lifelong effects on a child's development.

This literature review has combined three different, yet interrelated areas of child protection and welfare social work. Figure 1 brings these important areas together in a tentative conceptual model. At the top of the diagram, play skills are represented as being significant in terms of social work education, assessing a child's attachment relationships, and communicating with children during social work assessments.

**Figure 1: Tentative conceptual model bringing together three interconnecting areas of practice**



# Chapter 3: Methodology

## Introduction

The primary research question of this study seeks to ascertain whether play skills are useful in child protection and welfare social work assessments. In this chapter, the methodology of the study is described across four sections. **Section 3.1** outlines the rationale, aim and objectives of the study. The study design is explained in **Section 3.2** and implementation of the study is described in **Section 3.3**, together with such issues as ethical considerations, sample, data collection and methods of analysis. Finally, **Section 3.4** discusses the limitations of the study.

This chapter will describe how the researcher explored and decided on the best approach to investigate and gain an understanding into the identified problem. The focus is on specific procedures and methods used to obtain data from child protection and welfare social workers: social work managers, social work students and experts in the area of child protection and welfare. Specific procedures for designing a training programme for social workers are discussed. In order to locate the everyday practices and experiences of social workers in concrete situations, the author chose to base the major part of the study in one social work area (Roscommon). Social workers nationwide were also offered the opportunity to participate in this research (*see Appendix 1*).

Action research was chosen as the most appropriate methodology and the associated palette of techniques, both qualitative and quantitative, was employed. This methodology will be discussed in greater depth in **Section 3.2**.

## 3.1 RATIONALE, AIM AND OBJECTIVES

In Chapter 1, the author highlighted a growing need for social workers to build a reservoir of skills to communicate with children involved in the child protection and welfare system. Chapter 2 examined the importance of play in child therapy to support communication between the child and the therapist. The aim of this study is to investigate the role, usage and potential of play skills in supporting communication between children and social workers



during child protection and welfare assessments. The rationale for the study is that child and family social workers are important agents at each stage in the child protection and welfare process. They have the responsibility to investigate reports in relation to child abuse and risk of abuse; they carry out family assessments to assess the caregiver's ability to meet the needs of the child; if warranted they apply to the Courts for care orders which result in the State assuming responsibility to meet the needs of the child; and finally they retain responsibility for individual children who are brought into the statutory care of the child protection system (Thompson, 2009).

In the present study, a team of social workers were trained by the author to use play skills to communicate with children during their assessments of well-being, risk and future care options. Child and family social work continues to represent the most dominant category of social work practice in Ireland (Burns, 2011; National Social Work Qualifications Board, 2006). This led to the author's desire to explore social work training in relation to equipping practitioners with the necessary skills to communicate with children.

The author's interest in this research area stemmed from two differing professional experiences. Firstly, while working as a front-line child protection and welfare social worker, the author felt unequipped to communicate with children about their abusive experiences. She found that social work training had focused on interaction with adults and there was no focus on communicating with children, despite the emphasis in policy and legislation regarding the voice of the child. The author found the investigative interview process was not child-friendly and there was no opportunity to get to know children before exploring deeply painful and personal issues with them. After one-year in practice, she commenced the Diploma in Play Therapy.

Secondly, during the training the author could not understand how social workers, dealing with the most vulnerable children in society, received no training in age-appropriate skills to communicate with children. Her interest in this research is underpinned by a belief that not utilising play in social work assessments and interventions represents a major gap and failure of duty to best practice. Not enough is known of the potential of play in social work practice and its potential, hence the need for this study. Therefore, an evaluation of the training model and its uses in practice is an integral part of the study. In light of the value that has been placed on play in many child welfare disciplines (counselling, psychology, speech and language therapy), the author believes it is necessary to explore whether play skills can

enhance communication between children and social workers during child protection and welfare assessments. Considering this rationale, the overarching aim of this research is to investigate whether play skills do, or can, enhance social workers' ability to communicate with children during child protection and welfare assessments.

The objectives of the study are five-fold:

1. To explore pre- and post-qualifying social work training in relation to communication with children.
2. To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children.
3. To explore the benefits and limitations of a training programme in play skills among a set of child protection social work practitioners.
4. To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners.
5. To make recommendations for future social work education in relation to the potential benefits, or limitations, of utilising play as a standard social work training tool and practice utility.

## **3.2 DESIGNING THE STUDY**

Three key issues are addressed below. Firstly, the theoretical considerations for designing the study are examined, looking at action research traditions and the interpretive approach to research. Then, the qualitative and quantitative research methods used in this study are described. Thirdly, the sample selection will be discussed, followed by the design of the data collection tools used in the study.

### **3.2.1 Theoretical considerations for the research design**

Action research was chosen as the methodology for the study. With this approach, members of the group become partners in the research. As Brewer (2007, p. 43) states:

The purpose and objectives of the research may well be determined by the members of the group concerned engaging in some form of participation and problem identification.

In this study, the social work team became partners at various stages in the research. At a team meeting the researcher consulted with both social workers and managers regarding

issues in practice. Issues were raised in relation to the amount of work social workers refer onto other services which affects their ability to build relationships with the children on their caseload. The researcher informed the team that she had found skills used in play therapy to be particularly useful in her work with children and presented them with the opportunity to engage in the research process. The social workers highlighted difficulties engaging therapeutically with children in foster care and communicating effectively with children involved in the child protection system. The researcher asked the team to consider which area required the most urgent attention and the team convened four weeks later. Both the social workers and the managers outlined their preference to gain skills in the area of communicating with children involved in child protection and welfare assessments. They identified issues regarding their engagement with children and their propensity to refer direct work on to other professionals or agencies. The social workers stated they would like to engage in training to support age-appropriate communication with children. After the training they assessed the relevance of the Play Skills Training (PST) programme to carrying out child protection and welfare assessments. Since this research was designed to be exploratory, action research was the most appropriate approach for the study. According to Gilmore *et al* (1986, p. 161):

Action research aims to contribute both to the practical concerns of people in an immediate problematic situation and to further the goals of social science simultaneously. Thus, there is a dual commitment in action research to study a system concurrently to collaborate with members of the system in changing it in what is together regarded as a desirable direction. Accomplishing this twin goal requires the active collaboration of researcher and client, and thus it stresses the importance of co-learning as a primary aspect of the research process.

This study aimed to equip social workers with skills to communicate with children during child protection and welfare assessments. Numerous research studies highlight the problems social workers face in terms of communicating with children (Buckley *et al*, 2008; Devaney, 2009; Munro, 2010; Kowprowska, 2010; Woodcock Ross, 2011). The researcher and the participants worked together to explore if play skills could bring about an improvement in social work practice in relation to communicating with children about deeply personal and painful issues.

There are many attributes that separate action research from other research approaches, the main one being its focus on turning participants into researchers – people are more likely to use what they have learned when they can do it themselves. During this study the social

workers engaged in a training programme and assessed the relevance of the training in their daily practice conducting child protection and welfare assessments. The social workers were involved in the development of the questionnaire used to carry out a nationwide survey of child protection and welfare social workers and this will be discussed further in section 3.3.2. The team also outlined their preference regarding the data collection tools and this too will be elaborated on later in this chapter. Action research aims to occur in real-life situations to resolve real-life problems. O'Brien (2001) describes action research as a holistic approach to research, where a number of methods are used to collect and analyse data. It allows for numerous tools to be used over the course of the project. The focus of the research methods is to understand better the micro-processes of communicating with children in relation to concerns of abuse and/or neglect, and to examine how front-line social workers feel this can best be achieved. This research aims to gain an understanding of current child protection and welfare assessment practice in the Republic of Ireland.

Susman (1983, cited in O'Brien, 2001) identifies the five stages within the research cycle:

- a problem is identified and data must be collected for a more in-depth diagnosis;
- numerous solutions are explored, resulting in an action plan;
- action plan is implemented;
- data emanating from the result of the intervention are collected and analysed;
- findings are based on the success of the action.

This study was designed mirroring these five stages:

- through practice, literature and consultation with the social work team, the author identified gaps in social work training to work with children;
- this problem was explored and the PST programme identified as the solution to this gap in learning;
- the PST programme was implemented with a team of social workers;
- data were collected from this intervention and analysed;
- the main findings were based on the success of this activity.

The theoretical position for this study, developed in tandem with the methodological approach, is interpretivism. This approach to carrying out social science research rejects the positivist idea that the same research methods can be applied to study human behaviour as are

used in the fields of physics and chemistry. Interpretivists argue that human behaviour is influenced by the environment and that influence is not as direct as it is with a piece of metal (Willis, 2007). Willis (2007, p.6) points out that humans are further influenced by their 'subjective perception of their environment – their subjective realities'. He highlights that we are not concerned with the subjective thoughts of a steel bar, but if we are to gain an understanding of the behaviour of an eighteen-year-old offender it is necessary that we understand their view of the world around them. It is also important to gain insight into the subjective opinions of them by others in their social and cultural context. For interpretivists, the meaning of the world to the person or group being studied is of critical importance to good research. Qualitative methods are preferred e.g. interviews are favoured to understand how humans interpret their world (Willis, 2007).

This position was considered to be the most appropriate as the author explored the rich subjective experiences of child protection and welfare social workers. The team of social workers were interviewed on three occasions to ascertain their subjective experiences of conducting child protection and welfare assessments; material covered in the PST Programme; and the applicability of play skills to their assessment process. Social work managers were interviewed in relation to their experiences of the team engaging in the research. All quantitative approaches used provided the participants with an opportunity to provide qualitative data where their subjective realities could be presented.

Blaikie (2007) describes interpretivism as the study of social phenomena. He maintains that this requires an understanding of the social world that people construct, whereby they reproduce their continuing activities. In this way, people are continuously involved in interpreting and re-interpreting their world, social situations, other people's actions and their own actions. Blaikie states that people develop meanings for their shared activities and have ideas about what is relevant for making sense of these activities. An interpretative aspect to knowing about the social world involves practising qualitative research methods (*see below*). This research paradigm is widely used in organisational learning research. Leroy and Ramanantosa (1997, quoted in Kim, 2003) define organisational learning as 'the collective phenomenon of the acquisition, development, and dissemination of knowledge and skills within the organisation to positively influence organisational outcomes'.

The interpretivist paradigm maintains that researchers' values are intrinsic in all stages of the research process. According to Cohen and Crabtree (2006):

Pragmatic and moral concerns are important considerations when evaluating interpretive science. Fostering a dialogue between researchers and respondents is critical. It is through this dialectal process, that a more informed and sophisticated understanding of the social world can be created ... All interpretations are based in a particular moment. That is, they are located in a particular context or situation and time. They are open to re-interpretation and negotiation through conversation.

A criticism of interpretive research is that it lacks the objectivity available in the positivist approach and the researcher's views are frequently exposed in the interpretive research process (Babbie, 1993, cited in Kim, 2003). Walsham (2006) identifies difficulties that interpretive researchers may encounter. Firstly, although the researcher offers confidentiality to the participants the research sponsors or organisation managers may be able to make an informed guess in relation to the views expressed by a particular participant. Secondly, he highlights that there is often a gap between the presented purpose of the research and the wider agenda of the researcher. He states that the issue of power is something interpretive researchers must address as it is endemic and crucial to all activity, yet it is something that the organisation may not want to be reported on. This point is particularly pertinent to this study where social workers and managers have the power to prioritise components of the assessment process. Walsham (2006) highlights concerns around delivering bad news - that has emanated from the research – as it may result in the cessation of future research. Again this point is relevant to the current study as it explores social worker's training and practice with regard to engaging with children involved in the child protection and welfare system. Lastly, he points out that when it arrives at the point of publication organisations do not want to be portrayed in a negative light and this raises issues around delivering truthful reports. Walsham maintains the process of critical research collapses if honest reporting breaks down. He states that this issue can be rationalised by outlining that we cannot learn from organisational mistakes if everything is reported to be perfect (Walsham, 2006).

### **3.2.2 Research approaches**

The present study employs a mixed method approach, using both quantitative and qualitative methods. **Quantitative methods** are primarily used in large-scale research, where usually the questions and types of responses are predetermined and the data are normally analysed numerically and statistically. The advantage to using quantitative approaches to research is that it is possible to measure the thoughts and experiences of large numbers of people with a limited set of questions, which, in turn, facilitates comparison and statistical accumulation of

the data. Brewer (2007) points out that an important characteristic of this type of research is the use of statistical methods while looking for patterns and relationships of behaviour and attempting to quantify them numerically. Quantitative methods normally consist of some type of investigation and analysis, such as observations, interviews, surveys, questionnaires or statistical collection. Numerical codes and categories are generated in this type of investigation. There are usually high numbers of informants to ensure credibility, statistical rigour and the use of analytical techniques that depend on statistical tests of magnitude (D'Cruz and Jones, 2004).

**Qualitative approaches**, on the other hand, are typically adopted when there is a focus on investigating 'why' and 'how' something is happening, and to provide accounts or detailed descriptions of situations that cannot be explained by numbers. Qualitative research has been described as more authentic than quantitative since it provides richer, more descriptive data of the phenomena based on experiential processes (Brewer, 2007). Using direct quotations from participants is an example of this richness and depth. Qualitative methods are not quantifiable, but the list is exhaustive of what they are and includes, for example, an exploration of processes, experiences, values, meaning and language (D'Cruz and Jones, 2004). Qualitative research methods also include the methods of observations, interviews, surveys and/or the interpretation of texts. This type of research has been described as 'holistic' since the researcher is enabled to understand the complete phenomenon. The data concerned are collected in their natural state because the aim is to find and comprehend the phenomenon within its natural context (Brewer, 2007). Brewer asserts that the field of qualitative research is so complex that an attempt to classify the methods may result in oversimplification; however, he does point out the commonly used classification of (i) phenomenology, (ii) hermeneutics and (iii) ethnography.

As will be seen, both quantitative and qualitative approaches have validity in different stages of the present research. The Play Skills Training (PST) programme was designed by the author to deliver to a team of child protection and welfare social workers. It was imperative to explore the team's perceptions of the skills acquired on the training in relation to their assessment work with children. In addition, social work students and a focus group of social workers also evaluated the PST programme in a workshop using end-of-session questionnaires. A nationwide survey of all child protection and welfare social work departments in Ireland was conducted using a postal questionnaire to gather information from

a large number of social workers. Spratt *et al* (2004) assert that a mixed methods study is conceptually more complex and may provide a foundation for triangulation, but usually it becomes the basis for different ways to conceptualise the problem. The authors state that the use of multiple approaches allows for the strengths of each approach to offset any weaknesses; it can also produce more comprehensive answers to the research questions that far exceed the limits of a single approach. Mixed method studies endeavour to merge methods from various paradigms. Spratt *et al* provide the example of a study that uses a number of semi-structured interviews in conjunction with a large-scale survey, to be indicative of a mixed method approach to research.

In the case of the present study, a number of research approaches were considered before a final decision was made regarding the above mentioned methodologies. The use of case studies was viewed as an appropriate way to elicit the views and experiences of social workers regarding the use of play skills in assessments. Case study research is used when there is a focus on contemporary phenomenon within its real life context and when boundaries between the phenomenon and its context are clearly visible (Yin, 1994). Case studies can be explanatory; exploratory; or descriptive. The researcher introduced the idea to the social workers that they keep descriptive case study accounts of their meetings with children as part of the data collection process. This proposal was revisited when social workers expressed difficulties keeping their own case records for child protection and welfare, let alone additional case study notes in relation to the research. The option of interviewing one social worker from each child protection and welfare agency in Ireland was also considered. It was then decided that the main qualitative study would provide for the in-depth experiences of a team of social workers and that a nationwide survey would gather a large amount of data regarding the use of play skills in social work assessments.

### **3.2.3 Sample selection**

The main participants in this research were social workers practising in the area of child protection and welfare in Ireland (*see Table 1*). The team involved in the main qualitative study comprised nine social workers. A total of eight other social workers participated in the focus group. A total of 350 child protection and welfare social workers were contacted in relation to the main quantitative study, with a total of 122 questionnaires being returned. Two



classes of 2nd year Masters Students were selected to participate in the study; each class had 18 students and a total of 30 participated in the study. Social work educators from the four universities in Ireland that offer social work education also participated in the study. Additional participants were the four social work managers who line-managed the team of social workers.

**Table 1: Participants selected for study**

Participants	Activities	Instrument	To fulfil study objective
Team of social workers	20-hour PST programme Assessed the value of play skills in child protection assessments	BNIM interviews: pre-training post-training 6 months later	3
Social work Focus group	7-hour PST Workshop Rated the material covered in a focus group	Evaluation sheet providing qualitative and quantitative data	1 and 2
Managers	Rated the value of the PST programme to their team	Semi-structured interviews	4
Social work students	7- hour workshop Rated the value of the workshop in relation to their placements and future in social work	Evaluation sheet providing qualitative and quantitative data	1 and 2
Social workers nationwide	Nationwide survey of child protection and welfare social workers on current assessment procedures, potential and actual use of play skills in assessments	Questionnaire providing qualitative and quantitative data	1 and 2
Principal social workers	Nationwide survey	Questionnaire providing qualitative and quantitative data	4
Social work educators	Nationwide survey	Questionnaire providing qualitative and quantitative data	4

### 3.2.4 Criteria for participation

The following set of conditions applied in relation to the selection of social workers as participants: each respondent had to (1) hold the National Qualification in Social Work (NQSW); (2) be currently in practice in the Republic of Ireland; (3) be working in the area of child protection and welfare at the time of the fieldwork; (4) be conducting child protection and welfare assessments on a regular basis; and (5) give formal consent to participate in the study on the basis of informed consent rather than passive participation.

The social work students who participated in the study were required to fulfil the following criteria: each respondent had to (1) be studying on the Masters in Social Work programme; (2) have completed their first placement and be about to embark on their second placement; (3) have permission from their practice learning coordinator to participate; and (4) present signed informed consent forms.

The social work managers who participated in the study were required to fulfil the following criteria: each respondent had to (1) be managing social workers from the team who participated in the PST programme, (2) be familiar with the content of the PST programme; (3) have direct involvement in child abuse and/or neglect referrals and decision-making, and (4) present signed informed consent forms.

The social work educators who participated in the study are examined in greater detail in Section 3.2.6 below on the 'Survey Questionnaire'.

There were no monetary resources allocated to this study. The use of social workers' time to participate in the study was negotiated with the principal social worker and the team leaders. It was important to highlight the potential benefits to be gained by the team in attending the PST programme and of incorporating the skills learned there into their assessment procedures.

### **3.2.5 Designing the tools**

#### **Interviews: Team of social workers**

The author attended a five-day intensive training programme in London on using the Biographic Narrative Interviewing Method (BNIM) in qualitative research. BNIM was identified as the most appropriate method to explore social workers' real and subjective stories of carrying out child protection and welfare social work assessments. Wengraf (2008, pp. 25-26) states:

Many people want to get closer to the lived experience and subjective culture of a given individual, group, institution or situation. BNIM is a powerful method for doing this ... Biographic-narrative interviewing can provide a firm basis for better practice (individual and team) and better policy.

According to Wengraf (2008), 'biographic narrative' refers to the individual generating a 'story' about themselves. 'Narrative' is a specific way of giving an account that is oriented

towards a temporal sequence of events following one after another. Assuming that ‘biographic narrative expression’ is expressive both of conscious concerns and also of unconscious cultural, societal and individual presuppositions and processes, BNIM supports research into the complexities of the lived experience of individuals and collectives. It facilitates understanding both the ‘inner’ and the ‘outer’ worlds of ‘historically-evolving persons-in-historically-evolving situations’, and particularly the *interactivity* of such inner and outer world dynamics.

The BNIM interview uses a non-directive approach to illicit the interviewee’s story (Wengraf, 2008). This parallels the non-directive approach taught on the PST programme, with the aim of supporting children to generate their story during child protection and welfare assessments. The structure of the BNIM interview will be discussed in more detail below.

BNIM is particularly suited to exploring the experienced interaction between individual situated subjectivities and purposes, on the one hand, and organisational roles, constraints and processes, on the other (Wengraf, 2008, p. 33). The method has been much used by front-line professionals in ‘human service organisations’ and there is a lot of practice-based research by professionals researching their experiences or that of their colleagues. It is also important to understand the views and experiences of those managing front-line professionals. This generates more insight into the agency than just working with the insight of a single category (Wengraf, 2008). In the present study, the managers of the PST participants were interviewed to explore their views and experiences of BNIM.

### **Interview structure using BNIM**

BNIM employs an open-narrative structure (as opposed to semi-structured highly guiding methods), which allows the interviewee to create their own form and sequence on what they choose to tell the interviewer. This provides details of significant events and additional insight and value is gained from studying the form and sequence they choose in their structure of narrative. This ‘free form’ is more valuable to the researcher than the ‘content’ of stories (Wengraf, 2008).

All interviews are recorded and it is important to tell the interviewee that with BNIM, in contrast to other interviews, they will do most of the talking. The interviewer must explain that they cannot know in advance what type of question may make the interviewee feel

uncomfortable so the interviewee should experience no difficulty in saying 'No' or 'Pass' if a question arises that they do not wish or cannot discuss. The method aims to elicit Particular Incident Narratives (PINs), which involves the interviewee focusing on a particular incident in a manner where they almost relive the moment through the narrative they are generating (Wengarf, 2008). This element of the approach was considered particularly appropriate to support the social work team in discussing the particular moments when they used play skills with a child as part of their assessment work.

The structure of the BNIM interview usually involves two or three sub-sessions (Wengarf, 2008). In Sub-session 1, the interviewer states their carefully planned single narrative question (the SQUIN) and requests that the interviewee speaks of their story in relation to this for four minutes. Typically, no PINs occur in this phase of the interview. Following the four minutes of narrative, there is an interlude of approximately five minutes where the interviewer writes up questions to illicit more narrative, adhering strictly to the sequence of what the interviewee said in the first sub-session.

In Sub-session 2, further narrative-seeking questions are asked in relation to material given in Sub-session 1. It is important that narrative detail and personal engagement is provided until the PINs begin to flow. When pushing for PINs, the interviewer must follow a set of rules for narrative-seeking questioning and typically there are more PINs in this second sub-session. This requires a lot of practice because it can be very difficult to try and get deep details about a particular incident. A third sub-session can be used to explore other questions in relation to the research topic.

After the Sub-session 2, it is important that the interviewer checks in with the interviewee to 'debrief' them and to ensure that they are not left holding uncomfortable emotions stirred up during the interview. This is unlikely to occur, but it is important to be aware of it. It is recommended that the interviewer spends an hour or so 'debriefing' themselves immediately after the interview and making any relevant notes. This last point was particularly relevant in the present research due to the emotions arising with both participants and researcher when discussing issues of child abuse and/or neglect.

### **3.2.6 Questionnaires**

#### **Survey questionnaire for social workers**

The survey questionnaire was designed to capture the experiences and opinions of child protection and welfare social workers throughout Ireland in both a quantitative and qualitative manner (*see Appendix 1*). The Framework for the Assessment of Vulnerable Children and Families was used to identify the key components of an assessment. The researcher had to ensure that questions asked did not sound undermining of current practice procedures. Due to the researcher's 'insider' status (i.e. front-line practice as a child protection and welfare social worker), she was very aware in designing the questionnaire of the pressures of the job and the negative media coverage of social work in recent years. Numerous drafts of the questionnaire were drawn up before it was ready for testing in the pilot study (*see Section 3.3.2*). The final questionnaire consisted of 23 questions.

#### **Questionnaire for social work educators and principal social workers**

Besides the national survey questionnaire (*see above*), another questionnaire, consisting of 41 questions, was designed in order to explore the opinions of veteran practitioners in child protection and welfare social work (*see Appendix 2*): It was sent to:

- professionally qualified social workers involved in social work education in the four national universities providing social work training, provided that they had been teaching the Masters in Social Work programme within the past five years (to identify the social work educators, the national universities were contacted to identify lecturers on the professional training programmes);
- all principal social workers in child protection and welfare agencies in Ireland.

#### **End-of-session questionnaire for social work students and focus group participants**

An end-of-session questionnaire was designed for the social work students taking part in the PST workshops (*see Appendix 3*) and for the social workers involved in the focus group (*see Appendix 4*). Using end-of-session questionnaires (or evaluation sheets) is a useful tool to gather participants' thoughts and opinions, and to obtain their instant feedback in relation to what worked and what did not in workshops and training programmes (Taylor-Powell and Runner, 2000). This information provides pointers on how to improve training and also to

demonstrate results. Table 2 identifies the advantages and disadvantages (Taylor-Powell and Runner, 2000, p. 4).

**Table 2: Advantages and disadvantages of using end-of-session questionnaires**

Advantages	Disadvantages
Allows people to remain anonymous	Unsuitable for young children and populations with a low literacy rate
Provides written evidence of people's own perspective	Participants are often tired and in a hurry to leave
Can reach a large number of people	Potential for positive bias if participants want to please the presenter
Convenient	Self-reports
Low cost	Requires careful question construction to get useful information

### 3.2.7 Fieldwork

The research fieldwork was completed in seven stages, as detailed in Table 3.

**Table 3: Stages of fieldwork**

Stage and date	Data collection	To fulfil study objective
<b>Stage 1: Development of Play Skills Training (PST) programme</b> June 2009 – December 2009	Play techniques used by the author in child protection and welfare work with children were combined to create a Play Skills Training (PST) programme for the social work team. Skills that were deemed appropriate in supporting children's communication of their inner world were focused on and added to the training programme.	3
<b>Stage 2: Delivery of PST programme</b> February– September 2010	Preliminary interviews were conducted with the social work team in relation to current assessment procedures in child protection and welfare. A 20-hour PST programme was delivered to the team of nine social workers. Interviews were conducted immediately after the PST programme. Interviews conducted again six months after training.	3

**Table 3 continued**

<b>Stage and date</b>	<b>Data collection</b>	<b>To fulfil study objective</b>
<b>Stage 3: Students and workshop</b> May 2010	A one-day workshop was delivered to students on the Masters in Social Work programme at the National University of Ireland, Galway.  The students rated the workshop using an end-of-session questionnaire.	1 and 2
<b>Stage 4: Nationwide survey</b> October 2010	A nationwide survey of child protection and welfare social workers was conducted using a postal questionnaire.	1 and 2
<b>Stage 5: Management interviews</b> November 2010	Semi-structured interviews were held with the managers of the PST participants.	4
<b>Stage 6: Focus group and PST workshop</b> December 2010	A focus group was convened with social workers new to the Roscommon team. They participated in a 7-hour PST workshop and rated the material covered in an end-of-session questionnaire.	1 and 2
<b>Stage 7: Veteran social work practitioners</b> February – March 2011	Questionnaires were sent to a set of veteran practitioners consisting of social work educators and principal social workers, all with a high level of experience in child protection and welfare work.	4

### 3.3 IMPLEMENTING THE STUDY

This section describes the process of conducting the research, which included ethical considerations, negotiating training time, carrying out the pilot study and interviewing social workers and managers. In addition, the implementation of the Play Skills Training (PST) programme is outlined. Finally, the methods used to analyse the data are discussed, including the statistical analysis of the nationwide survey of social workers and veterans in child protection and welfare social work; and the analysis of the qualitative data resulting from training workshops, interviews and the focus group.

#### 3.3.1 Ethical considerations

Ethical considerations must be part of every decision a social work researcher makes, from the way the research question is formulated to design structure, data collection and data analysis. Social workers have an ethical responsibility to practise in a competent manner, which is to be accountable for their professional requirements and the ways in which these

requirements are met. As Cournoyer and Klein (2000, p. 22) state, 'Ethics represent a set of guidelines for behaviour that reflects the values operating within the context of the relationship'.

Prior to data collection, ethical approval was obtained through the Research Ethical Committee (REC) at the National University of Ireland, Galway. The REC aims to safeguard the health, welfare and rights of research participants. The application required information on the study's aim and objectives, participant information sheets and consent forms, information letters, and an outline of all data collection tools to be used. The REC granted full ethical approval for the research. The study was designed to comply with the code of ethics of the National Social Work Qualifications Board, the Health Service Executive and the National University of Ireland, Galway. The author consulted the relevant persons and committees in advance of commencing the fieldwork. The current study was primarily conducted at the HSE Child Protection and Welfare Social Work Department in Roscommon. A nationwide survey of HSE child protection and welfare social work departments was also undertaken. Approval was given by the principal social worker of each social work team involved in the main body of this research. The Chair of the HSE Research Committee also gave approval for the research. Throughout the research process, the researcher met with her designated Academic Research Committee to discuss all issues with regard to the study. The committee was made up of Professor Chris Curtin, Dr. John Canavan and Professor Pat Dolan, Research Supervisor.

Critical to the overall integrity of this research were the ethical issues and professional responsibility of the researcher towards all participants in the study. The steps taken to be ethically astute in the training and interviews are outlined in Sections 3.3.3 and 3.3.5 below. The feedback meeting with the training participants was also an important process in the research since the participants had a moral right to be informed of the findings and also to give them an opportunity to confirm, rethink or refine the emerging concepts.

### **The role of the researcher**

An issue with qualitative research in general is the central role of the researcher and it is now generally accepted that all stages of the research are to some extent influenced by the researcher. It is important to acknowledge this effect and accept that a fully neutral stance is not possible. In order to achieve this, Wellington (2000) recommends that the researcher



thinks critically about the research process (reflects) and that these reflections (how and why the research was done) should be included in the reporting of the research. An account of how the present research came about and the thinking behind it is described at the beginning of this chapter on Methodology. The researcher's relationship with the team of social workers is also described in Chapter 1: Introduction and the issues arising within the research are referred to during the account of the research process.

Practitioner-researchers conduct systematic enquiries relevant to their jobs. Robson (2002, p 535) states that the practitioner-researcher can often build up unrivalled 'specialized expertise' about the setting they work in since the 'insider' will have a reservoir of knowledge and experience with regard to the people and situation involved. He cites Allen-Meares and Lane (1990, cited in Robson, 2002), who argue that in the context of social work there is a synergy that exists between research and practice, and this combination is of benefit to both. They assert that creating a division between researchers and practitioners brings its own difficulties when the aim is to influence practice. Robson highlights that the practitioner-researcher may be inexperienced in research methods and lack confidence; however, he states that this can be overcome with guidance and support from a research consultant. Robson (1993) believes there is a practitioner researcher synergy in light of the practitioners' insights into the profession; however this can result in issues regarding sufficient distance from the subject being investigated to remain objective. He maintains this is particularly difficult for social workers when the problem identified results from critical reflection. The creation of research measures inescapably subjective for both the practitioner research and the participants of the research. Since the author of the present study is a practitioner-researcher, any potential bias was addressed by supervision and meetings with the Academic Research Committee.

The role of the researcher in the present study was to develop an experiential learning programme in play skills to deliver to a team of social workers. The role also involved facilitating social workers and managers to express their views of the programme in a non-directive manner and to give an account of the applicability of these skills in assessments of child abuse and/or neglect. The task here was to gain their subjective experiences and opinions in relation to this approach and to avoid these being overshadowed by the researcher's own values and beliefs. Due to the researcher's enthusiasm in relation to the approach, the participants were continuously encouraged to challenge the researcher's beliefs

in relation to their experience of front-line social work with children. Students were reassured as to the validity of their opinions in relation to the workshop content.

There are numerous arguments in support of practitioner research in social work and two most frequently presented are the practitioner's obligation to be self-evaluating, and the idea that research and practice draw on similar skills. McIvor (1995, p. 210) captures this view:

The starting point...is the twofold belief that practitioners should be encouraged to engage in the evaluation of their own practice and that they possess many of the skills which are necessary to undertake the evaluative task.

Killeen (1993, p.60) believes that the evaluation of practice can be controversial and states: 'evaluation is tangled up in the macro-politics of national resource allocation and the micro-politics of organisational preferment. For this reason it may be done in outright bad faith, although the reality may more often be that the evaluator is led to bias the outcome without being fully conscious of what is happening'. Killeen recognises that it is difficult for organisations to improve without research and development which is allied to the process of evaluation and stresses the need to encourage practitioners to be reflective and to offer them access to training, skills and knowledge. Schon (1990, p. 68) outlines the experience of the reflective practitioner:

The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation in which he finds himself uncertain and unique. He reflects on the phenomenon before him, and on the prior understandings, which have been implicit in his behaviour. He carries out an experiment, which serves to generate both a new understanding of the phenomenon and a change in the situation. When someone 'reflects in action', he becomes a researcher in the practice context.

In this research the practitioner began with practice experience and during the process of critical reflection identified a problem in practice. Solutions were sought during clinical supervision; social work literature and training possibilities' however the problem with regard to communicating with children during child protection and welfare assessments remained. The practitioner researcher was motivated to engage in a formal research process to identify a solution to the identified problem.

Where a reflexive approach is used the main stakeholders are consulted in relation to the development of the research tools to be used. O'Hagan (1992) believes this partnership-based approach reflects social work practice in terms of both assessment and delivery.

Nicoloni (2003, p. 28) maintains that it is effective to examine practice at a time of a 'rule breaking event' which interrupts normal procedures and introduces 'reflexive understanding' amongst practitioners. When some kind of change is being introduced within an organisation there is conscious stimulation on how work should be achieved and practitioners have the opportunity to reflect on and understand their practice (Nicoloni, 2003). In relation to the current study the main participants were part of a child protection and welfare team involved in a national audit of all neglect cases and some participants were involved in a national enquiry regarding a case involving child neglect and sexual abuse. With regard to child protection failure on a national and international level and the ensuing reports, the service was under close and critical scrutiny. Practitioners were highly anxious, both in terms of previous assessments and future fears regarding what could go wrong in relation to their assessment work. The negotiation of participation and the fieldwork had to be conducted in a highly sensitive manner. It was important to remind the social work team that the research had commenced before the Roscommon team became involved in the national inquiry and audit of all neglect files to ensure participants did not feel guarded or defensive.

### **Informed consent**

Cournoyer and Klein (2000) highlight that the first step after identification of subjects for potential participation in a study is to look for their informed consent. This involves the subject being informed of the aim of the study and the nature of their participation. The subject must be assured that participation is voluntary and that they are free to withdraw at any stage without penalty. In addition, they must be informed that their information will be held in confidence and that risks and benefits to participation are fully disclosed.

In the present study, all participants received information in writing regarding the aim of the research. They were informed that participation was of their own free will and that they could withdraw from the project at any time. The researcher provided all participants with contact details should they require further information on the study at any point during the research process.

## **Harm to participants**

The greatest risk of harm in relation to participants in the present study was the fact that some of the social workers were involved in a national inquiry in relation to a case where children had experienced chronic neglect and sexual abuse at the hands of their parents (Roscommon Child Care Inquiry, 2010). The team as a whole were affected by low morale and stress regarding their statutory role to protect children. Participation in the research created a risk of participants having to deal with negative emotions in relation to the pressures of the work and the public perceptions of social workers, stirred up when discussing child protection and welfare assessment procedures. Every effort was made to ensure that the data were collected in a way that was minimally distressing for all participants. Subsequently, participants were offered the opportunity to ‘debrief’ after the experiential learning process and the focus groups. Time and attention was given to those who were interviewed by the researcher to ensure that they were not affected by their participation. Interviews were primarily carried out in a non-directive manner, allowing for the subjective experiences of participants and the information they chose to discuss. The social work interviewees had control over how they wished to tell their story. All participants were informed that they did not have to do or discuss anything they did not want to.

## **Confidentiality**

Confidentiality means that the subject’s identity must be protected by the researcher (Counoyer and Klein, 2000). Winter (1996) specifies a number of principles for conducting action research ethically. From the beginning, the researcher must be open about the research project and include personal bias and interest. Winter advises that permission is sought from all relevant personnel and committees in relation to the study and examination of documents. He asserts that action research participants must be permitted to influence the work and the rights of those who do not choose to participate must be respected at all stages of the research. The developments of the research must be visible and open to suggestions from participants. Participants’ identities and involvement in the study must be negotiated before the work is published.

The social work profession is bound by confidentiality in relation to clients. Participants in the present study were assured that confidentiality was equally applicable between them and the practitioner–researcher. Anonymity to protect participants’ identity was ensured by

numbering participants and questionnaire responses, and by deleting any identifiable information. Particular effort had to be made in relation to the social work team and their managers. Over half of the completed questionnaires were received through the post, therefore protecting participants' identity was not an issue since there was no identifiable information. The responses received by e-mail were filed in a folder and a security code placed on this folder. People in the focus group were also assured that their participation and feedback would be confidential. The students in the workshop filled out an end-of-session questionnaire, with no names displayed.

### **Feedback to participants**

An undertaking was given to the Roscommon social work team that ongoing feedback would be given at team meetings in relation to the current stance of the research. This was an important process for participants (and also for the researcher) in terms of getting clarification on their views of the research.

In relation to the national survey, it was impossible to give feedback to each respondent since many social workers returned their questionnaire by post, with no name or address involved. The author decided to write to each principal social worker to thank them once again for distributing the questionnaire to their team and feedback was provided in this manner. In addition, the author wrote to the Irish Association of Social Workers (IASW) asking if they would like to provide their members with feedback. Once again, they e-mailed all members with feedback from this research. In relation to the social work students, the practice learning coordinator was contacted and feedback was provided. The set of veteran social work practitioners were assured that they would receive a written summary of the research results.

### **Negotiating training time**

This research commenced in June 2008, a few months prior to a national ban on training within the HSE due to the economic challenges faced by the Irish economy. A recruitment ban was also enforced and an already-struggling profession was faced with further recruitment issues. The researcher did not feel confident that the social work team would manage to participate in the PST programme outside work hours due to their personal commitments. She was also anxious that the fieldwork would not be able to proceed due to

the national ban on training. Thus, she wrote to the team's principal social worker, outlining the aim and objectives of the research and the potential benefits the team might receive from participating in the training programme.

### **3.3.2 Piloting the study**

#### **Pilot interviews**

To commence the piloting process the researcher did some practice BNIM interviews with family members. This proved to be a difficult process as the interviews were quite general and did not give an indication as to how the method would work within the practice setting, especially when pushing for PINs in relation to moments of engagement with children. Following this pilot interviews, using the BNIM interviewing technique, were conducted with four social workers on the team (specialists in fostering social work). Difficulties arose in relation to their availability to do their pilot interviews and some had to be rescheduled due to heavy caseloads. It soon transpired that the best way to do the interviews was to do them directly after the team meeting. To conduct the pilot interviews required the careful formulation of the question which introduces the interviewee to the research and sets the focus for the interview. This single narrative question is called the SQUIN and was designed to gain an insight into the social workers experiences of carrying out direct work with children. The SQUIN designed for the pilot interviews was:

As you know, I am researching the use of play in direct work sessions with children and I would like you to tell me your story of carrying out direct work with children. Start wherever you like. You can speak for four minutes and I will not interrupt you, but I will take some notes as I would like to ask you further questions based on what you say.

This proved successful and the social workers were able to discuss the direct work they had carried out with children involved in the child protection system or with children in foster placements. The interviews were carried out in the conference room in the Roscommon social work department and lasted approximately one hour. This opportunity provided the author with the necessary insight and experience required to elicit Particular Incident Narratives (PINS) from interviewees (*see Section 3.2.5 on BNIM*) and confirmed the reliability of choosing BNIM to capture the unique subjective experiences of the social workers involved in the PST programme. All interviews were recorded using a Dictaphone and transcribed by

the researcher. The interviews were stored electronically on the office computer and the transcripts were stored in a locked filing cabinet.

### **Pilot questionnaire**

To pilot the questionnaire, the team of social workers that participated in the PST programme were asked for their feedback since they were not involved in the survey. Also, members of the team (social workers involved in fostering and social work team leaders) who had previous child protection and welfare experience were requested to participate in piloting the questionnaire. There were two pilot rounds before the questionnaire was finalised. Feedback from the first round revealed that questions needed to be more concise, with a tick box option to answer the questions quickly. Participants reported that the questions were too open-ended and required much time and thought (most social workers stated that they rarely have time to contribute to social work research, resulting in the voice of front-line workers remaining unheard). Feedback from the second round highlighted that about three of the questions were repetitive or had been asked in a similar manner elsewhere on the questionnaire. Thus, revisions were made in selecting the questions most relevant to the research and similar ones were deleted from the final text. The research supervisor who examined the final draft of the questionnaire advised that one of the questions was ambiguous and the final question was revised to refer to ‘communicating with children’ instead of ‘working with children in general’.

The overall ethical approach to the questionnaire was given a final critical analysis and advice was sought on the introductory letter to the questionnaire-based research. It was decided to make the introduction as concise as possible due to the time pressures within this domain of social work practice. It was necessary to introduce the author, supervisor, university and aim of the research. A two-week period was offered for completion of the questionnaire and social workers were assured their identities would remain anonymous throughout the research process.

Overall, the researcher was satisfied that the changes made to the questionnaire (from the pilot rounds, the consultation with her research supervisor and the close attention paid to the ethical stance involved) all resulted in it being a creative, concise and sensitive instrument (*see Appendix 1*).

### **3.3.3 Collecting data**

#### **Interviews with social workers**

Each social worker was interviewed using the BNIM approach (*see Section 3.2.5*) prior to their engagement in the PST programme in order to get a picture of their normal practice procedures for conducting child protection and welfare assessments. The researcher interviewed each social worker at their base to ensure the least amount of upset to the service and their schedules. The conference rooms were booked and used to ensure there were no interruptions with telephones or visits from other professionals. Due to heavy caseloads and limited time it was necessary to ensure the social workers did not feel additional pressure by participating in the interviews. This required the interviews to be focused and to attain the necessary data in relation to the objectives of the study. Each interview lasted approximately one-hour in total and this was due to the development of a carefully planned introduction to the interview. In Sub-session 1 of the interview, the author commenced the session by introducing the single narrative question (the SQUIN):

As you know, I am researching the use of play in social work assessments and I would like you to tell me your story of carrying out social work assessments. Start wherever you like. You can speak for four minutes and I will not interrupt you, but I will take some notes as I would like to ask you further questions based on what you say.

When the four minutes were over, the author explained that five minutes were required to arrange the notes for further questions to be asked, based on what they had said in Sub-session 1.

In Sub-session 2, the author was required to ask the first question based on the first thing the interviewee had said in Sub-session 1. Following on from this, questions were asked in the order that the interviewee mentioned them in Sub-session 1. Further questions that related to the research objectives were also asked based on information generated in this second sub-session. To close this part of the interview, the BNIM method requires the interviewer to ask the final question based on the final statement made by the interviewee at the end of Sub-session 1.

In Sub-session 3, the social workers were asked to explain their current understanding of play skills and their thoughts prior to commencing the PST programme.



Following participation in the PST programme, each social worker was immediately interviewed again to evaluate their perceptions of the training and the material covered. The same BNIM technique as described above was used and each interview lasted about 10 minutes.

To gain a deeper, more empirical understanding of the applicability of play skills in child protection and welfare assessments, all participants in the PST programme were interviewed again six months after their training. As before, the BNIM approach was used for these interviews, with the aim of eliciting PINS to explore how exactly the skills were utilised in the course of their assessment work. Each interview lasted about one-hour in total. Material emanating from these BNIM interviews can be interpreted in other interesting non-BNIM interpretive approaches (Wengraf, 2008).

In line with social workers standard recording procedures they provided retrospective accounts of their meetings with children over a six-month period. Wengraf (2008, p. 43) states that BNIM is particularly suitable for exploring retrospective accounts as ‘it can access vanished and mutated times, places, nuanced states of feeling and ways of doing and living’. He points out that we not only get the important details of their experience, we also gain the value and insight that comes from their choice of structuring to the open narrative question. Wengraf (2008, p. 44) points out that when a small series of BNIM interviews are used ‘later interviews may illicit later retrospectives from potentially new perspectives on the period originally covered by the earlier BNIM interview’. With the current study a series of interviews were used to capture social workers experiences of conducting child protection and welfare assessments prior to commencing the PST programme: after the programme: and six-months post training. The BNIM interviewing technique does not require pre-prepared answers or autobiographical essays and this is deemed as inappropriate to carrying out this style of interview. The transcripts need to be a verbatim transcript of the improvised interview carried out using the rules of BNIM as described in Section 3.2.5.

All BNIM interviews were recorded electronically and were stored on the researcher’s laptop which was encrypted. Every interview was transcribed by the researcher to ensure she was familiar with the data before the process of analysis commenced. The social workers were assigned a code with a letter and a number to ensure confidentiality was upheld and they were not identifiable.

## **Interviews with social work managers**

The researcher decided to use a semi-structured interview approach to interview the social work managers of the team who participated in the PST programme (*see Appendix 5*). BNIM was not considered appropriate for this part of the research since the researcher was seeking to explore the managers' opinions on how assessments into child protection and welfare concerns are carried out, rather than their experiences of conducting them. Their experiences of managing and decision-making in relation to assessment procedures is of major interest here and the semi-structured interviews allowed for these to be investigated and interrogated in a way that the BNIM method and questionnaires could not achieve.

Interview schedules for the managers were drawn up in November 2010. The topic areas were chosen from the general research literature and reflected the particular issues relevant to child protection and welfare assessments. These issues were identified through reading, practice experience and discussions with other social workers. The interviews covered the primary issues of good assessment practice and the obstacles to a thorough assessment, as well as seeking comments from managers on how other elements of effective practice might be implemented. The interviews also sought managers' thoughts and perceptions of the PST programme. It was assumed that analysis of the data would provide general themes from the interviews, as well as more specific groups of responses. The order of the questions required considerable thought and the author made sure to put the questions that reflected her own views at the end of the interview so this would not influence the managers' responses.

## **Focus group**

While completing the nationwide survey of social work through the use of questionnaires, social workers were asked if they were interested in attending a focus group to share their experiences of using play during social work assessments. They had the opportunity to tick 'Yes', 'No' or 'Undecided'. Only a few of the social workers indicated that they were interested in attending. The focus group posed the most difficulties in terms of organisation because most of the respondents who expressed an interest in attending failed to provide contact details, so they could not be contacted by the researcher. When respondents were contacted, the majority of them said they were interested in attending a play skills workshop, but did not feel they had anything to contribute to a focus group. Others did not wish to travel

outside their working hours, outside their counties or to do this during their weekends off work.

To overcome this difficulty, a new plan was put in place which guaranteed the participation of eight social workers in a six-hour focus group/workshop on play skills. In September 2010, the Roscommon social work team was allocated five new social workers, all of whom had practised in different child and family areas nationwide. There were also three other social workers who had joined the team to fill existing posts at this time. In light of the feedback from the social work team in relation to the PST programme, the principal social worker agreed that all social workers new to the team should be afforded the opportunity to participate in this training. These social workers were informed of the research at a social work meeting and all expressed their eagerness to participate, pointing out that they had had no previous training in this area.

The focus group sessions were broken into two three-hour sessions and took place in a HSE building in Roscommon. Based on the feedback from participants who had completed the PST programme, the author designed a six-hour workshop to present to the focus group (*see Appendix 4*). The training was primarily experiential, with a focus on the theory of non-directive play therapy and focused play techniques. All participants were provided with a manual that presented the material covered in the sessions, as well as material they could consult in the future to support communication with children during the course of child protection and welfare assessments. Each participant filled out an end-of-session questionnaire to rate their experience of the material covered.

## **Questionnaires**

The researcher had spent over two years engaged in the study before the questionnaires were completed and administered nationally. Two questionnaires were designed to explore the experiences and views of social workers and of veteran social workers (*see full details in Section 3.2.6*).

An introductory letter and **questionnaire aimed at social workers** were sent to all principal social workers in the Republic of Ireland and they were asked to distribute them to all social workers on their team who carry out child protection and welfare assessments (*see Appendix 1*). In addition, the researcher contacted the Irish Association of Social Workers (IASW) and

requested that the questionnaire be e-mailed to their members, asking the relevant social workers' participation in the study. (The IASW was informed that the researcher would facilitate a PST workshop for their Special Interest Groups when the research was completed and the Director stated she would be happy to avail of this offer.) The questionnaire itself is reproduced in Appendix 1 and consists of five sections: (1) social worker profile; (2) social work assessments; (3) communicating with children; (4) play skills; and (5) free text (for additional thoughts/recommendations). A total of 350 questionnaires were administered nationally and a 35% response rate was achieved (*see results in Chapter 5*).

Another introductory letter and **questionnaire was aimed at all principal social workers** on child protection and welfare teams and **all social work educators** in the four universities providing social work education in Ireland (*see Appendix 2*). A total of 34 questionnaires were sent to principal social workers and a total of 30 to social work educators, with a response rate of 38% and 40% respectively (*see results in Chapter 5*).

### **3.3.4 Data management**

Interviews were stored electronically on the researcher's laptop, which was encrypted. All transcripts were stored in a locked filing cabinet in the researcher's home. All hard copies of the questionnaires were stored in a locked filing cabinet. Questionnaires that were returned electronically were stored in a security-coded folder on the researcher's laptop and deleted immediately from the e-mail account.

### **3.3.5 Development of Play Skills Training (PST) programme**

The team of nine social workers received 20 hours of training in the PST programme, broken down into five four-hour training sessions. The programme focused on play skills used to communicate with children in the field of play therapy. (It should be noted that the term 'play skills' is used here to encapsulate the skills delivered in the PST programme; the programme does not equip social workers to engage in play therapy with children since therapeutic work requires professional training and clinical supervision.) The PST programme was designed to replicate the use of counselling skills in social work with adults. As discussed in Chapter 2, non-directive play therapy was designed to provide counselling for children and the approach is based on Carl Rogers' person-centred approach to counselling, which is familiar to all

social work students and practitioners. The author's PST programme was designed to equip social workers with age-appropriate counselling skills to communicate with children involved in the child protection and welfare system.

During the training, the team of social workers engaged in an experiential learning process. They were required to play with and use the various play media in an attempt to connect with their 'inner child'. Slade (2001) discusses the importance of rediscovering your own inner child when working closely with children and highlights the necessity of this for teachers, child therapists and social workers when working to understand children and avoid numerous misunderstandings. Throughout the training the social workers were asked to connect with their existing knowledge on attachment theory in light of assessing children's attachment relationships during child protection and welfare assessments. A constant theme throughout the training was to look at techniques that extend our understanding of a child's attachment relationships, in an age-appropriate manner. This is fundamental to assessing the current care a child receives and alternative care options that may be required to ensure their best interests are met.

## **Training programme description**

### **Training Session 1**

During the first training session, social workers engaged with the toys and materials recommended for use in play therapy. They had time to experience using materials such as play-dough, clay and sand, and to play with toys such as puppets, dolls, cars and medical kits. When they became familiar with these objects, they were requested to close their eyes and think of play in their own childhood. They were asked to think of the things that represented play for them in an attempt to connect with their 'inner child' and then asked to draw or paint their own representation of play in relation to their childhood. This exercise was chosen based on the work of Oaklander (2006, p. 165) who states 'the best teacher is yourself as a child and it is vital to remember what it was like to be a child'. Oaklander recommends that all professionals working with children engage in a process of connecting with their inner child. This was considered particularly relevant for social workers who must engage with children about painful and sensitive issues. To ensure no-one was feeling under pressure to present good artwork, the author encouraged them to use shapes, colours or symbols to represent their memories and stated that it did not have to be a drawing. Very soon, the room

was filled with the exchange of stories of childhood play. Each participant was asked to explain their picture and they were encouraged to pass if they chose to do so. No-one opted to pass and everyone exchanged their memories of play in childhood.

Following this, the concept of non-directive play skills was introduced to the team. Participants were required to work in pairs and discuss the counselling skills necessary for social work practice. The author then requested a discussion on the skills they felt would also be important while engaging with children. Appendix 6 presents a list of the non-directive play skills used in the PST programme and Appendix 8 displays the PowerPoint presentation used to explain the process.

Participants were then shown a video of a non-directive play session, to show them how the skills are used to engage with a child. Following this, groups of three were formed to practise the non-directive play skills. This session took place over 60 minutes. Each participant had 20 minutes during the session to role-play the part of 'the child', 'the social worker' and 'an observer'. After the role-play, all returned to the main group to discuss the experience.

## **Training Session 2**

Session 2 commenced with an introduction to the importance of storytelling in the lives of children and adults over the centuries. Participants were introduced to therapeutic stories used in play therapy. The stories chosen for the PST programme were Davis' (1990) therapeutic stories which are designed to support children in dealing with trauma and the numerous consequences they may experience resulting from trauma. Davis believes that such stories contain symbolic messages that speak to the unconscious of the listener. The stories teach the listener new outlooks, coping mechanisms and belief systems. The specific stories chosen to support the social workers in their communication with children during the assessment process were the therapeutic stories to support disclosures. Participants were asked to read a therapeutic story in pairs and to discuss the message within the story as they received it. Following this exercise, they were encouraged to close their eyes and think of a child on their caseload who might benefit from a therapeutic story. They were asked to think of the issues in that child's life and then to open their eyes and write a therapeutic story for that child. When this was completed, participants were asked to share their stories (again, their right to pass was reiterated).

The second part of this session looked at the 'six-piece story' used in play therapy as an assessment tool and therapeutic technique to assess a child's coping skills. The six-piece story is used to help the individual reach a state of self-awareness and to improve on internal and external communication. It involves the use of six pictures to tell a story: picture 1 identifies the hero or heroine of the story; picture 2 portrays their task or mission; picture 3 shows the obstacles in the way of the hero/heroine achieving their task or mission; picture 4 identifies who or what helps overcome these obstacles; and picture 6 shows how the story ends. All PST participants engaged in this exercise and shared their story with the group.

### **Training Session 3**

Participants were introduced to the theory of sand play and the benefits of having sand in a room where a child will be expected to engage with adults. Each person was given the opportunity to work with the sand and experience the process for themselves. They were requested to make a scene or a story in the sand. Then splitting into pairs; one participant created their scene or story, while the other practised being the social worker using non-directive play skills.

After the sand play experience, participants were presented with a dictionary of symbols for use in play and sand therapy. They discussed their stories and reflected personally on the proposed meaning of the toys and objects they chose for the exercise. The lecture notes used through PowerPoint presentation are displayed in Appendix 8.

### **Training Session 4**

Session 4 looked at the use of focused play techniques while working with children during child protection and welfare assessments (*see Appendix 7*). Participants were introduced to a wide variety of worksheets designed to communicate with children at risk. They also had the opportunity to fill in the worksheets and discuss their thoughts and opinions of them. The use of focused play techniques while using non-directive play skills was discussed and demonstrated by the author. Essentially this means that while the child is engaged in the task the worker has requested them to do, the worker will use non-directive play skills to engage with the child, e.g. tracking their behaviour and using therapeutic responses. Non-directive play skills were examined again and participants had another opportunity to practise the skills in groups of three.

## **Training Session 5**

The final training session looked at other focused play techniques used in play therapy to support children to communicate their inner world. These included the use of drawing techniques to engage with the child or the use of toys to recreate an event. Participants were asked to experience the drawing exercises by using the paints and colours provided. An example of a drawing technique used in this session was to draw a bird's nest. This technique can be used to assess a child's attachment to their parent or carer. After the exercises, a discussion took place on how they experienced the process and the variety of situations in which they could be used with children. They also discussed times in the past when these techniques could have helped them engage with children. A final discussion took place about the skills examined during the PST programme and participants were encouraged to contact the author if queries arose in the future. Each social worker was provided with a training manual of all material covered in the programme, plus additional worksheets that could be used for various situations while meeting children. Adequate notepaper was also provided so they could record their notes, questions and experiences. Each team of social workers was provided with a sand tray, figurines, puppets, paints, play-dough, soldiers, cars, rescue vehicles and dolls to keep in their offices for future use.

### **3.3.6 Methods of data analysis**

The data were analysed using both qualitative and quantitative analysis. The majority of the qualitative data was based on responses from the team of nine social workers during their three BNIM interviews. Each transcript provided a verbatim account of the improvised interview by each social worker over the series of interviews. The BNIM method of data analysis was used to analyse the data from the interviews. This involves the inclusion of three participants to identify the main themes and patterns consistent in the data. This process serves as a means of triangulating the data from the main qualitative study. The process is very time consuming and Wengraf (2008) recommends that three interviews are analysed in this manner. For this research it was considered necessary to capture each social worker's experience of engaging in the PST Programme and using the skills to communicate with children during the assessment process. All interviews were transcribed verbatim and analysed with a panel to identify the main themes and patterns in the data.



The majority of quantitative data was generated from the questionnaire responses. The Statistical Package for the Social Sciences (SPSS) was used to analyse the data. As seen in Appendix 1, the questionnaire for social workers consisted of 23 questions, with three response options to choose from. Each response was given a specific code (e.g. an answer of 'Yes' was valued as '1'; 'No' was valued as 2; and 'Sometimes' was valued as '3'). To analyse the qualitative section of both questionnaires, three primary themes were identified from the responses. The responses were given a code (e.g. 'more training is needed in this area' and this was valued as '1', to be analysed statistically). To ensure responses were correctly themed, the author requested the input of three professionals to assess how they would theme the responses. The returned questionnaires were divided equally among the professionals and they identified three primary themes and categorised the responses as they saw fit. This exercise ensured the data was triangulated from the main quantitative study. The questionnaire for veteran social work practitioners was analysed in the same manner, as were the end-of-session questionnaires.

A large amount of data was collected relating to the research question and all had to be managed wisely. It was important to code data as collected (e.g. date on which data were collected and by whom). Data were categorised into data from social workers, managers, students and veterans. Sub-categories were formed within each category. When collecting data concerning people, the Data Protection Acts 1988 and 2003 had to be complied with (Wisker, 2001). Transcription and analysis were an ongoing process throughout the fieldwork so that emerging themes could be identified. The data analysis was a complex and time-consuming process. Thematic analysis was used to analyse the qualitative data and SPSS was used to analyse the quantitative data, derived from interviews and questionnaires. Both sets of data were compared to identify consistent patterns and themes in the two sets of data. By using both qualitative and quantitative methods, triangulation of the findings was ensured, resulting in greater confidence that a replication study would produce similar data.

### **3.4 LIMITATIONS OF THE STUDY**

There are unknown limitations to the study. Some of the limitations identified that may affect the outcome of this research will be discussed. First, the social workers involved in the study carry heavy caseloads, which are beyond the national average. The Roscommon team is one

of the most under-resourced teams in the country in relation to staffing levels. If social workers do not use the skills learned in training during their child assessment work, it is likely that sufficient feedback will not be received.

Second, this study was carried out during a period when the Health Service Executive placed a ban on all training within social work departments due to poor staffing levels. A refresher training programme would have enriched the participants' insight into using the skills in practice. If a refresher training course had been possible during the six-month assessment period, participants would have reached a greater level of proficiency and confidence in using the play skills.

Third, due to the high turnover of staff within the child protection and welfare system, the training took a long time to complete and had to be repeated to social workers new to the team. Two months after completing the training programme, one social worker was offered a post in another county and left the Roscommon team. Another social worker was only in a position to assess the skills in practice for less than eight weeks and did not feel she had a good opportunity to incorporate the play skills into her practice.

Fourth, in the middle of data collection it was announced that all neglect cases would be subject to a national audit and files were to be made available to the auditor. This put the team under immense pressure, considering they already had high caseloads with heavy demands, as well as receiving new child protection and welfare referrals on a daily basis. This additional pressure resulted in workers having less time to engage or build relationships with children.

Fifth, the main participants of the study worked on the same team as the practitioner researcher. They may have felt an obligation to support their colleague in her research endeavour and maintain that the intervention had a positive outcome to their practice. They may have also used the skills more to support their colleague, than they would have with a stranger. In light of this the practitioner researcher had to ensure a wide variety of research methods were used to gather data throughout the study.

Sixth, the researcher may have held a significant amount of influence over the PST programme participants due to her passion and belief in the use of play skills in child protection and welfare assessments. Again to ensure the data was robust it was crucial to use

a mixed-method approach to collect the data and to invite a nationwide sample of social workers to participate in the study.

Seventh, only one university was used to explore the opinions of social work students on the material covered in the PST workshop. There are another three universities in Ireland providing social work education. However, two different classes of 1st year students participated in the study, which allowed a broader picture to be captured of their views on the relevance of the PST material to their placement experience.

Eight, the researcher was aware that she was contacting universities regarding an element of social work practice that may be lacking from their curriculum. In addition, principal social workers were being contacted about issues in front-line practice that have received close media attention in recent years as well as a core place in policy and legislation governing child protection and welfare social work practice.

### **3.5 Summary**

In this chapter, the author described the aim of the thesis – to explore if play skills support communication between children and social workers during child protection and welfare assessments. The rationale and objectives of the research were also outlined, together with the methodological approaches designed and developed for the study. The methodological challenges faced in child protection and welfare research were examined and the uses of different research methods at various stages of the fieldwork were discussed. The steps taken to integrate the qualitative and quantitative data at different levels of the analysis were described. Ethical issues and the implementation of the PST programme were also discussed.

In Chapter 4, the context in which this research took place is closely examined, with a specific focus on the social work agency, current practice and the relevant policy and legislation guiding child protection and welfare social work practice.

## Chapter 4: Context of study

### Introduction

This chapter describes the policy and agency setting of the study in order to put the different elements of the research in context. **Section 4.1** describes the emergence of the social work profession and its development in Ireland. **Section 4.2** explores the policies and legislation that relate to this thesis since they provide the framework for much of child protection and welfare social work practice in Ireland. **Section 4.3** provides an overview of the service organisational structure in which the research took place, namely the Child Protection and Welfare system, with a focus on assessment procedures. **Section 4.4** discusses social work education in Ireland. Finally, **Section 4.5** describes the Play Skills Training (PST) programme underpinning the study.

### 4.1 EMERGENCE OF THE SOCIAL WORK PROFESSION

Child protection activity began in the USA in the 1870s and spread to many other parts of the world, including Europe by the 1880s (Fergusan, 2011). Grace Abbott (1878-1939) was an American social worker who is specifically noted for advancing child welfare. Sorenson and Sealander (2008, p. 170) describe Abbott as a:

Tireless and brilliant social reformer' whose insightful writings 'contributed to the development of social programs that safeguarded mothers and children, protected immigrants from abuse, and rescued child labourers from the appalling conditions of the time.

Fergusan (2011) notes that child protection practice in the UK in the 1890s involved a lot of work on the streets and going into people's homes. Prosecution rates for offending parents were high. By the 1900s, the approach had changed and seeing children and supervising families was considered the primary way to protect children and bring about change. Access to the abused child and their home was viewed as essential practice. Fergusan (2011) outlines that the most intimate aspects of children and family's lives were at the heart of the model of child protection at this time.

Skehill (1999, cited in Christie, 2005) describes four historical stages in the development of social work in Ireland. In the late 19th century, the social work profession emerged out of the

philanthropic activities of a number of voluntary organisations, such as St. Vincent de Paul and the Sisters of Charity. In the first stage of the developing profession, at the end of the 19th century, over 10% of the Irish population were living in extreme poverty and over 400 charities in Dublin provided social services to those in need. Intense rivalry existed between Catholic and Protestant organisations and at times resulted in charities competing with one another and being motivated by proselytising as much as philanthropy. During this time, Christian values and principles became entrenched in social work practice and remained central to the activity until the late 1960s.

The second stage in the development of the social work profession in Ireland, at the turn of 19th century and first half of the 20th century, saw the first people employed to do social work tasks. In 1919, Mrs. Alcock became the first social worker employed in Ireland to work with people and families. The success of her employment in the Adelaide Hospital led to the employment of many hospital social workers (almoners) during the 1930s and '40s. As the numbers of almoners grew, the Irish Branch of the British Institute for Almoners was established in 1937. The institute assisted Irish almoners to attend professional training in Britain since social work in Ireland was still largely a voluntary activity at this time. However, social work training was starting to develop. Despite the increase in trained social workers, the majority remained untrained.

The third stage of social work development in the 1950s and '60s saw a distinct profession beginning to emerge. The State increased the provision of welfare in the university sector and in 1954 University College Dublin introduced its first Social Science degree. Trinity College, Dublin followed suite in 1962 and University College Cork in 1965. This degree was not a qualifying course, but did covered social work issues and many graduates were employed as social workers. During the 1960s, the expansion of social work took place primarily based on the needs of institutions such as the health system and the criminal justice system.

The fourth stage, from the 1970s to the end of the 20th century, witnessed the greatest growth in the social work profession. Skehill (1999, cited in Christie, 2005) states that there were approximately 97 trained social workers in Ireland in 1971. The numbers continued to rise and by the end of the 1990s there were 1,390 trained social workers, rising to 1,993 by 2001. At this time, the largest number (723) of social workers worked in the area of child protection and welfare (National Social Work Qualifications Board, 2006). This increase reflects the growth of State intervention in the area, instigated by the public discovery in the late 1990s of

a series of disclosures regarding serious child abuse (Skehill, 1999, cited in Christie, 2005). The Report of the Investigation into the Kilkenny Incest Case (1993), for example, stated, ‘On March 1st 1993 at the Central Criminal Court, a forty-eight year old County Kilkenny father of two was given a seven-year jail sentence, having pleaded guilty at an earlier Court hearing to six charges of rape, incest and assault from a total of fifty-six charges covering the period 1976 to 1991’. There was unprecedented political and public attention on the failures of the Irish system to protect children at risk (Department of Health and Children, 1996; Keenan, 1996; McGuinness, 1993; Moore, 1995; North Western Health Board, 1998, cited in Fergusan and O’Reilly, 2000).

### **Irish Association of Social Workers**

The Irish Association of Social Workers (IASW) was founded in 1971 and is the national organisation for professionally qualified social workers in Ireland (*see* [www.iasw.ie](http://www.iasw.ie)). As a voluntary professional body, it is up to the members of the Association to participate in order to make it effective. The organisation is an active member of the International Federation Of Social Workers, which embodies professional social work organisations from over 55 countries around the world. The IASW aims to improve the standards and quality of social work practice in Ireland and to support social workers in their practice. It endeavours to represent the views of social workers on issues of social policy and practice on a local, national and international level. It also aims to develop a sense of pride in practitioners regarding the importance of their profession and to advocate for the best interests of service users at national level. The organisation strives to promote awareness of the contribution social work makes in society.

## **4.2 CHILD PROTECTION POLICY, LEGISLATION AND PROCESSES**

This section discusses the relevant policy and legislation aimed at protecting children and provided in the services relevant to this research. In cases where there are concerns in relation to the welfare of children, families will be subjected to child protection and welfare procedures. Reducing the occurrence of child maltreatment is central to policy-making in most countries. Sophisticated child protection and welfare systems have been implemented in developed states. Many countries have been subject to critical reviews of their actions and

public concerns are high. Despite intensive efforts and investments, improvements in the system have not been sufficient. The extreme evidence of system failings is from child deaths and public reactions are harsh if it looks as though they could, or should, have been avoided by professionals (Munro, 2010).

#### **4.2.1 UN Convention on the Rights of the Child**

The 1989 United Nations Convention on the Rights of the Child was ratified by Ireland in 1992 (UN, 1989). The rights afforded to children under the Convention which are relevant to this research can be summarised under five sub-groups:

- The right to life and the opportunity for development free from all kinds of discrimination, exploitation, abuse, neglect, and cruel or degrading punishment or torture (Articles 2, 6, 19 and 32-37).
- The child's rights and interests to be given paramount importance and his/her opinions and wishes to be given due consideration in all matters affecting him/her (Articles 3, 12 and 21).
- The right to grow up in the security of his/her family, with a sense of personal and cultural identity, with minimal State intervention but with access to all State services to support and assist the parents to provide an adequate standard of living for the child (Articles 5, 7, 8, 18, 26 and 27).
- If deprived of his/her natural family environment, the right to provision of alternative care and protection from the State in a culturally appropriate living situation, with the placement being regularly reviewed. Further, the right to know and maintain contact with non-custodial parents, unless it is not in the child's best interests to do so (Articles 9, 20 and 25).
- Freedom of thought, expression, religion, culture, conscience, privacy and association. The right to be protected from harmful material and the right to play, leisure, creative and cultural activities (Articles 13-16, 17, 30 and 31).

In its essence, the UN Convention on the Rights of the Child (UNCRC) is a 'Bill of Rights' for children relating to every area of their lives, including '*survival, development, protection and participation*'. Winter (2011) strongly recommends that social workers read the UNCRC in its entirety and are familiar with all the Articles, which cannot be considered in isolation of one another. She highlights the role of social workers in relation to the UNCRC:

Social workers, in acting on behalf of a legally and governmentally sanctioned statutory organisation, have responsibility to understand children's rights, to be clear

about what rights are being breached and, like parents, to develop with children ways of ensuring that they can exercise their rights in line with their evolving capacities

(Winter, 2011, p. 33)

The child's right to participation is particularly relevant to the values underpinning the present research. The child's right to participate includes their right to give and receive information, in their preferred medium of communication, to express their views and have them taken into account, to be represented in all matters concerning their lives, and to experience freedom of thought, conscience and religion (UNCRC, Articles 5 and 12-17). Winter (2011) asserts that to uphold children's rights to participate, it is essential that they experience positive meaningful relationships with adults. In social work, the most widely known and frequently quoted UNCRC Article is No. 12 – the child's right to express him or herself. Winter reminds us of the numerous inquiry reports where social workers have failed to uphold the rights of children to express their views, resulting in decision-making in the best interests of the child being highly compromised. It is important that social workers start the process of changing their practice by reconsidering their own values and beliefs about children. It is crucial that the UNCRC is embedded in social work training and practice guidelines, starting with social workers acknowledging practice that reflects discriminatory age-related beliefs about children and their capabilities. In addition, they need to start from the basis that children do have the capacity to form their own views and that it is not up to them to first prove their capacity (UN 2009, p. 6, Paragraph 20, cited in Winter, 2011).

#### **4.2.2 Child Care Act 1991**

The Child Care Act 1991 is the core legislation base for child protection and welfare social work practice in Ireland and was fully implemented at the end of 1996. Prior to this new legislation, children in Ireland were protected by the 1908 Children's Act. The Child Care Act 1991 updates the law in relation to the care of children who have been mistreated, abused, neglected or are at risk. Under this Act, the Health Service Executive (HSE) and An Garda Síochána (the Irish police force) have a statutory responsibility to promote the welfare of children who are not receiving adequate care and protection. It is generally the HSE social workers who carry out child protection and welfare assessments to identify children who are at risk of abuse and/or neglect (DCYA, 2011). When carrying out this duty, social workers must always be aware that it is generally in the best interests of a child to be brought up in



their own families. Article 41 of the Constitution of Ireland (1937) views the family as the natural, primary, fundamental unit group of society and guarantees to protect the family ‘as the necessary basis of social order’. Social workers must always be aware of the rights and duties of parents, but the welfare of the child is of paramount importance and as far as is practicable their wishes should always be considered.

The Child Care Act 1991 instructs the HSE to provide child care and family support services to families in need, with the aim of helping parents to care for their children and avoid them going into foster care. If parents are unable to provide care and protection for their children, the HSE must take these children into care by applying to the Courts for care orders. When a parent (or parents) is unable to cope, perhaps due to an illness, they may sign their child into the voluntary care of the HSE and they hold the legal right to withdraw their consent at any point. Where possible, the HSE will place children in their care with foster parents.

#### **4.2.3 Children First: National Guidance for the Protection and Welfare of Children**

The *Children First: National Guidance for the Protection and Welfare of Children*, first published in 1999, was revised in 2011 by the newly formed Department of Children and Youth Affairs (DCYA) to ensure that Irish child protection and welfare procedures are developed in line with international best practice. The main aim of the national guidelines is to assist people in reporting and identifying child abuse. They highlight that the needs of children and families must be at the centre of child protection activity. The primary emphasis is that the welfare of the child is of paramount importance. The guidelines recognise that the investigation of child abuse can involve an intrusion on privacy, but this is for the greater good of the child in terms of safeguarding him or her. They stress that primary consideration must also be given to minimising the stress on the child involved within the assessment and investigation process.

The 2011 edition of *Children First* states that society has a duty of care towards children and everyone should be alert to the possibility of child abuse. Sections 4.4 and 4.5 are aimed at the HSE Children and Family Services and An Garda Síochána, which are the two agencies with statutory responsibility for protecting children. The roles and responsibilities of the professionals involved in assessing reported concerns regarding child protection are outlined.

Section 6.4 is concerned with the interviewing of children in the initial stages of a child protection enquiry. The guidelines point out that in most instances the child will need to be interviewed by a professional worker and this interview must be carried out in a manner that is appropriate to the child's age and stage of development. Section 6.4.2 states that the location of the interview must be comfortable for the child, the worker must use language the child can understand and communication must be warm and responsive.

#### **4.2.4 National Children's Strategy**

*The National Children's Strategy: Our Children – Their Lives* was published in 2000 by the Department of Health and Children after an extensive consultation process to try to listen, understand and act in the best interests of all children. The consultation process provided formal structures to listen to the views of children, which were used to form part of the strategy. The strategy identifies six principles to lead the necessary action and it offers a holistic approach or 'whole child' perspective to thinking about children, which is more in line with the modern-day understanding of childhood. It was published to support parents and all those working with children to improve the quality of children's lives in Ireland. The strategy encourages children to become more formally involved in shaping their own future. The unifying vision of the National Children's Strategy (Section 1.3, p. 5) is:

An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by the family and the wider society; where they enjoy a fulfilling childhood and realise their full potential.

The National Children's Strategy is underpinned by the UN Convention on the Rights of the Child (UN 1989) and six operational principles are outlined in Section 1.3 regarding all actions to be taken with children. The principle particularly relative to the present research is that '*all actions must be child-centred*'. The child's best interests must be of paramount consideration and due regard must be given to the wishes and feelings of the child. Chapter 3 of the strategy is dedicated to giving children a voice, which is very much in line with the rationale behind the impetus for the current study and is a prominent theme throughout this thesis. The national goal sets out 'to give children a voice in all matters affecting their lives and to ensure that their feelings and views are given due weight in line with their age and stage of development'. It recognises that children have an important active contribution to

make in matters affecting them. Giving children a voice will ‘recognise that children must have a say in matters which affect them, in line with the UN Convention’.

The strategy identifies nine key dimensions of a child’s development – from physical and mental well-being, to social and peer relationships. It outlines that all these dimensions of childhood must be met if a child is to enjoy childhood and successfully move into adulthood.

#### **4.2.5 The Agenda for Children’s Services**

*The Agenda for Children’s Services: A Policy Handbook* was published in 2007 by the Office of the Minister for Children (now the Department of Children and Youth Affairs) with an important focus on the role of families and communities in the lives of children. The policy document builds on contemporary policies and places them in a framework to support policy-makers, managers and front-line professionals in meeting the needs of children and their families. It aims to assist these stakeholders to engage in reflective practice, effective service delivery, to be informed by best national and international practice, and to identify their specific role within the national policy framework. *The Agenda for Children’s Services (2007)* is described as a ‘working tool’, with the aim of providing a broad statement of principles for every service involved with children. It aims to establish the strategic direction and key goals of public policy in relation to children’s health and social services in Ireland. Together with the key messages from existing policies, *The Agenda for Children’s Services (2007)* aims to promote:

- a whole child/whole system approach to meeting the needs of children;
- a focus on better outcomes for children and families.

*The Agenda for Children’s Services (2007)* is a tool to assist in the challenge to ensure that significant policy at a national level is translated into positive outcomes, which are evident in the day-to-day lives of children. The document states that children should find all services accessible and engaging, responsive to their needs and be equipped with staff that are interested and effective. Ensuring children receive the services they need is central to this policy. To effectively protect children and young people in crisis and promote their optimal well-being, the document states that interventions must be carried out in partnership with families. In addition, professionals must recognise the informal support for children in the

wider community, which is less stigmatising, can be available 24 hours a day and is very cost-effective. It is strongly recommended that this be taken into consideration during interventions and assessments, and greater innovative thinking is encouraged during these processes.

*The Agenda for Children's Services (2007)* highlights the importance of including children and families in the development and evaluation of services. This involves children and adult service users having a say on both their needs and how they see the service best meeting their needs. This process of engagement requires professionals to record the service user's views and evaluations. The more services provide for the self-assessed needs of children and families, the more likely they are to be accessed and engaged in. The document insists that services must meet children's needs for protection, as well as promoting their best interests and development, for example, in the areas of education, play, built environment and child protection. Services must be able to adapt to other specific areas of need, such as health, disability, truancy, law-breaking, homelessness, cultural diversity and poverty. *The Agenda for Children's Services (2007)* also states that agencies must be able to engage in appropriate cross-referrals and ensure that children and families receive an integrated delivery of services to meet their needs.

#### **4.2.6 The Child Protection and Welfare Practice Handbook**

In 2011, the Health Service Executive (HSE) published a practice handbook for child protection and welfare to support skilled practice within the HSE and between it and the other relevant agencies (HSE, 2011). The handbook is not an authoritative statement of the law and professionals must use it in conjunction with *Children First: National Guidance for the Protection and Welfare of Children* (DCYA, 2011), along with all the other relevant legislation and policy that govern their practice. The HSE Practice Handbook has taken account of the recommendations of child care inquiries and case reviews, along with international research and recommendations on best practice. In the Foreword, Mr. Gordon Jeyes, National Director of the HSE Children and Family Services, specifically mentions the importance of the social work role in child protection and welfare practice, and outlines that 'social work is both demanding and complex'.

Section 1.2 (p. 3) of the Practice Handbook outlines the following key principles that should inform best practice in child protection and welfare:

- The welfare of the child is of paramount importance.
- Children and families need to receive early intervention and support to promote their best interests.
- A balance must be struck with regard to protecting children and respecting the needs and rights of parents/carers.
- Children have the right to be heard, listened to and have their views taken seriously. They should be consulted and involved in all matters affecting them, taking into consideration their age and understanding. Where concerns exist in relation to a child's well-being, they must have an opportunity to express their views independent of their parents/carers.
- Parents/carers have the right to be consulted and involved in all matters affecting their family.
- When taking protective action, factors such as the child's family circumstances must be considered, e.g. age, gender, religion, race and culture. Intervention must not deal with the child in isolation and their circumstances must be understood within the context of their family.
- Any criminal dimension of any action must be addressed.
- Children should not be removed from their parents' care until every other means of protecting them has been exhausted. Reunification should be considered in the context of planning for the child's future.
- Preventing, detecting and treating child abuse requires a coordinated multidisciplinary approach, effective management, clarity on roles and responsibility, and training for professionals working to safeguard children.
- Professionals and agencies working with adults, who for a variety of reasons are experiencing difficulties meeting their children's needs, should always be mindful of the impact of their adult client/patient's behaviour on a child and be sure to act in the child's best interests.

### **4.3 THE CHILD PROTECTION AND WELFARE SYSTEM**

The modern child protection and welfare system in Ireland began with the development of the National Society for the Prevention of Cruelty to Children (NSPCC) in Dublin in 1889. The headquarters were in London and the Irish branches remained under the administrative control of London until 1956. There was little recognition regarding physical abuse and cases of child neglect accounted for close to 90% of the casework up until the 1950s and '60s. There was little recognition of sexual offences against children and this category of abuse

represented less than 1% of the casework (Ferguson and O'Reilly, 2001). Developments in the Irish child protection and welfare system to some extent mirrored those in the USA and UK. The child protection and welfare system in Ireland resembles the systems elsewhere in Western Europe, but in particular the English system (Garrett, 2009). Paralleling the UK, Ireland's child abuse inquiries have been the catalyst that led to the incremental restructuring of what was and what some say still is (Lynch and Burns, 2008; Garrett, 2009) an underdeveloped child protection and welfare system (Burns, 2011).

#### **4.3.1 Service setting**

The present study is located in a HSE area that provides child protection and welfare services to a population of 58,768 (2006 Census figures). The area consists of three social work teams spread around the county, each with their own geographical catchment area. Two of the teams are located in HSE buildings with other professionals, including public health, speech and language therapy, occupational therapy and home management advisors. One of the social work teams works from a HSE building with no other disciplines on site. All social work teams offer a wide range of services in child protection and welfare, and foster care. The entire team consists of nine child and family social workers; three fostering link social workers; four child care leaders; five family support workers; three social work team leaders; and one child care team leader. There is one principal social worker and one child care manager. The social workers are line-managed by the social work team leader, who is based in the same building as them. In theory, social work team leaders do not carry caseloads; however, due to poor staffing levels, resource issues and hectic waiting lists, the team leaders involved in this study do engage in front-line practice on a regular basis. The social workers are the front-line staff working directly with children and families, and they have their own allocated caseload. The number of cases allocated to a social worker depends on the number of social workers on the team, the number of children involved in the service and the social worker's experience and ability to manage their caseload. It is recommended nationally that each social worker has a maximum of 15 cases at a given time. The social workers who participated in the present study had, on average, between 35 and 45 cases. As well as the allocated caseload, social workers spend one week out of three doing duty social work, which involves dealing with new child protection and welfare referrals. The social work service is

carried out under responsibilities and powers delegated through legislation, as discussed above.

Social workers describe their cases as ‘duty’ or ‘long-term’. Duty cases include new referrals that will involve a period of assessment and possibly some supports for children and families. All new referrals have an initial assessment, which is presented to a multidisciplinary child protection management team (CPMT) meeting. The category of abuse is decided on and an agreed plan of intervention or closure is decided. The cases described as long-term are the families who require long-term support and monitoring.

The social work team leader is responsible for the allocation of caseloads, waiting list management and the supervision of social workers. There is constant pressure in relation to case allocation and assessment of urgency with cases on the waiting lists. This often results in group discussion at local team meetings, as well as individual supervision sessions. The team leaders are supervised by the principal social worker.

By coincidence, but separate to the author’s pursuance of her doctorate, a few months after the commencement of this study an independent review of local neglect cases was commissioned by the State. This followed the disclosure of what was deemed in the public domain to be an apparent serious mishandling of a neglect case. It should be noted that at the same time, some of the local team were aware that they would be involved in a national inquiry into the case, which involved the chronic neglect and sexual abuse of children at the hands of their parents. This lent itself to an immense sense of panic and low morale among team members, but did not interfere with the study going ahead and all respondents involved assured the practitioner–researcher of their satisfaction to participate. Finally, as a point of information, after completion of the fieldwork for this study, the report of the Roscommon Child Care Inquiry (2010) was released to the public domain. It highlighted that staff working with the family were well-intentioned. However, ‘a significant contributory factor to this failure was the absences of meaningful engagement with the children directly and an over-reliance on parental accounts of their well-being’ (Child Care Inquiry, 2010 Section 4.1, p. 69). Furthermore, it stated that ‘the voice of the child is virtually silent’ (Child Care Inquiry, 2010, Section 4.2, p. 69) in the case records before the children were admitted to foster care.

### **4.3.2 Child protection and welfare referrals**

The child protection and welfare service is required by law to investigate concerns of child abuse and/or neglect made by professionals or members of the public. The law also protects members of the public who wish to remain anonymous when reporting child abuse. The social work service aims to intervene as early as possible in the lives of children at risk and put in the relevant supports needed by families. Section 3 of the Child Care Act 1991 requires the HSE to identify children in their area who are not receiving adequate care and protection. Professionals and members of the community refer concerns about children to their local child protection and welfare social work department. The agency where the research took place developed their Standard Operating Procedures (SOPS) in 2005, to ensure best practice is undertaken at all times. The SOPS manual highlights that assessing child protection or welfare concerns can often be complicated by factors outside of the social worker's control and may not always resemble the ordered process it dictates. Section 7.1 recommends that the designated social worker speaks directly with the person making the referral and seeks as much information as possible about the child and family. It is important to ensure that the report corresponds to the definitions of child abuse and/or neglect and to see whether any other children are at risk. Professionals are required to fill out the standard reporting form, found in the *Children First: National Guidance (2011)*. The social worker must conduct an initial assessment in line with *Children First*. The initial assessment will be discussed in more detail later in Section 4.3.4 below.

### **4.3.3 Assessing child abuse and/or neglect**

In Ireland, the number of children taken into foster care – resulting from child protection assessments – increased from 4,216 in 1999 to 5,357 in 2008. This represents a 27% increase in the number of children being removed from their birth families in a 10-year period (Department of Health and Children, 2009). The HSE confirmed 2,168 reported incidents of child abuse in 2008, which increased from 1,978 in 2007 and 1,797 in 2006 (Barnardos, 2011). Barnardos, the national children's charity in Ireland, expressed concerns that State intervention into reports of child abuse and/or neglect only occurs when the family's situation has reached crisis point. It is acknowledged that inadequate resources prevent social workers reaching families in the early stages of their difficulties, when preventative work is required. Barnardos states that children in the low risk category of concern are overshadowed by the



children considered to be at high risk. It highlights that this form of intervention to support children and families is in direct contravention to much of the legislation and policy created to support them. Barnardos maintains that current assessments of child abuse and/or neglect are inadequate in terms of protecting and supporting children in need (Barnardos, 2009).

The UK Framework for the Assessment of Children in Need and their Families was launched in 2000 and was commonly used by Irish social workers conducting child protection and welfare assessments. The Common Assessment Framework (CAF) is designed to be used by all practitioners when the first sign of child vulnerability emerges. The primary aim of the framework is to establish a standardised and systematic approach to gathering, recording, analysing and understanding the information needed to inform effective child protection and welfare practice interventions. The CAF was developed to enable practitioners to stay child-centred when carrying out assessments, to standardise assessment practice and to clarify the roles of professionals involved in the assessment process. The framework is divided into two segments: an assessment tool and a practice guide. The framework directs that assessments must be child-centred; rooted in child development; ecological in their approach; ensuring equality of opportunity; involve working with children and families; build on strengths as well as identifying difficulties; interagency in their approach to assess and provide services; a continuing process rather than a single event; carried out parallel to other actions and provision of services; and grounded in evidence-based knowledge. The importance of carrying out age, gender and culturally appropriate direct work is emphasized. In terms of remaining child-centred, the framework recommends that the person carrying out the assessment must know the child and have a good insight into them as a person beyond their basic needs.

Similar to the CAF developed in the UK, the *Framework for the Assessment of Vulnerable Children and Their Families: Assessment Tool and Practice Guidance* was published in Ireland in 2006 (Buckley *et al*, 2006). Buckley *et al* assert that services for children and families are usually only provided when abuse is confirmed to exist or be an imminent potential threat to a child. They state that child neglect is the most common concern reported to social workers and is ultimately the most harmful form of abuse, yet it does not seem to receive the consistent, child-focused response that it requires from professionals. The assessment framework was created to ensure child protection practice involves standardised and systematic procedures for the gathering, recording and analysis of the necessary

information required for thorough assessments. Buckley *et al* state that assessments can take place over days, weeks or months, ‘however, it is likely that assessment will need to be a continuous and consistent part of working with a child and family’ (Buckley *et al.*, 2006, p. 12). They assert that the quality of the assessment will depend on how the worker engages with the family and consideration must be given to the pace at which children and families can engage with the process. They argue that it can be difficult to engage a child and family who are cautious of entering a relationship with professionals, or if they have been through the system many times.

In the *Framework for the Assessment of Vulnerable Children and Their Families*, Buckley *et al* (2006) argue that children are not always put at the centre of assessments and social workers do not always engage with them in a meaningful way. They assert that direct work with children is a crucial component within assessments and involves seeing; observing; talking, doing and engaging with the child. Furthermore, they stress that social workers must be familiar with the child’s preferred method of communication and the process must be child-centred. They encourage practitioners to be creative while engaging with children and to use play, drawing and painting to facilitate the process.

Buckley *et al* (2011) stress the importance of current practice focusing on the quality of the relationships they build with service users during child protection and welfare procedures. They encourage practitioners to ensure that meeting performance targets and goals does not overshadow this. Broadhurst *et al* (2010, p. 17) quote the prudent remarks of Horwath (2002) as they believe them now to be highly prophetic:

There is a danger that the Assessment Framework will become form-led and interpreted merely as another procedure to follow ... making sense of the information ... becomes secondary and the focus on both identifying and meeting the needs of children is lost ... The assessment triangle becomes a Bermuda Triangle.

(Horwath, 2002, p. 209)

#### **4.3.4 Initial assessments**

Carrying out initial assessments into child protection and welfare concerns is a daily duty for the practitioners involved in this research. Assessing the complexities of child abuse requires social workers to carry out an initial assessment when a referral is received. In Section 5.4.1 of *Children First: National Guidance (2011)* the initial assessment is defined:

The initial assessment of concerns is usually based on limited information with the emphasis being on the nature and degree of any harm and the immediate safety of the child. The assessment should also, insofar as possible, identify whether the child's needs are being adequately met and whether there is any other help the family may need in order to care adequately for the child. The assessment should include a review of the most critical areas of risk and need, should identify family strengths and protective factors and take account of available service resources.

*Children First: National Guidance (2011)* states that the initial assessment aims to establish with the child and their parents whether there are grounds for concern regarding the referral. In relation to sexual abuse, a medical examination or treatment may be required to protect the child. It is crucial that the social worker communicates with all professionals involved with the child and family. The initial assessment aims to identify the nature and extent of any risks to the child, yet also to identify strengths and protective factors within the family or external family. If children require services, they must be allocated their own social worker. Depending on the initial protective plan, a decision may be made for a strategy meeting, a child protection case conference and/or developmental type assessments.

Within the agency where this research was carried out, Child Protection Management Team (CPMT) meetings are held on a monthly basis to discuss all new referrals. The initial assessments are presented at this meeting. CPMT is chaired by the child care manager and the disciplines that attend include social work, child care, public health nursing, psychology and the neighbourhood youth project. The category of child abuse is decided on and the outcome of the initial assessment is discussed. The multidisciplinary team makes decisions in relation to future social work involvement with the family or a decision may be made to close the case to the child protection and welfare system.

#### **4.3.5 Core assessments**

All social worker participants involved in the present study carried out core assessments with children and families. At the juncture when it is decided that a child should be subject to a full social work assessment, the case is allocated to a social worker for a comprehensive assessment. Cases are normally allocated depending on the child's circumstances and are prioritised depending on the level of risk to the child. In the three Roscommon social work teams, there are large waiting lists of families to be allocated and (as discussed earlier in this chapter) cases are allocated by the social work team leader. Once the case is allocated, this is

monitored and reviewed in formal monthly supervision and informal supervision between the social worker and the team leader as required. Interventions and supports to best meet the family's needs are identified.

The HSE's *Child Protection and Welfare Practice Handbook* (2011, p. 95) states that, resulting from the report of the Roscommon Child Care Inquiry (2010), during assessments:

Social workers should see and speak directly to every child where there is a concern about their welfare. It should be the responsibility of the Social Work Team Leader and the (Professional Manager 1) to ensure that this is done. Working directly with children and families are core social work tasks and their training provides them with the knowledge, skills and competencies required for this task.

Ferguson (2011) expresses concerns that the dominant image of child protection today is social workers bound to their desks, dealing with high levels of bureaucracy and accountability. He stresses that child protection has to involve social workers leaving their desks to see service users if they are to bring about good. Ferguson (2011, p.39) believes that social workers must meet the challenge:

To combine the best of the model of authoritative practice inherent in inspection with the compassion and ethical virtues advanced in radical/critical practice and notions of partnership, and the psychodynamic, relationship-based practice approach so skilfully developed by earlier generations of academics and social workers such as child care officers.

Many critics draw attention to the restrictions of engaging with children during child protection and welfare assessments due to the time now needed for bureaucracy (Munro, 2005; Broadhurst *et al*, 2010).

## **4.4 SOCIAL WORK EDUCATION**

Social work education in Ireland has experienced rapid change since the inception of the National Social Work Qualifications Board (NSWQB) in 1997. The board was established to accredit national courses and non-national qualifications, and to advise the Government and employers on social work qualifications. It was set up at a time of unprecedented growth in the employment of social workers (Christie, 2005). The NSWQB was dissolved on 31st March 2011 and its work transferred to the Social Workers' Registration Board at CORU/Regulating Health and Social Care Professionals Council.

The Social Workers' Registration Board requires social work graduates to reach standards of proficiency in seven key areas of practice (CORU, 2012). Within each area, numerous skills and competencies are outlined to ensure the social work profession maintains a highly skilled workforce. The sections particularly relevant to the present study are Domains 3, 5 and 6. Domain 3 (CORU, 2012) looks at the importance of 'effective communication'. Section 3.1(a) of Domain 3 states that graduates will:

Understand how communication skills affect the assessment of service users and clients and how the means and channels of communication should be modified to address and take account of factors such as age, physical ability, ethnicity, culture, language, learning ability, gender, religious beliefs and socio-economic status

Section 3.1(d) states that graduates will:

Be able to select, move between and use appropriate forms of verbal and non-verbal communication, including listening skills, with service users and others.

Domain 5 (CORU, 2012) outlines the proficiencies required to ensure the provision of quality services for social work clients. Section 5.1 focuses on the importance of being able to assess and identify the needs of all service users and states that graduates will:

Be able to gather appropriate information; fully engage service users in the assessment process; undertake or arrange investigations as appropriate; analyse and critically evaluate the information collected'.

Section 5.4 dictates that graduates will:

Draw on appropriate knowledge and skills in order to make professional judgements' and 'understand the need to adjust/adapt their practice as needed to take account of new developments in knowledge and skills'.

Domain 6 (CORU, 2012) states the standards of proficiency required in the areas of knowledge, understanding and skills. Section 6.3 is especially pertinent to the present study and asserts that social work graduates will:

Be able to understand, explain and apply generic skills and methods appropriate to delivering a range of social work interventions to meet different needs within a variety of settings'. Section 6.3(c) states that graduates must 'demonstrate the theoretical knowledge and practice skills required to work therapeutically with individuals, children, families and groups, using a range of interventions appropriate to meet the needs of the service user.

## **Social work educators and students**

The four universities offering social work education in Ireland are University College, Dublin (UCD); Trinity College, Dublin (TCD); University College, Cork (UCC); and the National University of Ireland, Galway (NUI Galway). Social work educators in all four universities were invited to participate in this research and responses were received from each university.

Two classes of students from NUI Galway in their 1st year Masters in Social Work programme participated in this research's PST workshop and evaluated the material covered. The Masters programme has been running in NUI Galway since 2004. It is a two-year professional training programme and its primary aim is to equip social workers with the necessary skills and knowledge to be registered with the Irish Social Workers' Registration Board, CORU. The programme provides for two periods of university-based learning and two practice placements. It focuses on contemporary social issues, legislation, policy and skills to support practice with individuals, families and groups. It is fully accredited and enables graduates to enter employment as social workers in both statutory and non-statutory organisations.

### **4.5 PLAY SKILLS TRAINING (PST) PROGRAMME: CONTEXT FOR SOCIAL WORK**

As discussed in Chapter 3, the author had to seek additional training after qualifying and practising as a social worker in order to gain skills to communicate and work directly with children at risk of abuse and/or neglect. After an examination of the literature in relation to social work training, this appears to reflect the national and global experiences of social workers. During the author's training in play therapy, insight was gained into the importance of play while engaging with children. She found that many of the skills were transferable to working and communicating with children involved in the child protection and welfare system. She began to create files of child-friendly material, gleaned from her play therapy training, which would support communication with children at risk of abuse and/or neglect.

Myrick and Haldin (1971) proposed a play process approach that consists of a systematic sequence of unstructured and structured play sessions, and requires fewer sessions than play therapy. They described their approach as child-centred and as occurring in three progressive

developmental stages (which influenced the content of the PST programme created by the author and delivered in the present study). Stage 1 of this play process is devoted to the establishment of a therapeutic worker–client relationship and to the worker’s identification of the child’s needs or issues. Non-directive play is used: children are free to choose their own toys and materials and decide how to use them. The worker employs therapeutic responding techniques to focus on the child's feelings and behaviour in the play. Simultaneously, the worker develops provisional hypotheses relating to the child's developmental needs or emotional difficulties.

Stage 2 begins after the worker has determined that the therapeutic relationship is firmly established and has identified the nature of the child's concerns. During this stage, the worker’s responses centre on the child's feelings and ideas are used in combination with structured play. To encourage further exploration and expression of the child's self and his or her world, the worker invites the child to play with specific toys and materials that seem pertinent to individual needs and concerns.

During the final stage of the session, the worker sets up and deliberately involves the child in play situations regarding a particular area of the child's concerns or needs. This structured play helps the child resolve issues or meet needs that are interfering with sound development and learning.

Myrick and Haldin (1971), however, present only limited evidence in their study of the effectiveness of this more worker-directed, structured approach to developmental play counselling. Some children may require only a few developmental play sessions to resolve their concerns and experience growth, while others may need many sessions.

The play methods used in the present study will now be described in detail, with an explanation for the rationale behind choosing each approach to support social workers’ communication with children during child protection and welfare assessments.

### **4.5.1 Key components of the Play Skills Training (PST) programme**

In the design and delivery of the PST programme, the author chose techniques used in play therapy to support children in communicating their inner world. Some of these are detailed below.

#### **Play materials**

Participants in the PST workshop were introduced to the various play media required to engage with children in an age-appropriate way. These included puppets; people and animal figurines; dolls house and furniture; toy food and cooking implements; vehicles; play-dough; clay; paints, crayons and art materials. Participants were required to connect with their ‘inner child’, to think deeply on how it feels to be a child. They engaged in an exercise where they reflected on positive play experiences in their own childhood and used the art materials to represent those thoughts and memories on paper in whatever way they chose.

#### **Non-directive play skills**

Participants were introduced to non-directive play skills and the similarities between Rogerian Theory were explained, to encourage them to draw on their existing knowledge base. The principles of non-directive play are as follows: to allow children to communicate their thoughts, needs and feelings through the medium of play; to help children develop a positive self-concept, self-acceptance, self-esteem, self-respect and confidence; the worker respects direction of the child; the therapist believes in and trusts in the inner person in the child; child given the opportunity to play out feelings and experiences; children create their own histories; the worker to pay full attention and show genuine interest; the worker to follow rather than to lead; the worker to join in play if invited to do so.

The author explained the importance of the introductory session with the child, where the practitioner explains their role, what they will do during the play sessions and how often they will meet. She demonstrated how this can be done using toys or pictures. The importance of beginnings, middles and endings were also discussed, along with the need for limit-setting in the sessions.



## **Therapeutic stories**

Participants were introduced to therapeutic stories to support them in their communication with children, who may have experienced abuse and/or neglect. Stories were chosen because they help us reach the unconscious mind. Therapeutic stories were created to heal the trauma of abuse, to teach self-understanding, self-love and personal power. Stories concentrated on in training were those to help children reduce fear and support disclosures, which is highly pertinent to engaging with children during child protection and welfare assessments. The participants also wrote their own story to help a child.

## **The six-piece story**

Participants were introduced to the six-piece story, which is used in play therapy to assess a child's coping skills. The child is asked to create a story using six pictures. This method gives insight into the child's attitudes, beliefs, emotions and expression. Each picture has the following title to guide the child: (1) Hero/heroine and where they live; (2) What is their task or mission; (3) Who or what could help them (if at all); (4) Who or what obstacles prevent them from completing their task; (5) How will the main character cope with obstacle; and (6) Then what happens.

## **Sand play**

Participants were introduced to using the sand tray in play sessions with children. This approach is used to provide the child with an opportunity to create a picture or a story in the tray using whatever materials are available in the room. A proportioned sand tray is provided with a variety of miniatures: people, animals, furniture, soldiers, vehicles, plants, rocks, shells, etc. The worker invites the child to create a story or a picture in the sand using whatever materials they choose. The child creates their own miniature world in the sand. The worker may ask the child to tell them about the story or picture they have created; describe the scene; tell what is happening or what is going to happen. The worker may also choose items if there is something in particular they would like to focus on and/or ask the child to identify with various objects or to have dialogues between objects.

## Focused play techniques

Participants were introduced to the numerous ways of using focused play techniques in sessions with children. These involve the worker asking the child to do an exercise that they feel will help the child express themselves in an age-appropriate way. Some of the techniques described above can be focused; for example, if the worker asks the child to do the six-piece story or create a scene in the sand. This session explored a variety of focused play techniques that workers may be able to use in their assessments. One exercise involves asking the child to create their world on paper using lines, shapes, colours, but nothing real. As Oaklander (1978, p. 28) observed, ‘Talking to children through pictures is so much safer and easier than talking to children’. Ask the child to close their eyes first to see what this world looks like: how much space does each thing take up, where are they in this world, where will they place themselves. It is important to ask the child about their drawing as opposed to interpreting all the time. It is very effective to have children draw their families as symbols or animals. After a general description, ask the child to give a statement about each person/object and to say something they like and do not like to each. Another technique explored during this session, and which can be used as an ‘attachment assessment’ in play therapy, involved the child being invited to draw a picture of a bird’s nest and then the worker examines the content of that picture.

## Worksheets

Participants were introduced to a wide range of worksheets to support them in their communication with children during assessments of their care and well-being. The worksheets are easy to use and deal with a variety of issues to help children communicate their thoughts, feelings and experiences. Some of the issues addressed by the worksheets include:

- *The Toys and Dolls Know*: The child writes their story of what the toys and dolls know about them.
- *Where does it Hurt*: A picture is presented of a child and the child colours in the parts of the body where they have felt pain. There are lines available for the child to write a story in relation to their experience.
- *Places I Feel Safe*: The child colours in the pictures of places where they feel safe and there is a blank space for them to choose their own special place of safety.

- *Places I Feel Unsafe:* The child colours in pictures of places where they do not feel safe and there is a blank space available for a place in which they feel unsafe.
- *Who Would You Telephone for Help:* The child communicates the people or person they would ring to help them if they needed it.
- *The People I would get to hold a Rope for Me:* The child identifies the person or people they would chose to hold a rope for them if they were climbing down a cliff.
- *What do you Wish For:* The child draws or writes their wishes on the worksheet.
- *What is the Nicest/Worst Dream you ever had:* The child draws or writes about the nicest or worst dream they have ever had.

## 4.6 Summary

This chapter aimed to depict the context in which this research study took place. The development of the social work profession in Ireland was first outlined. There was an examination of the organisational and legal context of child protection and welfare social work practice. The policy in relation to protecting children in Ireland was discussed. The steps involved in assessing concerns in relation to children at risk of abuse and/or neglect were described. In addition, a description of social work education in Ireland was presented. Finally, the material chosen for the Play Skills Training (PST) programme was explained. The themes addressed in this chapter will be looked at again and developed in Chapter 6 – ‘Discussion of key findings’.

Chapter 5 presents the results from this action research study.

## Chapter 5: Results of study

This chapter is divided into two main sections. **Section 5.1** describes the sample characteristics and the results from the quantitative study. **Section 5.2** presents the results from the qualitative study.

### 5.1 QUANTITATIVE RESULTS

#### Introduction

The overarching aim of this study is to explore if the use of play skills can support social workers in their communication with children during child protection and welfare assessments. As indicated in Chapter 3, this is a mixed methods study and the main quantitative data were collected through a postal survey administered nationally to social workers practising in the area of child protection and welfare to explore their views of this approach. A second questionnaire was administered to a set of veteran social work practitioners to seek their opinions on the potential use of this method in social work practice. Many respondents wrote additional comments on their questionnaires in relation to communicating with children, which provided valuable additional quantitative and qualitative data. The comments are presented qualitatively in Section 5.2, where they have been coded for the purpose of statistical analysis. Both sets of data were integrated using thematic analysis.

The data emanating from the questionnaires were analysed using the Statistical Package for Social Scientists (SPSS) and were subject to a range of statistical analyses, including chi square tests. The mean scores and standard deviations for each of the objectives were acquired using SPSS.

This section first presents a description of the sample characteristics and then the quantitative results for Objectives 1, 2 and 4 of the study. Table 4 indicates the location in the thesis (by page number) of each objective's results.

**Table 4: Study objectives, sources of quantitative data and location in thesis**

<b>Study objective</b>	<b>Sources of data</b>	<b>Location in thesis</b>
<b>Objective 1</b> To explore pre- and post-qualifying social work training in relation to communication with children	Quantitative data collected using questionnaires	page 118
<b>Objective 2</b> To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children	Quantitative data collected using questionnaires	page 121
<b>Objective 4</b> To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners	Quantitative data collected using questionnaires	page 126

### **5.1.1 Sample characteristics**

The data required to meet the study's objectives were collected from four sources:

- child protection social workers who participated in the PST programme (n=9), a survey (n=122) and a focus group (n=8);
- a set of veteran social work practitioners who participated in a survey – principal social workers (n=13) and social work educators (n=12);
- social work managers (n=5) of the social workers who participated in the PST programme;
- two groups of social work students (n=30).

#### **Gender of participants**

As seen in Table 5, the majority of social workers who responded to the survey were female (88%; n=108). This gender difference, in favour of female respondents, was similar to the survey returns from principal social workers (60%; n=9) and social work educators (67%; n=9). A similar pattern was evident among other groups of participants.

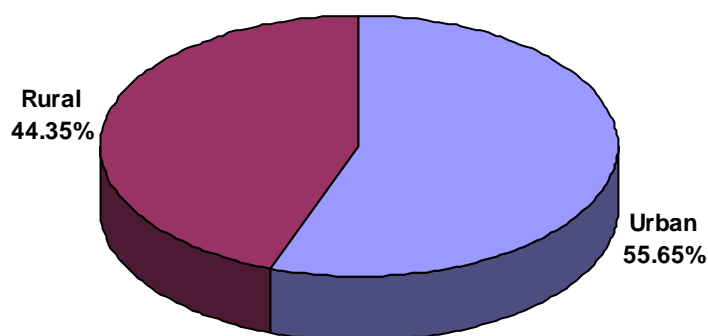
**Table 5: Gender difference of study participants**

Type of participant	Male	Female	Percentage	
Survey of social workers	13	108	12% M	88% F
PST participants	1	8	11% M	89% F
Focus group participants	1	7	12% M	88% F
Principal social workers	4	9	40% M	60% F
Social work educators	3	9	33% M	67% F
Social work managers	1	4	20% M	80% F
Social work students: Group 1	1	14	7% M	93% F
Social work students: Group 2	3	13	19% M	81% F

## Geographical location

Respondents were asked to identify if they were practising in urban or rural locations in the 'Profile' section of the survey questionnaire. As seen in Figure 2, just over half (56%) of respondents were practising in urban areas.

**Figure 2: Respondents by urban and rural work location**



The questionnaires returned by post identified the county in which the respondent was practising. Some e-mail responses also identified the respondent's location of work. As seen in Table 6, a response was identifiable from every county in Ireland except Co. Clare.

**Table 6: Response to questionnaire, by county**

Donegal	3	Louth	2
Sligo/Leitrim	6	Limerick	6
Cavan/Monaghan	2	Tipperary	2
Cork	3	Wicklow	4
Laois/Offaly	8	Waterford	1
Longford/Westmeath	5	Wexford	2
Dublin	10	Kerry	1
Carlow/Kilkenny	2	Kildare	2
Galway	8	Meath	1
Clare	0	Mayo	3

### Years experience in child and family social work

As seen in Table 7, there was a wide variability in terms of the length of years' experience among respondents (all of whom were professionally qualified) and yet there was a fairly even spread of experience throughout the categories. At one end of the spectrum, 21% (n=25) had less than one year's experience of working in the area of child protection social work, while at the other end, 17% (n=20) had over 10 years' experience. The highest number of respondents was in the 3-6 year category (30%; n=42). The category with the lowest number of respondents was in the 10+ years category (15%; n=21).

**Table 7: Social workers' experience**

Respondents	0-1 year	1-3 years	3-6 years	6-9 years	10+ years	Total
PST participants		1	4	3	1	9
Survey respondents	25	16	35	24	20	122
Focus group participants		5	3			8

As seen in Table 8, there was a wide variability in terms of the length of years' experience among the veteran respondents. There were nine respondents with over 10 years' experience and another 11 with over 15 years' experience. There were an equal number of respondents in the other two categories.

**Table 8: Veterans' years of experience in current position**

Respondents	5 years	10 years	15 years	20 years	Total
Principal social workers	1	4	6	2	13
Social work educators	4	4	2	2	12
Social work managers	0	1	3	1	5

For the convenience of the reader, Table 9 collapses respondents by number of social workers into groupings, which are referred to throughout this chapter.

**Table 9: Approximate number of social workers referred to**

Few social workers	1-25
Some social workers	25-50
Many social workers	50-75
Most social workers	75-100
Majority of social workers	100-122

Throughout this chapter, participants will be distinguished using codes. Table 10 presents the codes assigned to each group of participants.

**Table 10: Codes used for all participants in this chapter**

Participants	Code
Survey respondents	Rt1 – Rt122
PST participants	Pt1 – Pt9
Social work students	St1 – St30
Focus group participants	Fg1 – Fg8
Principal social workers	Pw1 – Pw13
Social work educators	Er1 – Er12
Social work managers	M1 – M5



## Summary

- A total of 139 social workers participated in the study. Nine social workers participated in the PST programme; eight other social workers participated in a PST focus group; and 122 social workers participated in a national child protection social work survey. The majority were female (89%; n=123).
- A total of 30 veteran social work practitioners participated in the study. A total 13 principal social workers and 12 social work educators participated in the survey.
- The five manager's line-managing the PST participants were interviewed in relation to their thoughts and experiences of the PST programme.
- A total of 30 social work students in the 1st year of their Masters in Social Work programme participated in the study.

### 5.1.2 RESULTS FOR OBJECTIVES 1, 2 and 4

#### **Objective 1: To explore pre- and post-qualifying social work training in relation to communication with children**

##### **Introduction**

Results for Objective 1 are outlined on the two major areas of social work training: pre- and post-qualification. This stage of the research explores social workers' level of satisfaction with regard to the training they received in relation to communicating with children. Participants' views of their pre-qualifying training will be presented first, followed by their post-qualifying experiences.

The respondents (n=101) provided written comments regarding their idealistic vision in relation to working with children. Three main themes were identified in the additional comments section. The responses were coded for the purpose of statistical analysis and the comments made in relation to training will be presented in this section. Cross tabulations were conducted to examine relationships between responses.

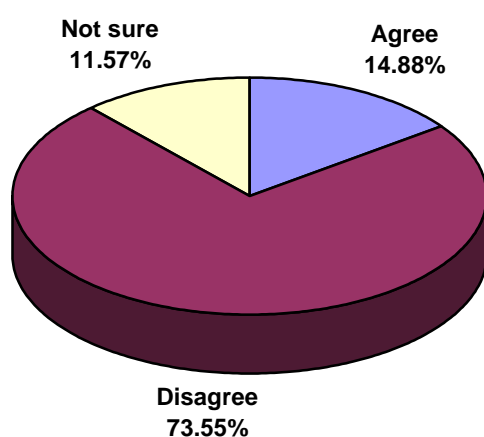
## Satisfaction level of social workers with their training in relation to communicating with children

### Professional training

A total of 122 questionnaires were returned out of 350, representing a 35% response rate. In relation to 'communicating with children', social workers were asked did they 'agree', 'disagree' or were 'not sure' about the following statement: 'I received adequate skills to communicate with children during my professional training'.

As shown in Figure 3, a sizeable majority of respondents (73%; n=89) indicated that they had *not* received adequate skills to communicate with children during their professional training programmes. A minority (12%; n=14) indicated they were not sure if they had received adequate skills. A further minority (15%; n= 18) agreed that they had received adequate skills in this regard. Thus, overall, participants indicated that they did not receive adequate skills to communicate with children during their professional training.

**Figure 3: Respondents' views on statement 'I received adequate skills to communicate with children during my professional training'**

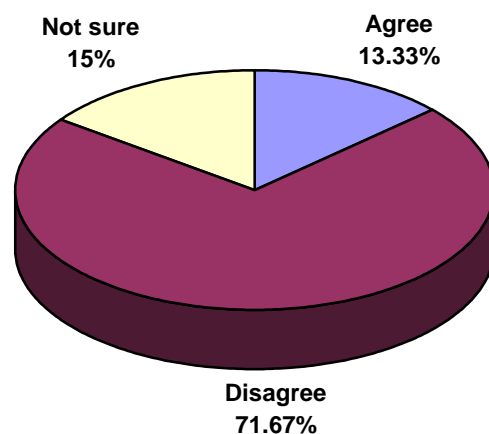


### Employment training

In relation to post-qualification training in their employment, social workers were asked did they 'agree', 'disagree' or were 'not sure' about the following statement: 'I received adequate skills to communicate with children from my employer'.

As with professional training, a sizeable majority of respondents (71%; n=86) indicated that they had *not* received adequate skills to communicate with children from their employer (*see Figure 4*). A minority (15%; n=8) indicated that they were not sure if they had received adequate skills from their employer. A further minority (13%; n= 16) agreed that they had received adequate skills in this regard.

**Figure 4: Respondents' views on statement 'I received adequate skills to communicate with children from my employer'**



### **Additional comments from survey participants**

Respondents were asked to present their views on 'What more would you like to see in place in respect to carrying out direct work with children in your workplace? This can be an idealistic/visionary account'. The majority of respondents (83%; n=101) provided views on this question. Three primary themes were identified and coded, and are presented statistically here. The qualitative data (i.e. participants' quotes) are presented in Section 5.2 below.

One of the main themes identified relevant to Objective 1 was that social workers require more training in how to carry out child-centred direct work. Social workers reported a deficit in pre- and post-qualifying training. On some occasions, the need for training was mentioned in conjunction with one of the other two themes: (1) direct work is a key function of social work practice and (2) social work needs resources allocated to direct work. Some respondents mentioned all three themes in their additional comments.

The majority of respondents (68%; n=68) who wrote additional comments made recommendations that they receive pre- and post-qualifying training in relation to age-appropriate skills to engage with children on deeply personal and sensitive issues. The majority of respondents (56%) commented that their idealistic vision of carrying out direct work with children in their workplace included the provision of training in age-appropriate play skills to communicate with children. Some respondents outlined a need for pre-qualifying training; post-qualifying training, or both.

### **Summary of quantitative results for Objective 1**

- A few respondents (15%; n= 18) believed they had received adequate skills to communicate with children during their professional training.
- A few respondents (13%; n=16) believed they had received adequate skills to communicate with children from their child protection employer.
- Almost ¾ of respondents (68%; n=68) expressed dissatisfaction (in the additional comments section) in relation to university teaching and continuous professional development (CPD) with regard to the provision of training on age-appropriate communication with children.

## **Objective 2: To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children**

### **Introduction**

The following section presents data from the survey and the focus group participants. The main body of data pertinent to Objective 2 relates to the actual and potential use of play skills as a tool to communicate with children involved in the child protection system. The number of social workers who use play skills in their assessments is also presented.

To place the data in context, the social workers' views and experiences of communicating with children during assessments is outlined in Table 11.

**Table 11: Social workers' views and experiences of carrying out child protection assessments**

During assessments social workers do/feel:	Yes	No	It varies	Total
Communicating with children is integral	100%; n=121			121
Direct work is important	83%; n=100	2%; n=2	19%; n=15	121
I do direct work with children	29%; n=35	22%; n=27	49%; n=59	122
I interview children	62%; n=75	1%; n=1	37%; n=45	122
I feel competent working with children	61%; n=74	3%; n=4	35%; n=43	122
The voice of the child is represented	19%; n=23	19%; n=23	62%; n=75	121

### **Participants' views on *potential* use of play during child protection assessments**

The survey participants commented on the question 'What more would you like to see in place in respect to carrying out direct work with children in your workplace? This can be an idealistic/visionary account'. As with Objective 1, three primary themes were identified. The two themes relevant to this section as outlined by respondents are:

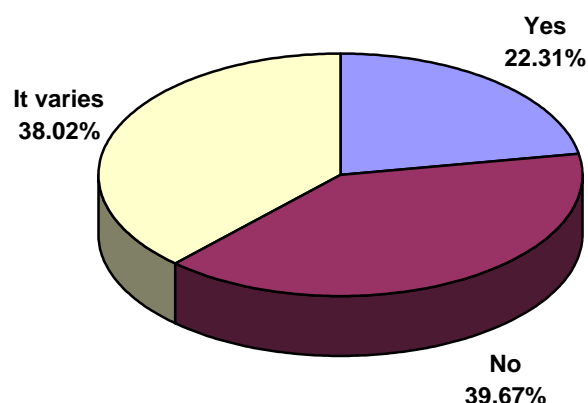
- Direct work is a key function of social work practice.
- We need resources to carry out this work with children.

Many respondents (51%; n=62) who made additional comments described child-centred direct work as a key function of social work practice. Many also expressed frustration that it is not viewed as a priority in assessments. Again, many respondents (53%; n=65) who provided additional comments expressed the need for resources to be allocated to the practice of direct work with children. Resources issues were in relation to child-friendly accommodation, time to do direct work and materials for children to use.

### **Participants' views on *actual* use of play during child protection assessments**

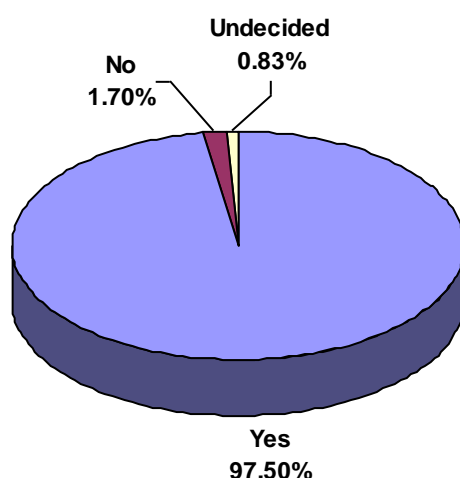
Respondents were asked to indicate if they currently use play skills during child protection assessments. 'Yes', 'No' or 'It varies' were the three categories of response and most respondents (99%; n=121) completed this section of the questionnaire. As seen in Figure 5., under half of the respondents (40%; n=48) indicated that they do *not* use play skills in their assessment work with children. A similar number (38%; n=46) indicated that their use of play skills varied within the assessment process. Some respondents indicated (22%; n=27) that they do use play skills in assessments.

**Figure 5: Respondents' views on statement 'I use play skills during my assessment work with children'**



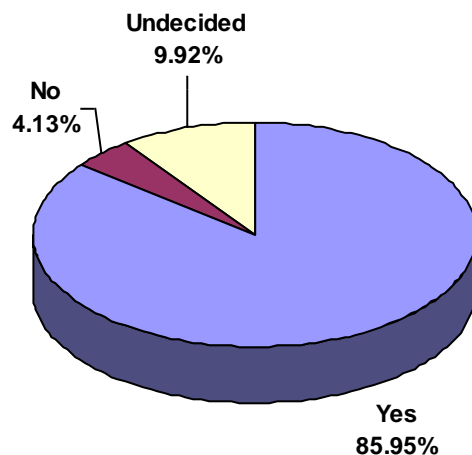
For those respondents who said that they did not use play skills in their assessment work with children (40%), they were then asked if they thought these skills would be useful. Most respondents (90%) indicated that they believed play skills would enhance their ability to work with children during the assessment process. These respondents were then asked to indicate 'Yes', 'No' or 'undecided' to the following statement: *'I am interested in learning more about the use of play in social work assessments'*. Figure 6 shows that nearly all respondents (98%; n=117) were interested in learning more about the use of play in social work assessments.

**Figure 6: Respondents' views on statement 'I am interested in learning more about the use of play in social work assessments'**



Respondents were next asked to indicate ‘Yes’, ‘No’ or ‘undecided’ to the following statement: ‘I am interested in attending a Play Skills Training programme’. As seen in Figure 7, most respondents (86%; n=104) indicated that they were interested in attending a PST programme.

**Figure 7: Respondents’ views on statement ‘I am interested in attending a Play Skills Training programme’**



### Focus group results

After participating in a 7-hour PST workshop, participants in the focus group were asked to rate the relevance of the material covered in relation to carrying out child protection assessments. They were presented with the following scale to rate the individual components of the workshop:

- 1 = Not valuable (0 – 20% relevant); 2 = Slightly valuable (20 – 40% relevant);
- 3 = Relatively valuable (40 – 60% relevant); 4 = Very valuable (60 – 80% relevant);
- 5 = Essential (80 – 100% relevant)

Table 12 indicates the ratings by the focus group participants on the material delivered in the PST workshop. Participants are coded Fg1 – Fg8.

**Table 12: Focus group ratings of PST workshop**

Element of training	Fg1	Fg2	Fg3	Fg4	Fg5	Fg6	Fg7	Fg8	Rating	Total	%
Connecting with inner child exercise	5	4	4	5	4	4	4	5	35	40	88
Getting to know play and creative media	5	5	5	5	5	4	5	5	39	40	98
Importance of play in the lives of children	5	5	4	5	4	5	5	5	38	40	95
History of the use of play in child therapy	4	5	3	3	4	5	5	5	34	40	85
Age-appropriate counselling skills	5	4	4	5	5	4	5	5	37	40	93
Therapeutic stories to support disclosures	5	4	4	4	5	5	5	5	37	40	93
Stories to help assess a child's coping skills	5	5	4	3	5	3	3	5	33	40	83
Worksheets to aid communication	5	5	5	5	5	5	5	5	40	40	100
Drawing techniques to aid communication	5	5	4	5	5	3	5	5	37	40	93

The overall majority of results were represented as ‘very valuable’ and ‘essential’ by the focus group respondents. The worksheets to aid communication with children were identified as the most valuable tool for use in child protection assessments. In addition, valued least were the stories to assess a child’s coping skills, which received two ratings in the ‘relatively valuable’ category. However, the majority of participants observed a value in this approach for communicating with children and the overall rating was in the ‘essential’ category. The drawing techniques were generally rated as ‘essential or very valuable’, and one rating considered the approach ‘relatively valuable’.

After engaging in a 7-hour workshop on using play skills in child protection assessments, participants viewed the potential use of the skills very positively. The average mean scores for all the material covered were rated as ‘essentially valuable’. The additional comments provided by participants will be explored in Chapter 6.



## **Summary of quantitative results for Objective 2**

- 51% (n=62) of survey respondents identified direct work as a key function of social work practice (in the additional comments section). Many of them expressed concern that it is not viewed as a priority within child protection and welfare assessments.
- 53% (n=65) of survey respondents highlighted the need for resources to be allocated to facilitate direct work (in the additional comments section).
- 98% of survey respondents indicated that they are interested in learning more about the use of play skills in child protection assessments.
- The average rating by the focus group participants was in the 'essential' category with regard to the material covered in the PST workshop.

**No quantitative data were collected in relation to Objective 3. The results for this objective are presented in Section 5.2 below.**

## **Objective 4: To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners**

### **Introduction**

This section presents the data received from a set of veteran social work practitioners. Data were acquired through a questionnaire administered to all child protection principal social workers and child and family social work educators. Below, the principal social workers' results are presented first, followed by the social work educators' results in relation to the same set of questions.

### **The PST programme**

The veteran social work practitioners were asked if they thought that students of social work should have practical experience in 10 elements or modules of the PST programme, as listed in Tables 13 and 14.

As seen in Table 13, all the principal social workers (100%; n=13) agreed that social work students should have knowledge of three areas in particular: the importance of play in the lives of children; age-appropriate counselling skills and access to worksheets to aid communication with children. Many principals were not sure if social workers needed to have experience of connecting with their inner child before they work with children. Only a minority of respondents thought that knowledge of how to use sand trays to help a child create their story was necessary and the overall majority were unsure of this approach.

**Table 13: Principal social workers' views on modules of PST programme for students**

Module on PST programme	Yes	No	Unsure	Total
Connecting with their inner child	54%; n= 7	8%; n=1	38%; n=5	13
Getting to know play and creative media	85%; n=11	7.5%; n=1	7.5%; n=1	13
Importance of play in the lives of children	100%; n= 13	–	–	13
History of the use of play in child therapy	58%; n=7	17%; n=2	25%; n=3	12
Age-appropriate counselling skills	100%; n=13	–	–	13
Therapeutic stories to support disclosures	77%; n=10	23%; n=3	–	13
Stories to help assess a child's coping skills	92%; n=12	8%; n=1	–	13
Worksheets to aid communication	100%; n=13	–	–	13
Drawing techniques to aid communication	85%; n=11	7.5%; n=1	7.5%; n=1	13
Use of sand trays to create the child's story	31%; n=4	15%; n=2	54%; n=7	13

Responses to the same question asked of the social work educators are summarised in Table 14. All of these respondents (100%; n=12) agreed that social work students should have the opportunity to get to know play and creative media, and to learn age-appropriate counselling skills to work with children. In relation to students connecting with their inner child during social work education, some respondents (17%; n=2) did not think this was necessary and many (41.5%; n=5) were unsure. Learning to use sand trays to help a child create their story was identified as the least important approach for social work students.

**Table 14: Social work educators' views on modules of PST programme for students**

Module on PST programme	Yes	No	Unsure	Total
Connecting with their inner child	41.5%; n=5	17%; n=2	41.5%; n=5	12
Getting to know play and creative media	100%; n=12	–	–	12
Importance of play in the lives of children	92%; n=11	–	8%; n=1	12
History of the use of play in child therapy	64%; n=7	27%; n= 3	9%; n=1	11
Age-appropriate counselling skills	100%; n=12	–	–	12
Therapeutic stories to support disclosures	64%; n=7	9%; n=1	27%; n=3	11
Stories to help assess a child's coping skills	82%; n=9	–	18%; n=2	11
Worksheets to aid communication	91%; n=10	–	9%; n=1	11
Drawing techniques to aid communication	83%; n=10	–	17%; n=2	12
Use of sand trays to create the child's story	27%; n=3	27%; n=3	45%; n=5	11

### The voice of the child in social work assessments

Exploration of veteran practitioners' views in relation to representing the voice of the child in social work assessments was carried out in the quantitative study. Respondents were asked to consider four statements, as listed in Tables 15 and 16, concerning intervention approaches that should be included to ensure the child's voice is heard.

As seen in Table 15, all principal social workers (100%; n=13) indicated that they believed social work assessments should involve relationship building with children and engaging in direct work with children during assessments.

**Table 15: Principal social workers' views on what social work assessments should include**

Intervention approach	Yes	No	Sometimes	Total
1. Interviewing children	92%; n=12	–	8%; n=1	13
2. Interviewing children in an age-appropriate way	92%; n=12	–	8%; n=1	13
3. Building relationships with children	100%; n=13	–		13
4. Carrying out direct work with children	100%; n=13	–		13

The majority of social work educators (92%; n=11) indicated that the interviewing of children was particularly important to ensure a thorough assessment, as well as building relationships with them (*see Table 16*).

**Table 16: Social work educators' views on what social work assessments should include**

Intervention approach	Yes	No	Sometimes	Total
1. Interviewing children	92%; n=11	–	8%; n=1	12
2. Interviewing children in an age-appropriate way	92%; n=11	–	8%; n=1	12
3. Building relationships with children	92%; n=11	–	8%; n=1	12
4. Carrying out direct work with children	83%; n=10	–	17%; n=2	12

### Challenges for children during assessment procedures

Veteran practitioners were asked to consider eight challenges, as listed in Tables 17 and 18, faced by children when they are the subject of a child protection assessment.

As seen in Table 17, the principal social workers (n=13) generally agreed that all the statements listed did prove to be challenges for children during the assessment process. Most statements were viewed as always being a challenge, while others were only sometimes considered an issue. Only one principal social worker indicated that one statement ('normalising abusive environments') was not a challenge faced by children in assessments.

**Table 17: Principal social workers' views on challenges faced by children in assessments**

Challenges for children in assessments	Yes	No	Sometimes	Total
Being included in the assessment	61.5%; n=8	–	38.5%; n=5	13
The burden of covering up for their parents	69%; n=9	–	31%; n=4	13
Fear of their parents	38.5%; n=5	–	61.5%; n=8	13
Fear of social workers	54%; n=7	–	46%; n=6	13
Speaking with strangers about their family	46%; n=6	–	54%; n=7	13
Unable to articulate their inner world	54%; n=7	–	46%; n=6	13
Normalising abusive environments	46%; n=6	8%; n=1	46%; n=6	13
Feel the abuse is their fault	31%; n=4	–	69%; n=9	13

Similarly, Table 18 shows that the social work educators (n=12) felt that the statements were issues faced by children during assessments on a regular basis or some of the time. No educator indicated that they believed children never faced these issues.

**Table 18: Social work educators' views on challenges faced by children in assessments**

Challenges for children in assessments	Yes	No	Sometimes	Total
Being included in the assessment	80%; n=8	–	20%; n=2	10
The burden of covering up for their parents	83%; n=10	–	17%; n=2	12
Fear of their parents	75%; n=9	–	25%; n=3	12
Fear of social workers	58%; n=7	–	42%; n=5	12
Speaking with strangers about their family	75%; n=9	–	25%; n=3	12
Unable to articulate their inner world	50%; n=6	–	50%; n=6	12
Normalising abusive environments	58%; n=7	–	42%; n=5	12
Feel the abuse is their fault	50%; n=6	–	50%; n=6	12

### Challenges for social workers during assessment procedures

Veteran practitioners' views were explored on six possible challenges faced by social workers conducting child protection assessments.

As seen in Table 19, the principal social workers (n=13) agreed that the approaches listed in Table 19 did pose challenges for social workers on a regular basis or some of the time.

**Table 19: Principal social workers' views on challenges for social workers in assessments**

Challenges for social workers	Yes	No	Sometimes	Total
Communication with children	54%; n=7	–	46%; n=5	12
Helping children feel at ease during assessments	69%; n=9	–	31%; n=4	13
Gaining insight into their world	69%; n=9	–	31%; n=4	13
Understanding age-appropriate play	69%; n=9	–	31%; n=4	13
Helping children to communicate their feelings	77%; n=10	–	33%; n=3	13
Carrying out direct work with children at risk of abuse	69%; n=9	–	31%; n=4	13

In the main, the social work educators (n=12) believed the approaches outlined in Table 20 presented challenges for social workers while carrying out child protection assessments.

**Table 20: Social work educators' views on challenges for social workers in assessments**

Challenges for social workers	Yes	No	Sometimes	Total
Communication with children	67%; n=8	8%; n=1	25%; n=3	12
Helping children feel at ease during assessments	83%; n=10	–	17%; n=2	12
Gaining an insight into their world	67%; n=8	8%; n=1	25%; n=3	12
Understanding age-appropriate play	75%; n=9	–	25%; n=3	12
Helping children to communicate their feelings	64%; n=7	9%; n=1	27%; n=3	11
Carrying out direct work with children at risk of abuse	75%; n=9	8%; n=1	17%; n=2	12

### Summary of quantitative results for Objective 4

- Veteran social work practitioners agreed that social workers need age-appropriate counselling skills to engage with children in the child protection system.
- Generally, respondents agreed that social workers need skills to communicate with children, using art, stories and play activities.
- Generally, respondents did not agree that social workers need knowledge of using sand play to engage with children.
- Veteran practitioners agreed that social workers face many challenges in communicating with children in assessments, including lack of training, time constraints and poor resources.

### 5.1.3 Summary of quantitative results

Section 5.1 examined the results from the quantitative study in relation to Objectives 1, 2 and 4 of the research. The results revealed that child protection and welfare social workers did not receive adequate skills to communicate with children during pre- and post-qualifying training, highlighting a need for training in universities and from social work employers. The majority of social work respondents indicated that they viewed direct work as a key function of social work practice; however, it is not viewed as a priority during assessments. The majority of respondents expressed a need for resources to be allocated to carrying out this work with children. Resource issues that were mentioned repeatedly included time to build relationships with children; child-friendly accommodation to meet children; and play materials to use during their time with children. The veteran social work practitioners indicated that they agreed social workers needed specific skills to communicate with

children. In addition, they rated the training material covered on the PST programme as important. However, the social work educators generally believed that such training needs to be developed by social work employers, while the principal social workers believed it needs to be dealt with in university programmes.

## 5.2 QUALITATIVE STUDY RESULTS

### Introduction

This section presents the findings from the qualitative study. A large volume of data was uncovered during the data collection, but only the findings relating to Objectives 1-4 are presented here. (Objective 5 is dealt with in Chapter 6.) Table 21 summarises the method adopted to collect the data for each objective and refers the reader to the location of the discussion within the thesis. This is followed by a detailed discussion of the key findings for each of the four objectives.

**Table 21: Study objectives, sources of qualitative data and location in thesis**

Study objective	Sources of data	Location in thesis
<b>Objective 1</b> To explore pre- and post-qualifying social work training in relation to communication with children	Data collected from child protection and welfare social workers nationally.  Questionnaires were used with a qualitative section for participants to express their views.	page 133
<b>Objective 2</b> To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children	Qualitative data collected from child protection and welfare social workers nationally.  Qualitative data collected using end-of-session questionnaires from social work students and participants in a focus group.  Qualitative data collected using the Biographic Narrative Interviewing Method (BNIM) from a team of child protection and welfare social workers.	page 141
<b>Objective 3</b> To explore the benefits and limitations of a training programme in play skills among a set of child protection social work practitioners	Qualitative data collected using the Biographic Narrative Interviewing Method (BNIM) from a team of child protection and welfare social workers.	page 148

**Table 21 continued**

Study objective	Sources of data	Location in thesis
<b>Objective 4</b> To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners	Qualitative data collected using questionnaires from principal social workers and social work educators.  Qualitative data collected using semi-structured interviews with social work managers.	page 176

## **Objective 1: To explore pre- and post-qualifying social work training in relation to communication with children**

### **Introduction**

To explore pre- and post-qualifying social work training, data were acquired through a survey of child protection and welfare social workers practising in the Republic of Ireland. Data were also collected from the PST programme participants through the Biographic Narrative Interviewing Method (BNIM) prior to commencing the training. In addition, students in the 1st year of their Masters in Social Work programme provided data on the relevance of the PST workshop to their placements and future careers in social work. Finally, the focus group participants commented on their training experience in relation to communicating with children.

Social workers responding to the nationwide survey were given an option to self-report additional comments at the end of the questionnaire in relation to their idealistic vision for carrying out direct work with children in their workplace, and also asked if there was anything else they wished to add. The majority of respondents (83%; n=101) completed this section. Many of them (56%; n=68) made comments in relation to their need for training in this area and this is expanded upon below under pre- and post-qualifying experience of training.

### **1. Pre-qualifying experience of training in relation to communicating with children**

Overall, a notable minority of respondents (15%; n =18) indicated that they had received adequate skills to communicate with children during their professional training. Many social workers (56%; n=68) expressed disappointment and puzzlement at the lack of focus on



working directly with children on social work training programmes. The following three comments are typical of respondents' views:

Any training I received in working with children was only at undergraduate level in my training as a social care worker. I found there was little to no training at Masters level. (Rt5)

Social work education should focus more on children. We only covered the Child Care Act and Children First. (Rt39)

Direct work with children should be included in all social work training courses. (Rt80)

Many respondents claimed that direct work with children is a learning component missing from social work education in Ireland and they want it introduced to prepare them for their future practice. One respondent appeared perplexed at the lack of focus placed on working directly with children in the university setting:

I actually think it's a bit strange how little is done in college around teaching social workers how to work directly with children in different ways. I think that the social work course (I just finished my Masters in Social Work) has a lot on policies, law, etc. but misses the direct work with children. I know a lot of people in my class are interested in play therapy and related areas and feel it would be really helpful for working in child protection. Social workers need to be taught and facilitated how to work directly with children (Rt54)

Respondent 108 was also baffled at the lack of focus on children in social work education:

During my Masters in Social Work, there was little emphasis on working with children. I cannot understand this considering so many areas of social work involve children – from child protection to disabilities to mental health'. Respondent 61 pointed out that the area of child protection is the largest employer of social workers and social work education needs to focus more on children: 'This should definitely be focused on more in the social work Masters courses as direct work with children is a very crucial part of child protection work and as this is the area most jobs are available in currently it makes sense that this training would be provided.

There was a high level of dissatisfaction among social workers in relation to their pre-qualifying training. Some respondents commented that when they left college, they had to seek out their colleagues to acquire skills to engage with vulnerable children. A few

respondents commented that they felt they had skills to engage with adults, but not to engage with children.

## **2. Perception of post-qualifying training in respect of direct work with children**

In relation to post-qualifying courses, only a few social workers (13%; n=16) agreed that they had received adequate skills from their employer in relation to communicating with children. In their experience of continuous professional development (CPD), learning to communicate with children remained unaddressed and respondents proposed numerous reasons why they require this training. Many social workers highlighted the pressurised nature of child protection social work and the significant shortfall of training in this area. Respondent 30 provides a typical comment:

Given the pressures placed on social workers, direct work with children, beyond intervention, is extremely limited. Assessments are generally precipitated by a particular abusive incident, which means the focus can be limited with greater emphasis on the parents. These time pressures, big caseloads and poor inadequate facilities means children's involvement in assessments are marginal ... Significant gaps exist in both the universities and HSE.

The majority of survey respondents (89%; n=109) agreed that social work assessments can be stressful for children and all (100%; n=120) believed that communicating with children is integral to the assessment process. Social workers indicated a strong desire to attend training on play skills (98%; n=117) to support their assessment work. One respondent outlined that

Focus in social work teaching and subsequent professional training while working should incorporate useful tools that could be used when engaging with children. At times, children are often reluctant to speak to social workers due to their perception of social work and due to perhaps pressure from parents not to "get them into trouble". It is important that children are at ease when speaking to social workers and more useful tools to engage with them – firstly to build a rapport and, secondly, to elicit information – are in my opinion very important. (Rt74)

Most respondents (82%; n=100) agreed that direct work was an important part of the assessment process and a few (16%; n=19) stated that its importance varied in assessments. Many respondents expressed their desire for some kind of training to support the process. Respondent 32 outlined:

At present; direct work is very child-centred, it is very much a partnership approach, and standardised frameworks provide a structured approach to assessment, enabling

helpful analysis. However; in the area of direct work; I myself feel additional training of some sort would be beneficial to my intervention with children.

Another respondent expressed her surprise at the lack of training provided for child protection and welfare social workers and recommended:

I have worked in child protection for HSE for four years and have never been offered any training in how to work with children. This to me seems ludicrous when the main focus of our work is children ... I feel it would be beneficial if materials, e.g. art, were made readily available. Also, that more experienced social workers, child care workers or play therapists gave some training to new social workers. (Rt66)

Generally, respondents (82%; n=100) did not feel they had received adequate training to support them to communicate with children during assessments. Typical comments made by respondents in relation to training included:

It is imperative that social workers are given more in-depth training on interviewing children and young people in this area, particularly child protection and to dedicate more training time to this topic. (Rt48)

Training would need to be provided on an ongoing basis so that skills are continually being improved and developed. (Rt68)

Further training in how best to utilise these tools in my assessments with young children would be helpful and something I would be interested in. (Rt73)

I think that training in this area is relevant when working with children ... Verbal communication can be very difficult for children and I think it does not give a true picture of what is going on in their life. (Rt81)

Generally, social workers outlined that they would like to become familiar with child-centred techniques to communicate with children during the assessment process. One respondent recounted her three years' experience of working as a child protection and welfare social worker and her thoughts in relation to training:

I have never been offered training in direct work with children. In supervision; it has never been recommended that I carry out direct work with a child as there is no way I could do this with the number of children on my caseloads ... I would love to attend training to help us communicate with the children we work with in a child-centred way. (Rt107)

Many social workers identified a need for training to support their engagement with children during investigative interviews and direct work. Some social workers said that if they need

skills or techniques to engage with children of various backgrounds, they have to do the research or pay for any training they need.

### **Data from Masters in Social Work students on pre-qualifying training**

Social work students filled out an end-of-session questionnaire at the end of the PST workshop and expressed their views on the material covered and its relevance to social work practice. Generally, participants felt the skills covered in the workshop would have been useful to them during their first placement; some students, however, did not have any direct contact with children at that time.

In Group 1, there were 14 students present for the workshop. In the end-of-session questionnaire, students were asked if the play skills would have been useful to them on their first placement. Many students (n=9) felt these skills would have been useful to them. Typical comments included:

On a few occasions I found it difficult to communicate effectively with some children I was working with. I think my interaction with them would have improved if I had used play. (St1)

Definitely! I carried out direct work with young children on a placement in child protection and this knowledge and skills would have been a big help. (St2)

Yes, absolutely. This would've been useful before placement. (St6)

Yes, it seems extremely useful for engaging with children. (St9)

Yes, definitely, at one stage I was using play-dough and drawing to engage with a child. Having all this background info would have been great. (St11)

The students, who were preparing to commence their second social work placement, were asked to evaluate the potential use of play skills for this placement. Again, many students (n=9) stated that they thought these skills would be useful in their forthcoming placements. Two students, however, going to the Probation and Welfare Service were not sure how much contact they would have with children; while three others students were clear that they would be working with adults only and did not see a use for these skills on their next placement.

All students (n=14) believed that the skills explored in the PST workshop were necessary skills for their future careers as social workers. They expressed satisfaction with the material covered and the experiential learning component to the workshop. Some participants recommended that more in-depth training of this kind be provided on the Masters programme prior to their first placement.

In Group 2, a total of 16 students attended the PST workshop. In the end-of-session questionnaire, students were asked if the play skills would have been useful to them on their first placement. Most students (n=14) stated that these skills would have been useful to them while on placement. Typical comments included:

Yes, when working with children or for the first few meetings to build rapport. (St15)

Yes during home visits and to aid to communication between social worker and child. (St20)

Definitely these are very reliable and practical skills. (St24)

Many times ... in child protection and I did a home visit to meet three children and the children responded to my questions with yes/no and I think this time these skills would have worked. (St26)

Yes, definitely. It should be taught in skills module. (St30)

The students were preparing for their second social work placement at the time of data collection. They were asked to evaluate the potential use of play skills for their upcoming placement. Generally, students (n= 14) stated that they thought these skills would be useful on their placement. Two students, however, were clear that they would not be working with children on their next placement.

All students (n=16) stated that they believed the play skills were necessary skills for their future careers in social work. They expressed satisfaction with the material covered and the experiential learning component to the workshop. A few participants (n=3) recommended that they learn these skills before going on their first placement. Most students (n=13) stated that they would like more time on the Masters programme dedicated to the PST workshop.

## **Data from PST participants on pre-qualifying training**

All participants (n=9) stated that they had no experience of pre- or post-qualifying training in relation to carrying out direct work with children. Participant 7 noted:

During our Masters we looked at the laws and guidelines in place to work with children, but we never looked at any skills that we need to work or engage with them. We did lots of role-plays around working with involuntary clients or aggressive clients, but nothing to do with children

This point was echoed by Participant 9 who explained:

We didn't have anything like that at all, although we did have the option to an art therapy class, but we didn't have to, so I didn't go. I'm not sure anyone did as we thought you need to be very artistic to go to that sort of thing. I don't think it was specifically around working with children anyway.

Participant 1 recalled that they may have had one or two lectures on direct work, but experience in that area was really gained on the social work student's placement; however, they were clear that they did not gain any experience of this kind on their placement. Another participant stated that they did not receive any training in relation to direct work with children and outlined that they did not have an expectation on this: 'I think that the Masters was never sold as anything except a generic training qualification. You dip into a lot of things' (Pt8).

The PST participants shared their expectations of the training based on their experience of working in the child protection and welfare system. Participant 7 had a clear vision of what they expected from the training, but was not sure if it would be achievable within the time available:

I hope to leave with some practical skills that I can use for direct work and also investigative interviews. I also hope that I will feel more confident about doing it after the training.

The social work team (n=8) were clear that they wanted skills to support them in their engagement with children during child protection and welfare investigations.

### **Data from the focus group on training in this area**

Participants in the focus group were all practising social workers in the area of child protection and welfare at the time of data collection. They each filled out an end-of-session questionnaire on the relevance of the play skills presented in the workshop in relation to their work with children. In the 'additional comments' section, five out of eight participants wrote that they found this material to be lacking in pre- and post-qualifying courses. One participant stated, 'More training on play therapy/communication is essential ... Direct work training should be part of the college Masters in Social Work programme' (Fg3). Participant 4 added that 'more training is needed in this area' and another participant outlined that 'this type of training should be an integral part of social work education' (Fg5). Another participant highlighted that 'this is the first training I have received in this area, so I think more will be helpful' (Fg7). Participant 8 stated that the focus group inspired her interest in this method of communicating with children and that she would like to pursue further training in this area, but will have to finance it herself.

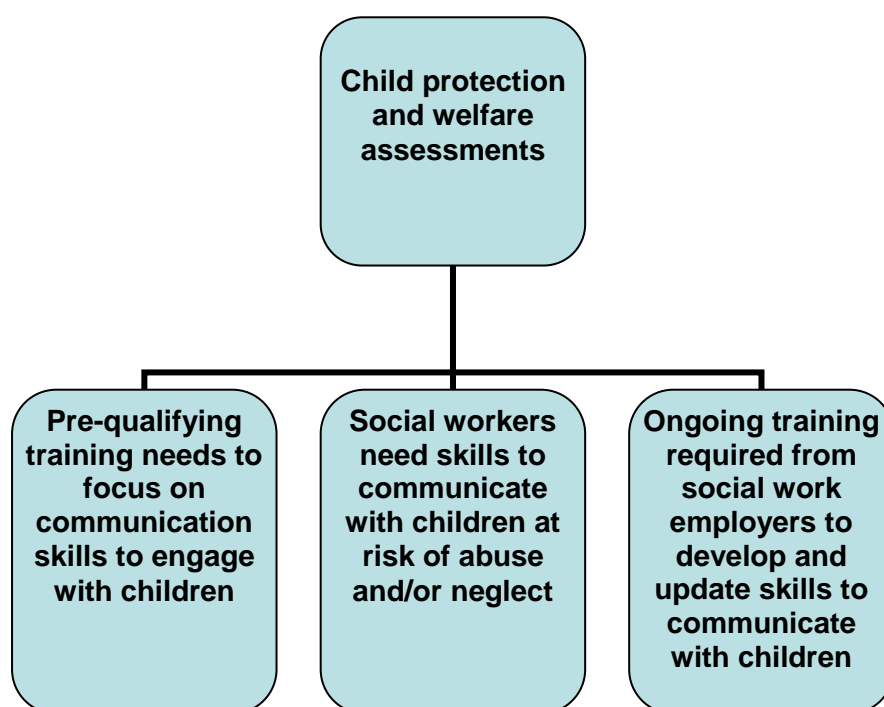
### **Summary of qualitative results for Objective 1**

- 56% (n=56) of the survey respondents wrote additional comments expressing a need for additional training in relation to communicating with children.
- 77% (n=23) of social work students stated that the play skills would have been useful on their first and second practice placements.
- 100% (n=8) of PST participants had no prior training in relation to communicating with children. They all believed that play skills would be useful in their assessment work with children.

**Table 22: Summary of pre- and post-qualifying learning in relation to communicating with children in social work practice**

Key experiences of social work training regarding communication with children	Summary of main points
Little or no focus on working directly with children during pre-qualifying social work education.	<p>Generally, survey respondents were not satisfied with social work training regarding communicating with children. A need to include this material in social work education was identified.</p> <p>The PST participants and focus group participants had not been offered training to work directly with children prior to the programme.</p> <p>Social work students found the training relevant to their experience of practice and recommended a greater focus on these skills throughout the Masters programme</p>
Little or no training provided on post-qualifying training programmes	<p>Generally, child protection and welfare social workers were offered no training to gain skills to communicate with children.</p> <p>Social workers were interested in attending training to acquire these skills.</p>

Figure 8 depicts the findings from the qualitative study in relation to Objective 1. Figure 8: Needs identified by social workers





## **Objective 2: To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children**

### **Introduction**

To answer this objective, data acquired from participants in the PST programme are presented first relating to the potential use of play skills in the assessment process. Following this, the views of the survey respondents and participants in the focus group are outlined.

### **PST participants' views prior to commencing training**

Prior to commencing the PST programme, all participants (n=9) were interviewed regarding their experience of conducting child protection and welfare assessments. They also presented their views regarding the potential use of play skills in the assessment process and what they hoped to achieve from the training programme.

All participants described the pressurised circumstances in which child protection and welfare assessments take place and stated that there was little opportunity to carry out direct work with children. Most participants stated that their contact with children usually took place during an investigative interview and on one occasion during initial assessments. During comprehensive assessments, the social workers said they usually meet children in their home while on home visits. All participants stated that they wanted to gain skills to help them engage with children. One participant said, 'I hope to get skills that will make our interaction with children more child-friendly' (Pt5). Many participants recalled occasions when they found it difficult to engage with children during interviews or when they would have liked to do direct work with a child allocated to them. Participant 8 pointed out that due to heavy caseloads, current assessment procedures tend to focus more on the parents:

I can identify a couple of cases where this would be useful for us to perform assessments. I also see it as well where we were probably going to have long-term cases and we were going to need to build a better relationship with the child. I find quite often a lot of our direct contact is done with the parents and not necessarily with the child.

## **Survey participants' views**

The majority of survey respondents (83%; n=101) provided many additional comments in relation to the potential use of this method while working with children. Generally, they felt it was important work, but they were prevented from doing it due to various issues within the system. The respondents' views on the potential use of play skills in assessments are presented first, followed by their views on the actual use of these skills in practice. Their comments have been categorised under the headings of 'Resource issues inhibiting direct work' and 'Direct work with children is a key function of social work practice'.

### **Resource issues inhibiting direct work**

Generally, respondents showed a preference for this style of working with children. Some social workers (22%; n=27) stated that they do use play skills in their work with children; 38% (n=46) stated that their use of play skills varies in their work with children; and 40% (n=48) never use play skills in their work. However, they all believed that play skills would support them to communicate with children during child protection and welfare assessments.

The issue of resources was a prominent theme among those social workers who made additional comments (76%; n=93) in the final section of the questionnaire. Many (63%) wrote that they would like to see resources allocated to engaging with children in this manner. The term 'resources' is used in the context of child-friendly accommodation, the availability of toys and materials to meet with children, and time constraints due to excessive caseloads. Respondent 73 mentioned a need for support in all these areas:

I would like a specific child-friendly room where I could meet with children for assessment purposes, with resources such as toys, colouring equipment, etc ... I would like more time to be able to carry out such assessments and spend time preparing for the child interviews, which is not possible with such high caseloads and demands on social workers' time in the child protection setting.

Respondent 64 pointed out that social workers who chose this method of engaging with children often have to pay for the materials themselves since funds do not appear to be made available to them:

I would like to see better facilities – larger, cleaner, more child-friendly spaces. I would like to have more access to play materials ... little budget available and often because the toys are shared they get wrecked easily and broken. Social workers often

end up using their own money to pay for toys/play materials – this is not considered to be an important part of the social work role.

This point is echoed by Respondent 68, who highlighted that time is also needed after the direct work session takes place:

Dedicated room for this purpose with suitable materials, child-friendly, etc ... Additional time would also be required for planning this kind of work, recording and supporting child and family afterwards.

Many social workers appeared frustrated at the lack of time, child-friendly spaces and materials inhibiting this work. Typical comments made by respondents in relation to resource constraints included:

I would love to see social work reclaim this area of work as a core part of their work with the resources available to do the work effectively. (Rt69)

Time allocated specifically to allow for direct work with children ... More training, and practical resources like books, puppet making equipment, jigsaws, colouring and art materials, etc. (Rt95)

More resources to work with children, i.e. work books and educational toys. More training offered. More focus on enhancing these important skills. (Rt87)

### **Direct work with children as a key function of social work practice**

The overall majority of social workers (82%; n=100) indicated that direct work was an important component in a child protection and welfare assessment. A few social workers (16%; n=19) indicated that its importance in assessments varied and a few (2%; n=2) stated that it was not important during assessments. A key theme emerging from the respondents' additional comments (55%; n=67) was the need for direct work to be recognised as a central function to social work practice. Many respondents outlined that currently it is viewed as a low priority for social workers and they are usually expected to refer this work on to other workers or agencies. Respondent 69 stressed their frustration:

I've just finished the Masters in Social Work and am very new to the area of social work, but I feel a lot of the more direct, creative and therapeutic work is referred out by social workers to other services and this is very frustrating. I would like to see creative, direct individual and group work with children become a bigger part of child protection social work and to reduce the amount of outsourcing of this work.

Some social workers described how they felt this work needs greater recognition, with resources and training made available to them so that they are skilled in carrying it out. One respondent described how they believed the child's voice would receive better representation:

The voice of the child would become clearer if improved training was made available to social workers and consequently better insights would be provided on how a family's situation may be. Lots of our work is crisis-driven and reactive, as opposed to preventative and therapeutic. Greater emphasis on building relationships with children and available time would help provide a high-quality proactive service that would have children's voices as a central component. (Rt77)

In acknowledging the difficulties children face while talking to social workers, most respondents (89%; n=109) generally agreed that the experience can be stressful for children. Many respondents stated that the use of play and art modalities would lead to a more child-friendly experience. Respondent 93 outlined that:

Attending meetings or meeting with social workers can be a daunting experience for children. The goal is to ensure that the child is not overwhelmed by talk or discussion in order to hear the child's story. Consequently, the use of tools such as art or play will provide a familiar setting for the child, which, in turn, will ease their engagement with workers.

Most respondents expressed a desire to acquire skills to support them in identifying children at risk of abuse and/or neglect. One respondent asserted:

Given the important role a social worker has in assessing a child's welfare, I think it is absolutely essential that they have the necessary skills to communicate with children of all age groups. (Rt79).

Another respondent wanted to engage in this work more often and to build relationships with children:

I would just welcome the opportunity to do this work with children. I don't have time and I have to refer that work on resulting in me having little time to build relationships with the children I'm employed to protect. (Rt119).

Social workers considered direct work a key function of the assessment process. Other comments encapsulating this view included:

Direct work with the child is important in creating a realistic voice and to communicate at a level appropriate to their needs would benefit all social work assessments. (Rt1)

A large portion of child protection work is crisis lead as opposed to preventative and more focused direct work with children when identified may help the prevention of re-referrals. (Rt74)

As someone who is skilled in working with adults and teenagers but lacks confidence in working directly with children, I am clear that this deficit impedes my ability to be child-centred/hear the child. (Rt105)

It's not fair expecting children who are being neglected or abused to be interviewed by strangers in the investigative interview style. I feel the process should be carried out in a more therapeutic manner and I think training in playful and creative ways of working with children could help us achieve this. (Rt107)

### **Survey participants' views on the actual use of play during child protection assessments**

A number of social workers (22%; n=27) indicated that they do use play skills during the assessment process with children. A greater number (40%; n=46) said that their use of play skills in assessments 'varied'. The results indicate that those social workers who use play skills in their assessments generally found the voice of the child was well represented in social work assessments, compared with those who did not use play skills. One respondent stated:

The voice of the child in social work assessments is an integral part of the assessment – the use of play and play skills is a necessary component to facilitate the child. Play is the language of the child! (Rt14).

Respondents reported that the use of play skills supports communication between them and the child during assessments. Many social workers indicated that they use play skills in their work with children at various times, yet the following four comments were the only ones provided in relation to their actual use in practice:

I learned most of skills for direct work with children as a result of working in residential care for a four year period. This really enabled me to communicate with children and teenagers effectively. (Rt53)

I would use play, arts and crafts activities to encourage the child to discuss family etc and I feel it is very beneficial. (Rt36)

I incorporate dolls with representational genitalia into the interview process to assist with demonstration. I would like to explore the implications of this tool for children who use dolls in 'play' and would appreciate suggestions from experts in the field of play in relation to making the distinction between dolls that are used for 'play' and the dolls that I use at interview. (Rt72)

Play work is dependent on the age of the child – I generally use such skills when working with very young children. Also such direct work is rarely carried out on duty and assessment (intake) teams. (Rt82)

## **Summary of qualitative results for Objective 2**

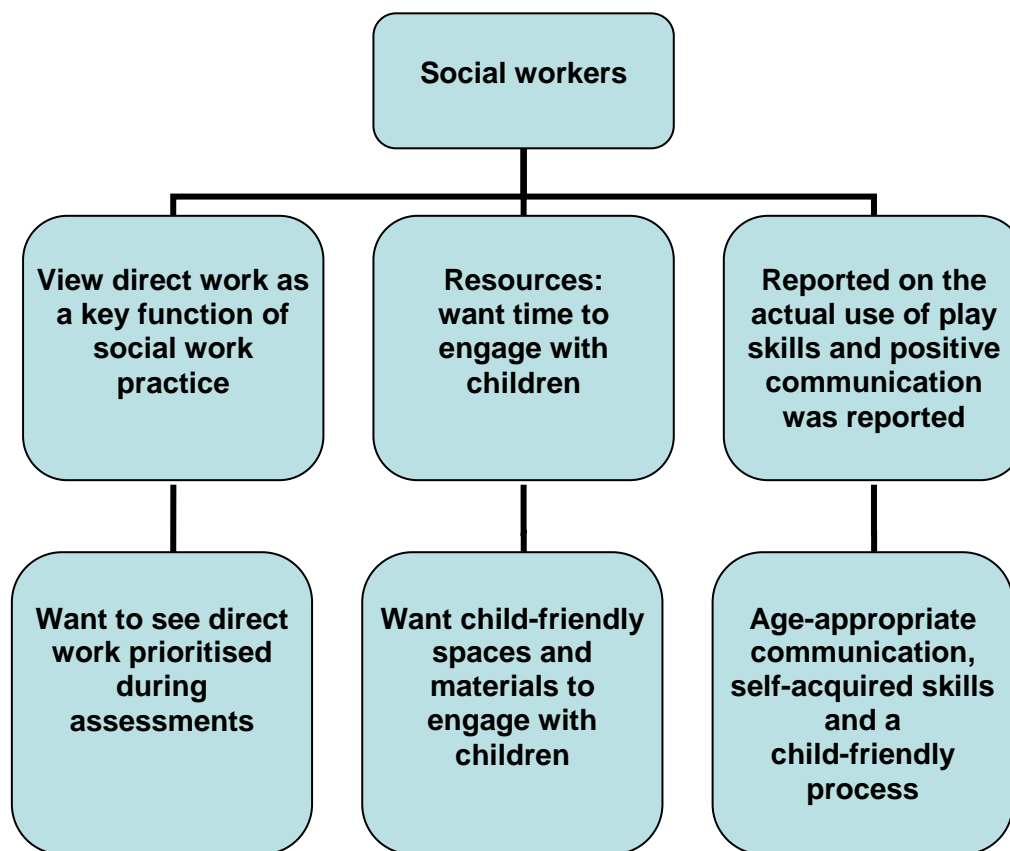
- Prior to commencing training, the PST participants stated that they wanted to gain skills to communicate with children in a child-friendly manner. They did not feel the formal questioning of children was effective or a child-friendly way to conduct assessments.
- Many social workers (n=65) expressed a need for resources to be made available to support child-centred direct work in their workplace.
- Many social workers (n=62) viewed direct work as a key function of social work practice and commented that it needs to be given more weight in the assessment process.
- The social workers that provided examples of using play skills in their work stated that they found them effective in their work with children.

**Table 23: Summary of main findings for Objective 2**

Key views regarding the potential use of play skills in child protection assessments	Summary of main points
1.The PST participants had no prior training of this kind and were eager to gain skills to help them engage with children in a child-friendly manner.	<p>The social work team had no pre- or post-qualifying training in skills to communicate with children.</p> <p>The team did not feel formal questioning procedures during assessments were effective in learning about children.</p> <p>The team were eager to gain child-friendly skills to support communication with children.</p>
2. Survey respondents called for resources to support the development of this approach.	<p>Social workers called for child-friendly accommodation to meet with children.</p> <p>Social workers highlighted the need for toys and materials to support their engagement with children.</p> <p>Social workers stressed the need for time to meet children.</p>
3. Survey respondents highlighted direct work as a key function of social work practice.	<p>Social workers view direct work as an important component to child protection assessments.</p> <p>Social workers would like managers to understand the importance of direct work.</p>
4. Social workers who used play skills in their work with children found them very useful.	<p>Social workers who use play skills find them effective in their communication.</p>

Figure 9 depicts the results of the qualitative study in relation to Objective 2.

**Figure 9: Social workers' views on the potential and actual use of play skills**



### **Objective 3: To explore the benefits and limitations of a training programme in play skills among a set of child protection social work practitioners**

#### **Introduction**

In this section, participants outline their experience of the PST training programme and its applicability to child protection and welfare assessments. Their views on the modules covered in the training are presented first, followed by their feedback on using the skills in their assessment work.



## **The PST programme**

The nine members of the social work team completed a 20-hour play skills training programme over a six-week period. Participants provided plentiful comments on their experience of the training, with particular relevance to its use and potential use in completing child protection and welfare assessments. The results will be presented under the following headings: (1) Connecting with the inner child; (2) Non-directive play skills; (3) Play materials, (4) Stories; (5) Worksheets; (6) Drawing techniques; (7) Focused play techniques; (8) Sand play; and (9) Concluding thoughts.

### **1. Connecting with the inner child**

A key function within the training programme focuses on enabling participants to recall their own experiences of childhood play. The participants stated that they had not engaged in a process of this kind before. Most participants stated that they found it to be a worthwhile process which they enjoyed immensely. This is highlighted by one participant who said, 'It makes so much sense for us to do it, so we can feel more connected to the feelings a child may have' (Pt2). Another participant recalled how the room filled with the exchange of childhood stories of play:

Yeah, it was great to revisit our childhood. It was so good to think about the way we used to play and everyone was just competing to tell their stories. I thought that was great. We never get to do something like that in social work (Pt9).

Yet another participant reckoned the exercise would helped to make a difference in their day-to-day work with children:

That was just wonderful and something we should have done when we started to work with children. Since I did it, I feel more in touch with my own childhood feelings and that's so important if you are meeting children every day of the week to assess their feelings and their experiences' (Pt7).

### **2. Non-directive play skills**

A core aspect of the training programme was to provide participants with an insight into the use of non-directive play skills while communicating with children. This approach requires the social worker to follow the child's lead in the session. All social workers stated that this

element of the training was in complete contrast to their usual method of engaging with children at risk. None of the participants had encountered this approach in social work training and many of them found it difficult to envisage how they could use it in practice. One participant stated:

The non-directive play therapy skills probably took me longer to get my head around than the others because we're so used to asking children direct questions and getting the answers from them that it seemed quite unusual to be sitting there saying very little' (Pt3).

A few participants outlined that the non-directive approach made more sense to them when it was compared to Rogerian's client-centred approach to adult therapy. Participant 4 outlined:

So the initial part of the training looked at non-directive play skills and I found this easy when you compared it to Rogerian theory that we learned in college. I thought it was good to have that to refer it to as it made sense quicker.

In general, the participants (n=9) found the non-directive approach quite difficult to understand. However, by the end of the training, they were enthusiastic about trying it out with the children. Most participants reflected on the directive approach they usually adopted while engaging with children. Some social workers stated that the non-directive approach would be an excellent way to build relationships with children and afford them the opportunity to get to know their social worker at their own pace. Many participants found it hard to envisage the pressures of child protection allowing the time for this approach to be used. Participant 2 presented her view of the method and reflected on times when this approach would have been useful to her in the past:

I have been communicating with children in an adult manner. Well, I always talk softly to children and as friendly and gently as possible, but to be honest I would always be very directive ... I think one session anyway of following their lead will help them to relax and get comfortable with you. I don't think we'll ever have time to do more than one non-directive session for the initial assessment, but we could do it during our comprehensive assessments. I can think of lots of times in the past when I wish I had been aware of this approach.

### **3. Play materials**

The participants were given toys and art materials for their offices so they would be available when meeting with children. Due to resource issues, the participants were worried that there

would be no funding available to buy materials after they had engaged in the training. One participant stated:

I'm really happy we were given the toys we need as it would take a long time to gather them up ... it would be expensive too and the way things are now we would never be able to afford them' (Pt2).

Another participant outlined that they have always had a room with toys in it, which was primarily used to entertain children while the social worker spoke with their parents:

We've always had, you know, a big toy room, but the toys were just there to maybe keep children quiet in a way if their parents were outside (Pt3).

The social workers were unanimous in the level of enjoyment they experienced using the art materials and playing with the toys. They all found it fun and relaxing. One participant recalled their experience and their plan to use the materials in their future encounters with children:

Using the paints and clay really made me feel like a child again. It felt so therapeutic and relaxing using the materials. I thought to myself, at the very least I have to make sure I have this stuff available for children when I am meeting them. It's tough for them coming in to meet us' (Pt5).

A few participants reported that they were pleased with the training manual provided on the PST programme and thought it would be very useful to consult in the future. One respondent commented:

I'm delighted with our manual because I will need to go over stuff again and it's great to have it there to consult. I think everything we covered will have its use at some point as we meet so many children with so many different needs. I feel a bit revitalised, I can't wait now to start using these skills in investigative interviews and doing some direct work (Pt9).

#### **4. Stories**

Participants explored the use of therapeutic stories designed to support children through a wide range of issues. The therapeutic stories chosen for this training were the ones designed to support a child in making a disclosure. Generally, participants commented that the stories would be a useful technique for engaging with children. One participant recounted:

I think they are a great tool to use with children. They cover so many different aspects of their lives. Whatever difficulties they are presenting with, there's nearly a story for every difficulty and also the children can write their own stories ... I think that could be very helpful for them and that they can express their own story (Pt3).

The social workers were asked to close their eyes and think of a child they were working with who may benefit from a therapeutic story. They were asked to write a therapeutic story for that child. They made numerous remarks about their inability to write something that creative, but then proceeded with the exercise. One participant commented on the exercise:

We read some stories together and looked at the different issues they could be used to address. Then we were asked to think of a child on our own caseload who may benefit from a therapeutic story. So we all did that and then we were asked to write a story for that child ... I was actually very pleased with mine. I was shocked too. It made me realise that I could write one for a child if there wasn't one in the book and it doesn't take that long (Pt5).

The training also looked at a six-piece story that is used in the field of play therapy to assess a child's coping skills. Participants found this exercise difficult to engage in because they were requested to create a story using six pictures. One participant outlined their initial difficulty with the technique:

I just thought, God this is quite hard. I didn't, I suppose, maybe understand it initially until we had worked through it ... the purpose of it is to assess how a child is coping in a particular situation and again I think that it will be a very useful technique to use with children' (Pt6).

Generally, participants found the six-piece story a complex technique to use. Some thought it might be difficult to use with younger children and one thought it would be more suitable 'for the older children and early teens' (Pt7).

## **5. Worksheets**

All participants (n=9) favoured the versatility of the worksheets as a child-friendly tool to use in their work with children. Some participants liked the fact that they could have the worksheets available to them at all times in a folder they could consult and/or photocopy at any time. One participant thought it would be good to have some in their car:

I think the worksheets we got will be the most versatile in practice. They are just perfect for the hectic nature of child protection. I'm going to make lots of copies of

them to have at hand ...I'll have a bundle in my office and also in the car. They'll be perfect to use during emergency situations, where you really don't have a minute to prepare anything (Pt5).

In light of heavy caseloads and time constraints, participants thought that the worksheets were an excellent tool to replace current questioning procedures during investigative interviews. They voiced their enthusiasm about the broad range of issues the worksheets can potentially explore. This was highlighted by Participant 3:

I suppose it's just useful to do worksheets with children, rather than sitting there and questioning them about their lives and how their lives are going at that particular time. Maybe you get more honest answers with the worksheets because the child gives an honest answer. They just quickly write down what they think, rather than thinking a great deal about it, and watching this person writing down your answer. For me, that definitely would be useful.

The social workers were very enthusiastic about the worksheets and thought of times when they could have been helpful to them in the past. A typical comment included, 'I can think of countless interviews where I wish I had had them' (Pt4).

## **6. Drawing techniques**

All participants reported that they enjoyed the opportunity to experience the drawing techniques, which they would be asking children to do during assessments in future. They agreed that it was a relaxing process and some stated that they found it easier to talk about their own lives having a focal point, i.e. the picture. One participant pointed out that they found the use of timelines to be a very graphic way of getting a snapshot of someone's life:

I also thought that the timelines were very useful ... especially looking at a child's life, where they have had a lot of moves or a lot of disturbances. Or, you know, for them to pick out what was the most positive things for them (Pt3).

Most participants liked the simplicity of the drawing techniques for engaging younger children and this point was summarised by the comment, 'I think for the younger children the worksheets and simple drawing or play exercises are the best' (Pt7). They stated that children love to draw and it was one of the most natural things for them to do. Some participants (n=4) said that they learned a great deal about one another while they were talking about their pictures. As one participant outlined:

It is so simple and every child loves to draw or paint, don't they! I think the drawing of the bird's nest to look at attachment is really good and I'm looking forward to using it. I really enjoyed being able to do all of those exercises ourselves. Even the half-hour we spent doing the timelines, we learned so much about each other it was great' (Pt9).

This point is reiterated by another participant who believed the drawing techniques will be easy to use in the future:

Using drawings is great and we have no excuse not to be using drawings when meeting children because we really can always access some crayons and paper. When I think back to the training sessions and we drew our family and the timelines, I think I learned a lot more about my colleagues' personal lives than I have in all the years we've worked together' (Pt5).

## **7. Focused play techniques**

Focused play techniques are especially recommended for use by social workers and were an important focus within the PST programme. Some participants found that the focused play techniques would be useful to replace the formal questioning format that they currently rely on. One participant illustrated their rationale for this assertion:

It really is more often than not, with the crisis-driven nature of child protection, that children can become overburdened with questions during assessments. By us using the doll's house, it became clear how much more information may be gleaned and how it is more comfortable for the child to communicate this information ... I did enjoy that and it has really sparked my interest (Pt4).

This point was reinforced by Participant 3, who highlighted that the practitioner must keep an open mind and not jump to conclusions about a child's play without a deeper exploration of where the play is coming from:

They can play out in the house what their home environment is like. Now, they might not be doing that, but it gives them a chance to play out different characters and they might pick who is the mammy and the daddy, and so you would get a sense of what it's like at home for them.

Generally, participants believed that the focused play techniques would be more suitable to their investigative role and limited time to engage with children. As one participant commented:

I think the focused techniques will be very useful. I've been thinking about them a lot and how I can apply them. To start with, I'm going to use the doll's house and ask children to show me their family routine (Pt1).

## **8 Sand play**

Most participants (n=6) felt the use of sand play with children would require a lot more training than was available during the PST programme. They all (n=9) said they enjoyed the experience of using the sand and a few participants (n=3) thought it was an attractive toy for children in a play room. One participant stated:

In particular, maybe the ones I liked most was the use of the sand in play because it's the one the kids go for straight away. I suppose it's not something that they have at home (Pt3).

Very little feedback was provided in relation to the sand play and participants could not visualise its place in the assessment process, other than as a tool to help the children relax.

The following responses capture these thoughts:

I'm not sure about using the sand play because I think it is an area that requires years of training and I just wouldn't feel very confident using it. (Pt9)

I feel the children will go straight for the sand box and it will help them relax in our company, but I would not attempt to analyse what they are doing. (Pt5)

## **9. Concluding thoughts of respondents on completion of the PST training**

All social work participants (n=9) could envisage using the play skills in their assessment work with children. Many were confident that the play skills could replace current questioning strategies. One participant outlined:

In any of the assessments that I'd been doing previously, again it would be probably the first, second meeting with the child and sit down and go through a list of questions with them or, especially for investigative interviews ... it would be a lot more useful to have the tools like the worksheets and the stories and go through them with them and obviously, you know, you can ask them some questions, but they can even write down some of the answers on their worksheets. They maybe get more ownership of what you're doing (Pt3).

Some participants (n=4) stated that they would like to have more training in this area and felt this is something they will explore. They thought it would be important to continue to

develop these skills while working with children who may be at risk of abuse. One participant stated:

I'd actually love to have more training in play skills and I will look at courses that you can do over a few days. I think these skills will be very helpful with our assessment work because the first time you meet a child they can be very worried that you will interrogate them and they can be worried about saying the wrong thing to you (Pt2).

Another participant outlined that they felt committed to the approach after the PST programme and also wanted to learn more:

I feel committed to this approach already. It's made me really excited about my work again. I bought some books myself and I will definitely look into some more training courses in this area because it is so relevant to child protection (Pt7).

## **The application of play skills to practice**

Six months after the PST training programme, the team of social workers were re-interviewed and asked to give their story of applying the play skills to their child protection and welfare assessments. A large body of data was provided by the participants, but 10 overarching findings were highlighted repeatedly as positive developments in their assessment work with children.

Participants identified a number of developments in their assessment practice since completing the PST programme. In general, they described using a more non-directive approach for the purpose of relationship building and found that only short periods of time could be allocated to these sessions. On the whole, they reported that they adopted a more focused play approach when carrying out investigative interviews or during direct work for the purpose of assessment. They identified challenges in relation to using play skills during the assessment process. The key themes emerging from their experience of using play skills in their assessments are discussed below under the following headings: (1) Commitment to providing a child-friendly environment; (2) Increased confidence while engaging with children; (3) The process is more child-friendly; (4) The child's voice receives greater representation; (5) Enjoying the work more; (6) Using time differently; (7) Tool most commonly used; (8) Play during home visits; (9) Communication enhanced during direct work; (10) Communication enhanced during investigative interviews. These 10 positive



developments are followed by a discussion on barriers to using play skills during child protection assessments and future plans regarding the approach.

## **1. Commitment to providing a child-friendly environment**

Generally, participants (n=7) described an increase in their awareness of the environment in which they meet children. They reported that prior to meeting children for investigative interviews or direct work, they now check to ensure that they have materials available that will suit the child's age or interests. In relation to investigative interviews, one participant stated:

I'd make sure that we have a stock of stuff here, that we wouldn't run out ... If you have a young child that likes blocks, you know to have something like that there that they can identify with and make them maybe more relaxed, so it can be easier for them coming into a session (Pt5).

Some participants (n=5) described how they prepare for travelling to a different health centre to meet a child. A few stated that they have a bag of toys and materials that they bring with them in the car since they now find the process to be more child-centred conducted in this way. Participants outlined that this is a new approach to their practice. One participant stated: 'I have stuff that I bring with me and I have looked at having different pieces for different age groups, different sexes' (Pt2).

Participants were united on the importance of ensuring a child-friendly environment to help children to feel relaxed during a difficult process. One described meeting with children in the room they have equipped with toys and thinks this approach for children:

It can be far less threatening for them and it doesn't seem, I suppose, for the child so much that you're putting them under pressure to answer questions ... sometimes I think when you just sit a child down and start throwing loads of questions at them, it can just be enough to shut a child up really (Pt1).

In general, participants made comparisons to the formal method of carrying out assessments with children involved in the child protection system. Participant 6 was adamant that she would not revert back to the former style of working with children and asserted:

I can definitely say that I would never attempt to work with a child without ensuring the environment was as child-friendly as I could possibly make it and I have a range of toys available to the child. Using toys and colours, and worksheets is invaluable to

allow a child to express their thoughts and feelings in a way that they may not be able to do otherwise'. Another participant recalled that by ensuring a child-friendly environment for investigative interviews and direct work, 'children that may not have engaged so easily before because the format before was very much asking questions and directing a child ... I find that children can be quite worried if they're asked questions in a direct way (Pt7).

## **2. Increased confidence while engaging with children**

The majority of participants (n=6) reported an increase in their confidence while engaging with children for the purpose of child protection and welfare assessments. They stated that they felt more confident communicating with children using play-based methods as opposed to asking the child questions about their life. Many participants felt more comfortable using this approach because they found children were more relaxed, engaging in this manner.

All participants agreed that the play skills improved their communication skills with children and that social workers should be using these skills. One participant stated:

The most important change I've noticed is really about how much the training has helped me to communicate with children and in trying to work with children on their level. I feel a big change in that in the last six months (Pt6).

This finding was reinforced by Participant 9, who also believed that by using this approach children might view social workers as people who are trying to protect them:

Now I feel a lot more confident and comfortable meeting children for investigative interviews than I used to. I now know that I have developed skills to engage with children at their level and even if they are afraid coming into the interview, they now usually leave with a smile on their face having enjoyed their experience in the social work department. I think it is very important that children can remember their meetings with us as a pleasant experience. I believe this will allow them to think of us as protective figures that are there to protect them.

## **3. The process is child-centred**

All participants (n=9) conveyed that by using play skills, the assessment process provides for a more child-centred experience. They found that by spending time with children and moving from the formal questioning procedures, they gained a better insight into the child they were engaging with. Participant 2 stated that they discovered:

Children enjoying the time that they're with you and spending maybe the first session not looking for answers and letting them have fun ... but you're still gathering information and recognising that, and you'll build a rapport better with children when they're enjoying themselves and they're relaxed, I think.

All participants observed a change in their outlook towards questioning children and described an increased awareness of play as the voice of the child. Participant 8 stated:

One of the core principles of play therapy, what you recall from when we started this, was that it is kind of like using a different language. Play is their language. Giving the child a chance to write and draw is an opportunity for them to speak and for us to try and understand it.

Another participant outlined that before doing the training:

I would have approached some of my work with children, for example, like doing investigative interviews, would have been done on a very formal basis, which really was asking questions and taking notes of the child's response. When I think back now, I probably found doing individual work or direct work with children quite difficult, you know, as I would have struggled with what to do with the child ... So I feel a big change has taken place in how I meet with children. It feels more child-friendly, for sure (Pt6).

Some participants reflected on occasions when they observed children being under pressure talking to them about their family. They conceded that this approach was excellent in terms of helping the child to relax and learn about them in a more child-friendly way. Participant 8 recounted:

I guess the primary way in which we have used the play therapy skills has been with cases that have come in on duty. We don't know the families that well. We don't know the child and it presents an immediate difficulty in terms of the relationship; trust with the child ... So the use of the play therapy skills in that respect is one of the most useful tools that we would have come across.

Some participants recalled that they now find children open up to them quicker when they use a play-based approach. They commented that children are happier entering the session with them when they have the toys and art materials available to them. One participant recalled how children often ask if they will be coming to the centre and they found this to be very reassuring in relation to the approach:

I find children open up to me far easier ... I can see now when children come into a room, they almost forget themselves and they get involved with the toys in the room and you can just see them feeling at ease ... it's really lovely to see they actually, after the first interview, want to come back again. Some children will come into the room so easily and there's times they don't like finishing the play' (Pt7).

Another participant described a referral they received that was deemed a 'high priority' and they met with the children to do direct work:

I felt I'd a relationship with the children and I had a really really good insight into them. Last week I wasn't able to get out to see those children because of other case demands and when I rang the family, they told me that the kids had been asking when I was coming out again. So I think that's really good (Pt2).

#### **4. The child's voice receives greater representation**

Generally, participants (n=7) reported that by using the play skills to engage with children they developed a greater insight into the child's world, leading to the child's voice being represented more accurately in assessments. Some (n=4) pointed out that they did not always get the exact information they were looking for, but they learned a lot more about the child engaging with them in this manner. On numerous occasions, they were able to explore specific incidents of concern with the child and children were able to communicate their experiences. One participant recounted their experience:

I think it's given me a good insight into children ... their likes, their dislikes, their personalities, their general kind of interaction with people ... I think it's been positive for the assessment because as well as trying to get the information and explore the information around a concern, you are getting all the other information – how the child is generally (Pt2).

Another participant recalled:

I have better relationships with the children now, as I always sit and draw or play with them in the health centre or on home visits. I learn so much about them and I think they are amazed that this person is actually sitting down with them and giving them all their attention ... I'm also happier with my paperwork as a result because the child's voice is much more evident when we take the time to engage with them in this way (Pt4).

Participants recalled that before doing the training, they used the formal procedures all of the time to engage with children, but found it ineffective a lot of the time. One participant outlined:

I would always chat with children, you know. This is what we're told to do and the thing is that this often resulted in having to re-interview them because they just aren't ready to chat away about life at home to people they have just met ... even in the second interview often you just get your Yes and No answers, which realistically give little insight into the child's life (Pt6).

Another participant stated their practice feels safer when they are sure the child has had the opportunity to contribute to the assessment:

The children I can dedicate time to, to get to know them in this way, are the ones I will feel confident have had their voice represented in the assessment and its unfortunate that I will have to pick and choose who gets this intervention (Pt9).

## **5. Practitioners felt more enthused about their jobs**

Some participants (n=5) expressed greater levels of satisfaction in their work. They stated that they enjoy using the play skills to meet with children. One maintained that:

Following the PST programme, I did and do use the skills that I learned – well, I do as frequently as I can and I try to do more direct work with children. I actually really really enjoy using the skills and I feel a lot more confident meeting children for interviews and assessments (Pt4).

Generally, participants stated that when they discovered that the process was easier for children, this resulted in them feeling less stressed about exploring issues of a very personal nature with children they hardly knew. Some participants (n=4) stated that working directly with children was the element of social work that had attracted them to the profession in the first place: Participant 6 outlined:

I actually feel now that I'm enjoying the job more because the children seem to enjoy meeting with me. And that's just so so important, you know. That is the reason I wanted to do social work with children.

This point is reiterated by another participant, who added that they have discovered a whole new side to themselves:

Since I did the training on play skills, I've really opened up and found a new way of doing my assessments with the children. I find the new way of doing it makes me think about what I'm doing with the children far more and I'm actually enjoying it more ... It kind of brings out a whole new side in yourself. I'm far happier working with children this way (Pt7).

## **6. Using time differently**

Participants (n=5) that used the play skills the most described how they managed their time differently now. They stated that by incorporating the skills into their practice, it did not necessarily mean that their workload increased – they just used their time differently. Participant 2 provided numerous rich examples of carrying out direct work using play skills and stated that even if they only had 20 minutes to devote to a session, it was a worthwhile process that provided them with valuable insight into the child. She outlined:

I'm a little bit more conscious of the length of time I'm spending with children... not necessarily spending longer with them, but sometimes seeing them more often for shorter periods so that their concentration span isn't gone and that the session ends before it becomes boring for them. I'm trying to take into account that it is as much the child's needs than the assessments needs to get answers and to get information. That's a hard thing, I think, to balance sometimes (Pt2).

Another participant said that after the training she loved the idea of the play-based approach, but thought '*there is no way I'll have the time to do it*'. After she engaged in approximately four sessions, her outlook changed and she stated:

I feel less stressed in my job now that I'm spending time with children and offering them an opportunity to express any worries they have in way that is easier for them. We still have huge caseloads, but I guess I'm using my time differently, but not feeling that this approach actually takes more time to do it, if that makes sense (Pt4).

Participant 7 shared the initial concerns about her heavy caseload and after engaging in a few sessions found that 'it doesn't take that long and it's actually quite rewarding when you see a child engaging with you'.

Participant 1 stated that she did not have time to engage in direct work with children, but found that she used her time differently on home visits. On one occasion, she recounted sitting with children at their kitchen table to engage with them. The children were eager to draw pictures and the social worker recalled their behaviour being 'attention seeking', 'quite hyper' and 'easily distracted'. In relation to their pictures, they depicted their recent move to the countryside and were eager to show her their pictures and talk about their old and new homes. Participant 1 found that they were relaxed engaging in this manner and appeared to enjoy the adult attention. At times, the children were jumping across the table to show their picture and tell her about it. She recalled:

I think it probably confirmed my sense of what's going on with the family anyway. That it is a very chaotic family that have been through an awful lot of change and I suppose specifically in this family there's concerns about parental capacity to manage the children. I think for me that would have been quite evident in that simple exercise that, you know, there was no sense from the children that they were listening to the adult ... there was no sense that they really took on board anything you said (Pt1).

## **7. Tool most commonly used**

Over the six-month period the team of social workers (n=8) were primarily drawn to the worksheets designed to help children express their inner world. This paralleled their views on the applicability of the worksheets to the assessment process at the end of the training programme. One participant asserted:

I use the work sheets the most I'd say, I find them really useful and easy to use, especially if you are pressured for time. They're straightforward, they're pictorial representations of how the child is feeling and you can keep them on their file... I've found them very useful during initial meetings with children and they seem to enjoy doing them. They certainly enjoy them more than being questioned, so that makes the process more child-friendly (Pt4)

This view is reiterated by Participant 8, who recalled getting valuable information while using the worksheets during assessments:

I just feel comfortable with the sheets I think primarily because I feel they're easier to assess to get a sense of what the child is saying ... I guess it has provided the information we wanted sometimes to suggest that there was cause for concern, there was a need to engage with the child further and sometimes not.

## **8. Play during home visits**

Some participants (n=4) found that their increased awareness of the importance of play in the lives of children resulted in them being more aware of play during home visits. One social worker found that she did not have time to engage in individual direct work with children, but used play to engage with them during home visits and found she gained a deep insight into them by doing this. Participant 1 outlined how she now enjoys 'becoming more involved in play with them, rather than necessarily sitting down questioning them about, you know, constant questions about how things are going for them and all the rest of it'. She also stated that she liked to observe the parent playing with the child: 'I think where it can be good in assessments ... even watching parents and how they respond to the children when they play. Or do they, you know, encourage play or take part in it or is it something that's discouraged' (Pt1).

Another participant stated that since doing the PST programme, she is more conscious of children's play and has observed it to monitor progress in a child's emotional development. She recalled observing a child playing before engaging in direct work with the child care

leader and found the child's play to be very destructive and aggressive. A number of weeks later on a home visit, she could see improvements in the child's well-being through her play:

She'd have thrown a tantrum if she didn't get to know where dolly was and stormed out of the room and slammed the door and probably broke the glass on it as she was going. But she doesn't do that now and I think for that child in particular, you can see the progression ... She minds things and she shares them and she doesn't beat the daylight out of the other child that she's playing with or the other adult, and she's able to do that (Pt5).

## **9. Communication enhanced during direct work**

It was not possible for all of the nine social workers to engage in direct work with children on their caseload during the six-month period (*see below*). The majority (n=5) did use the skills to engage with children during direct work sessions. Case vignettes are presented below in order to provide examples of the skills used during direct work (unfortunately, it was not possible to present every example given by the social workers).

### ***(i) Worksheets***

Participant 2 describes two examples of using worksheets during direct work sessions. First, she recalled doing direct work with a 7-year-old child using worksheets and the child was able to describe different emotions felt by her and her family members at different times. The child described one of the faces as a fed-up face for:

Mammy after the social workers came' on the first occasion. The social worker was aware this had been a source of stress for the family and was pleased the child was able to articulate that: 'I knew there had been quite a lot of emotion that time. I don't know if she would've been able to answer me, but it came very naturally and it came at the end of doing all of this. So I think she very much relaxed into it and it was very good (Pt).

Her second example described receiving a referral in relation to a 10-year-old boy who was presenting as sad and withdrawn in school. The parents agreed to allow the social worker to meet the child and explore his sadness. The child used the worksheets and he wrote different situations that may lead to him feeling a certain way in bubbles around the page. He said he was sad when he was bold at home and when he gets into trouble with his parents. The social worker observed the child struggling to identify anything positive in his life when looking at things that made him happy. He said that his parents tell him he is lazy all of the time and this also makes him very sad. The social worker asked him if he would like to draw the kind of boy he thinks he is and 'he took the sheet of paper and he wrote down "useless and good for



nothing”, which I really don’t think would’ve happened if we hadn’t done the process’. The social worker felt they were provided with clear information about the child’s sadness and they did further therapeutic work with him. She was able to work with the parents around developing their child’s self-concept and promoting his optimal emotional development. The child stated that he found it really helped him to write down his feelings and during the next session the social worker provided him with a notebook. Two days later, he had six pages written in the notebook and also had a record of his meetings with his social worker.

Participant 4 discussed a direct work session using worksheets, with a 5-year-old boy to explore anger issues following a report from his school teacher. She recalled that while the boy was looking through the worksheets:

He said he didn’t like the bedroom because adults shouldn’t go in and he wanted it only for children and not for adults, and he said he hated his bedroom and didn’t feel safe there. I explored this a bit and explained the times adults might have to go in like, like to see if he is OK or to say goodnight. I asked him if he wanted to draw the person beside the bedroom that he didn’t want in. He actually drew an uncle and it transpired or seemed that the young boy’s uncle had attempted to be inappropriate with him and frightened the life out of him. So I thought it was good to have worksheets that show bedrooms aren’t always safe places for a child. That’s really useful for our work, I think (Pt4).

#### *(ii) Sand play*

Participant 4 described her experience of using a sand play with a 12-year-old child who created a scene silently in the sand. The social worker sat with her and when she finished the scene, she asked her if she would like to share her story:

She said she did not know what her story was, but then stated that it was a girl sitting on a rock because she doesn’t want to be with the other people. I then asked her what might make her want to be with the other people and she said if they were kind to her. I mean, I’m not trained to interpret play or sand play, so I asked her if she ever felt like that girl. She said sometimes and said she has to do so much work at home with the younger children that she never gets her homework done and then she gets into trouble in school.

The social worker found the session to be a stepping stone towards the young person opening up to her and they continued to meet and do direct work together using play and art.

### *(iii) Non-directive play session*

Participant 6 recounted doing a child protection and welfare assessment with a child whose parents would not consent to her doing direct work with the child. There were concerns in relation to parental drug use. When the social worker explained the process of playing with children in a non-directive manner as a way to get to know the child, the parents agreed their child could be met with using this approach. The social worker did a non-directive play session with the little girl and she chose to play with the doll's house. Participant 6 recalled:

Her play was very chaotic, in that she was playing Mum and she kept shouting at everyone in the house. She was shouting "Children, why do you keep sleeping in?", "I have no shirts ironed" and "I have no food for your lunch". The child's play was so frantic and at such a fast pace ... After the sessions, she would ask me if she could stay longer and what day she was coming back. I think she loved the one-to-one attention ... It was amazing really because the couple of play sessions we had gave me a great insight into life at home, which was chaotic, and I felt this matched with the referrals we received from school and health professionals. I felt with our concerns around neglect and lack of stability for the children. I felt a Supervision Order was necessary and I wanted to continue to see this child in this way.

When the social worker informed the parents of the decision to seek a Supervision Order, they left their home that night. A few weeks later, the children were located and taken into foster care by another Department. Participant 6 outlined their relief regarding this outcome:

Oh, I was so relieved to hear this as spending time with that child playing showed me her life was chaotic and then the parents just fled with the children. The thing was, I had already interviewed that child in an investigative interview and she kept saying "We are happy" or "We have no problems in our house". It was very obvious to myself and the other worker that the child was coached to say that.

### *(iv) Drawing*

Participant 7 discussed a time they received a referral in relation to a domestic violence incident. The parents admitted that violence occurred if they drank too much. They were adamant that it happened only on rare occasions and their child was always asleep and never heard a thing. The social worker met with the child and explained it was her job to make sure children were happy and safe. She asked the child if there was ever a time she did not feel safe and the little girl nodded, not saying anything. The social worker asked her if she would like to draw a time when she felt like this and the child drew a picture of her parents fighting and a broken door, with glass scattered everywhere. The social worker established that the child took care of her mammy when this happened and recounted:

In her picture she drew a picture of a mammy with blood on the mother's face and the little girl wiping her mother's face, taking the blood off her mother's face and this girl was only 8 years of age. But through the drawing, she was able to describe exactly what happened that night in complete and utter detail. So it was a very clear assessment from using her drawing and using the drawing as a way to get her to talk about what happened.

Participant 7 discussed a direct work session with a teenage girl being working with for a few months while conducting a comprehensive child protection and welfare assessment. The girl's behaviour was escalating out of control at home and at school. The social worker chose to put a lot of the toys away in a press due to her age and had a lot of art materials available for her. Participant 7 described the young person drawing empty boxes and signposts and recalled:

She was able to write the little things that were going well in school with friends, at home and then we did the little signposts of where she was in her past, what things were like at home, in her life in general and then we looked at the future and at some point she said "I can't". She could see no future because something was blocking her. So we used the signposts and in the box she was able to write and I think she felt very free at that stage then, so I just said "Do you want to write it while I'm sitting here or do you want to just go away to another part of the room?", which she did and she wrote down – I can always, I can see her just in the box – "My brother abused me. My brother abused me". I think that very big piece of paper helped, you know. The big flip-chart page was able to help her map out and really see where her life was going and what the obstacles were.

#### ***(v) Focused play session***

Participant 9 described using focused play sessions to do an access assessment requested by the local District Court. The child was 9-years-old and the mother stated that the child had started bed-wetting in the past three months. The social worker did direct work with the child to ascertain her views in relation to access. Participant 9 found the child to be very relaxed playing mum's house and then outlined:

When I asked her to play a day in daddy's house, she put herself sitting in front of the TV and used the male figure to say "You stay there and be quiet until your bitch of a mother comes to collect you". She told me to be the child and ask for a drink. So I did that and the dad responded "No!" The dad began to shout at the child and said, "Your mammy is going to jail because men pay her to sleep with her when you're asleep in your bed". The child became flustered and said she wanted to play mum's house and not dad's.

During a subsequent session, the social worker recounted:

I asked her to make a story or a picture in the sand box. I then asked her to tell me about the story she had created. She said, “There is a mermaid kidnapped by an evil lion who keeps her in a bath full of water. The lion is cooking a little lamb alive in the oven. She said the lion is laughing his head off because no one knows what he is up to. The story ends with a magic shell setting the mermaid free to go back to the sea”. I asked her if anything in the story was like something in her life. She began to cry immediately and said she thinks her dad is going to kidnap her and she’ll never see her mammy again. She said he always drives around where she is playing very slowly and laughs at her. She said she hates him and does not want to see him ever again.

Participant 9 asserted that they believed the assessment was therapeutic for the child, as well as informative in helping them to make a recommendation to the Court regarding the child’s best interests.

## **10. Communication enhanced during investigative interviews**

All participants (n=9) used the play skills during investigative interviews to replace the formal procedures of directly questioning children. Selected case vignettes are presented below to demonstrate the application of play skills in the interview process.

### ***Non-directive play session***

Participant 2 described meeting a child (prior to engaging in the PST programme) who would not engage with them during the investigative interview. After engaging in the PST training, the next time she met the child she said, ‘I brought colours, blocks, a jigsaw and a book ... and, you know, I brought them in a very brightly coloured bag, so he was quite interested in that’. The social worker told the child she would meet him on three different days so they could get to know each another. She found that she learned a lot about the child’s interests and cognitive ability while playing with him in a non-directive manner. She did the interview over three days: two 15-minute sessions and one 30-minute session. Participant 2 also used the worksheets and described using ‘feeling faces’ with the child to explore personalities and relationships within his family. She stated that:

He seemed to generally have a very positive experience from it and to really enjoy himself ... It was good for getting information and it was also good to observe him, see a lot about his language skills, his coordination and see all that sort of stuff, you know. It gained a huge amount of information, I think, in a very child-friendly way and the sessions were short, which I think were important for him.

Participant 7 was made aware of a 4-year-old child on their caseload who began to act out in a sexualised manner. The child was delayed developmentally so they decided to do the investigative interview in a non-directive manner over a few meetings with another colleague to build up a relationship with the child. The social worker described the child's play during the second meeting:

It was quite something really. She was playing house and talked about her parent going for a walk in the middle of the night and coming back and getting into bed with her and she said to us that she always makes room for them in her bed. I asked her what happened then and she responded that the parent puts their hand under the blankets on her. We'd pictures of the outline of a girl's body close at hand and we asked her would she colour the place on her body where they put their hands. She coloured the genital area, but completely ripped through the page. We gathered a lot more information, confirming CSA [Child Sexual Abuse], that I don't want to go into for anonymity reasons. But if we'd sat and questioned that child, we would not have learned anything about what was happening for her. So many of her assessments, like psychology, have not been completed as she will not sit still on a chair.

### ***Worksheets***

Participant 4 discussed an interview where she explored a domestic violence incident and used the worksheet labelled 'The Toys and Dolls Know'. Participant 4 said:

She was only 6, I think, and she said the girl tells her toys why she is crying and sad. She said they can all hear the fighting downstairs. I mean, we were investigating domestic violence and I felt that was really poignant that that was the first thing that came to her mind and it just presented me with an image of the child crying in her room with her toys and, you know, possibly listening to fighting. I mean, I have used it a few times and sometimes they write a happy story or tell the toys about their day at school. But for her it was why the child was crying and sad ... It did you give a picture of an upset child in her room which was actually pretty fitting with the referral we got.

### ***Focused play session***

Participant 4 described a time when a young girl played out a violent incident that had occurred in her home between her parents:

I just asked her if she would like to show me what had happened at her family home the previous night. I was very taken aback when she took a small figurine and threw it down the stairs and said "The child fell down trying to help mammy from daddy". I asked her which child it was and she said her name, she just spoke in the third person. But she actually wasn't upset when she was playing the incident; she seemed a little detached really from it. I just responded in this way and I asked her if children are safe when parents are fighting and she said it straight to me, "The children are crying".

I was amazed to see this really, you know ... It was like the child definitely became more relaxed as soon as we involved the toys.'

### *Drawing*

Participant 6 recounted using timelines with children during interviews. On one occasion, a family moved into their area and the parents said they had no previous social work involvement. Participant 6 recalled meeting the child:

We used the timeline to look at memorable times in her life. She was only eight and had been to four different schools and she named different friends in each school. She drew a few houses and I asked her about them. It transpired she had been in relative care for a period of time

The social worker said they were astounded with this information since they would never have thought to ask the child a question in relation to a previous placement.

Participant 9 recounted a meeting they had with a 6-year-old girl who was referred in relation to domestic violence concerns. They allowed the child some non-directive play time at the start of the session and explained their role as a social worker to protect children. The child was asked to draw a time when she felt frightened and the social worker found the child's drawings spoke volumes in relation to her experience of domestic violence:

She drew a picture of a house with a little girl at her window, looking out. Downstairs were people in the garden and a car with a blue light. I asked her if she would like to tell me about her picture. She said "The mammy and daddy are fighting in the garden and their child is watching. The next-door-neighbour rings the Guards to stop the fighting and they come". I really feel that giving the child a half an hour with me before we entered her personal world helped her to relax and disclose what she had seen. I was really amazed with this intervention. I met this particular child a few times before because of neglect concerns and the poor little thing had the same response her mother had when questioned about alcohol misuse and child-minders.

Participant 9 used drawing techniques to engage with children during investigative interviews and recalled the following sessions:

I did the rosebush exercise recently with a 10-year old who had been exposed to domestic violence. When I asked her to tell me about her rosebush, she said "My rosebush lives in the middle of the garden and I look after the rosebush. The bush loves bright skies and some rain to get a drink. The rosebush gets really sad with dark skies and when the roses won't stop fighting". I asked her if she ever felt like the rosebush and she said she did. She said daddy fights with everyone in her family except her and this makes her scared. [Another time] I used the bird's nest exercise a few times to look at a child's attachment and that can be quite amazing. I was meeting

a little girl in relation to neglect concerns and possible sexual abuse by a relative and I gave her an A3 page and asked her to draw a bird's nest. She drew a nest the size of a 50 cent coin in the middle of the large piece of paper. The nest was brown and she drew three peach eggs inside. There were no parents in the picture. There was no tree or hedge to support the nest. It was the emptiest and one of the saddest pictures I have ever seen.

## **11. Barriers to using play skills during child protection assessments**

The team of social workers were enthusiastic in relation to the skills they learned on the PST programme and they all saw great potential for their application in child protection and welfare assessments. However, during the six months that followed the training, a number of barriers prevented them from using the skills as much as they wanted to. Generally, the social workers found it easy to incorporate the use of worksheets and drawing techniques into the investigative process.

In relation to carrying out direct work with children, three of the eight social workers who engaged in the entire research did not have time to engage in direct work. One participant stated that they continue to refer all the direct work on to other professionals, yet feel this is not in the child's best interest:

I think it can be quite a shame at times because I think we've made the initial contact with the child in terms of carrying out an interview ... I think it's probably quite difficult because they are expected to open up to so many different people along the way ... you know, I think it can kind of have the opposite effect and lead them to a point where they don't really have anything to say about it anymore (Pt1).

This participant provided a number of examples where they would have liked to carry out direct work with children on their caseload, but due to resource issues they had to refer them to other professionals and outside agencies.

Participant 2 provided a number of examples of her experiences of using play skills in her assessments. However, she reported ongoing difficulties in not being able to offer every child the same service:

Sometimes you have to pick among children who you're going to spend that time with and there's a clash there – between trying to balance caseloads and balance the service demands and the service's needs for outcomes and for initial assessments to be completed within 28 days.

She continued by stating that since she completed the training in play skills, she is now very aware of what she was not getting done during these restricted time periods:

Even if you're only talking about spending 15-20 minutes travel time and all of that on top of ... and you've got a caseload of maybe 25-30 children, it's not possible sometimes to do all of that. So that's difficult and you're more aware that you're not doing it after doing the training and you're more aware when you're not doing it with certain children than maybe before. You can see the disparity yourself between your own assessments ... so that's interesting as a practitioner.

Participant 8 found it very difficult to find time to engage in direct work after completing the PST programme:

I just feel there are time constraints in the preparation. I suppose to use them for the first time you need to go back to them again and get the right fit between what the child presents to us, what we already know of the child and what particular stuff is in this folder here ... We have a new duty social worker here now and if we had that luxury back then yeah, we could then use them more often and aspirationally use them.

Deficits in resources continued to be an issue during the past six months for the social work team. They had materials available to them and some social workers bought their own to use in work. Another participant reported: 'I like that we now have materials available to use to meet the kids but we could still do with lots more' (Pt4).

The issue of time was reverberated in every interview as the primary barrier to the lack of engagement in direct work with children. Although Participant 5 reported that she could see how useful the PST programme is, she stated she did not engage in any direct work in the past six months as her heavy caseload did not allow it:

Social workers unfortunately we don't get to do direct pieces of work on a weekly basis with the child. Our system doesn't lend itself to that and our caseloads don't lend themselves to that.

Participant 9 was able to incorporate some of the play skills into her assessments over the six-month period, but also found time to be a major issue. She expressed:

Since I completed the play skills training I am certainly using the skills as much as I can in my assessment work. And you know when I say as much as I can this does not mean that I'm using them as much as I'd like to.

Most social workers felt they would need more training in the non-directive play skills to understand what was going on for the child since this was the first time they encountered an approach of this kind. Participant 8 pointed out:



Maybe I am underestimating our own capacities. I just feel that the interpretation of the play, using the actual physical toy, the actual sand box is open to a greater variety of interpretations, whereas if I go back to the sheets here, if you were to call anyone in the world who would it be, if we give you an example of a child who is caught in a conflictual relationship between the parents to choose one or the other, again it lends itself towards giving us a better idea of what relationship that child has with the adults. Obviously it is not conclusive assessment of what is clear or anything like that, but it gives us, points us in a particular direction quicker, I think, than the actual play.

## **12. Future plans with regard to the approach**

Although some of the social workers did not get an opportunity to engage in direct work, they all viewed the play skills as an approach they would use in the future when they had the time to do so. Participant 1 stated:

I do think it's something I could probably use more of in the future, particularly at the moment there's a lot of new staff coming on stream ... So, I think there's probably a lot more scope for it to be used within assessments at that point and I think it's something as well that people have become much more aware of in terms of just asking questions and expecting answers.

This view was shared by Participant 8, who pointed out that they had just received a new duty social worker so they envisaged more scope for the use of this method in the future.

Participant 6 asserted that she plans to use the approach when meeting children: 'I found the training an invaluable tool to use for our assessments with children and ... I believe I will always use this approach in my social work practice with children.' Participant 3 only had the opportunity to use the skills for one month after completing the PST programme due to leaving the service and she was confident that these skills would be used in her future work with children. The five social workers who used the skills regularly purported that they would not be returning to the traditional method of questioning children about their family and the use of play skills will be an integral part of their assessments with children in adversity. Participant 9 outlined:

I now believe to really show that a child has been met with, they need to leave their stamp on their file and no better way to do this than to have their worksheets or pictures. The pictures really brighten up the file compared with just having case notes and forms. After the recent enquiry, I also feel safer having these in the files as it shows that the social worker has spent time with the child alone and given them the opportunity to express themselves. In general, I think the quality of my initial assessment has improved and I feel more satisfied presenting my form to CPMT [Child Protection Management Team]. I'm going to continue with this approach every time I meet a child.

### Summary of qualitative results for Objective 3

- The team were enthusiastic upon completion of the PST programme and viewed the material covered as relevant to communicating with children during child protection assessments.
- The team found the worksheets and drawing techniques to be the most efficient and effective way to communicate with children in the investigative interview process.
- Five social workers engaged in a number of direct work sessions and felt they learned a lot about the children involved. They found the non-directive approach was very useful for the purpose of relationship building, but they did not have the opportunity to engage in this process over a long period of time.
- The team found that they were more conscious of providing a child-friendly environment when meeting with children.

Figure 10 depicts the views of the social work team regarding the material covered in the PST programme.

**Figure 10: Social workers' views on the PST programme**

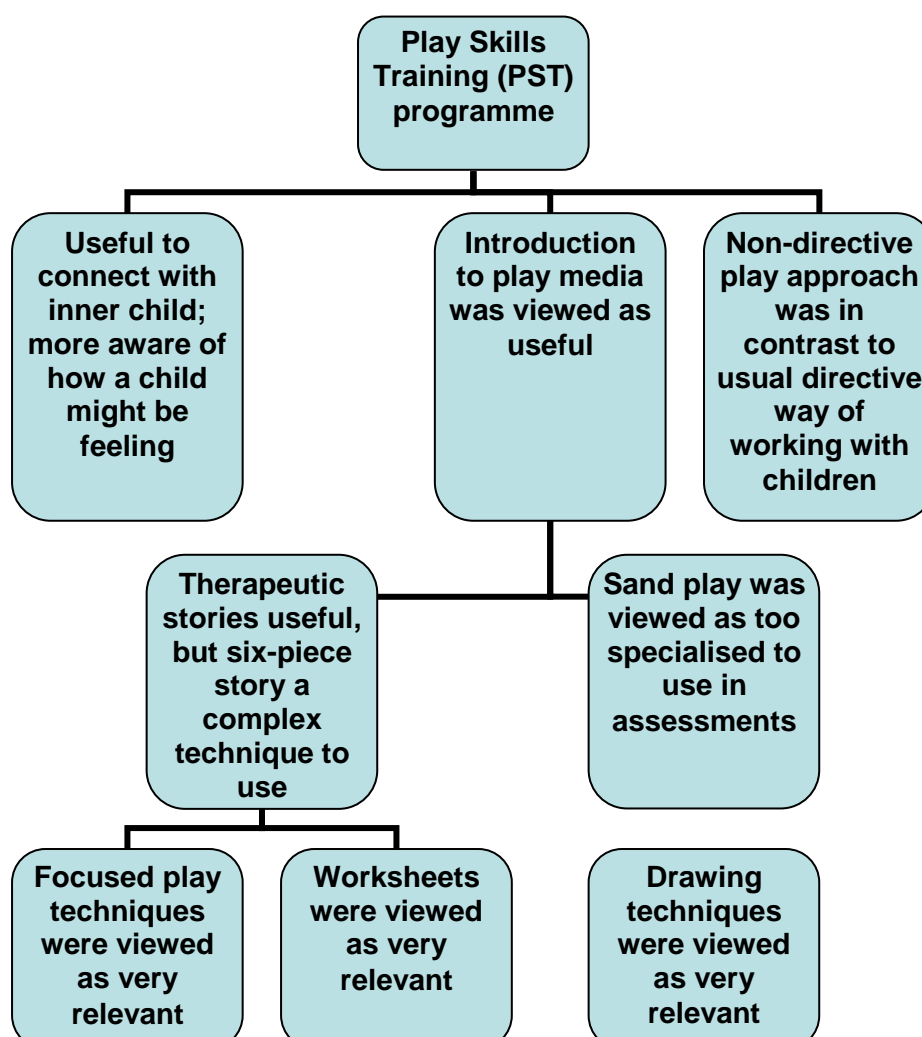
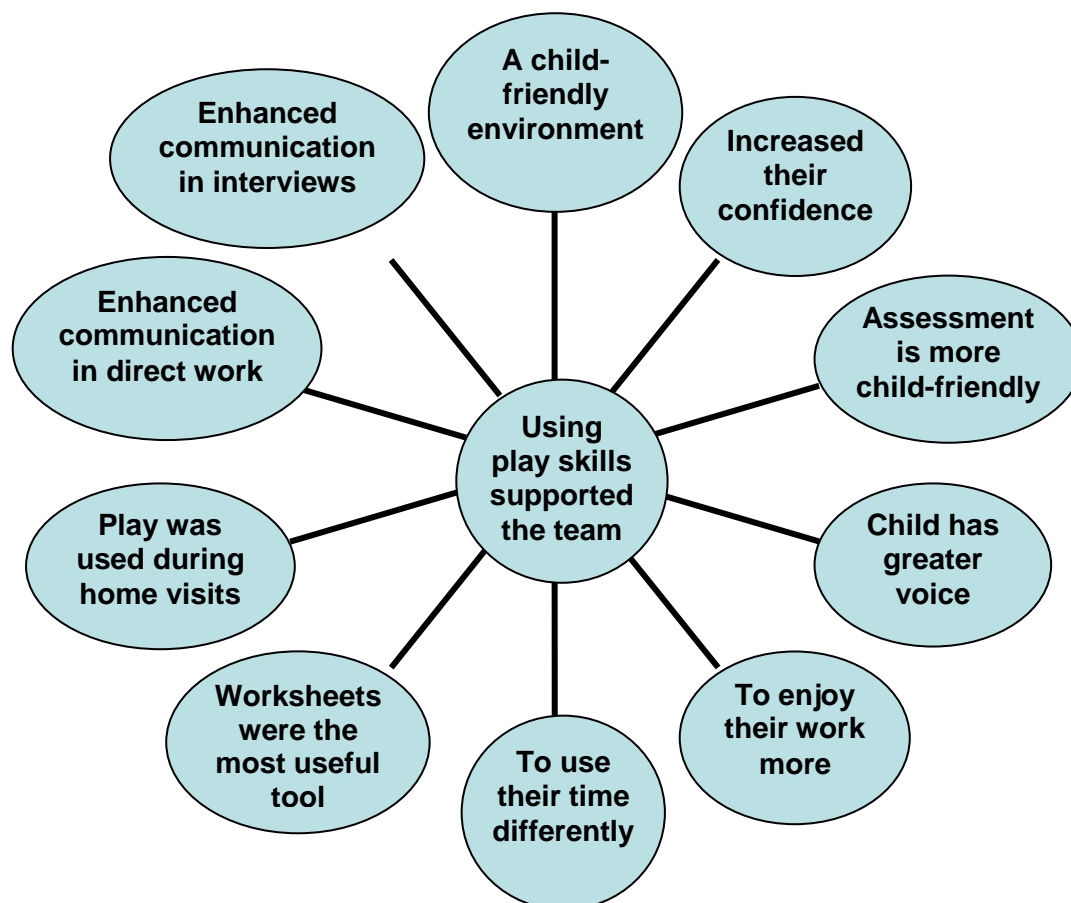


Figure 11 depicts the positive developments reported by the team of social workers during the six-month period after the PST programme.

**Figure 11: Positive developments reported by social workers post PST training, using play skills during child protection and welfare assessments**



**Table 24: Summary of participants' experiences of the PST programme**

Key experiences of the PST programme	Summary of main points
Participants found material relevant to child protection assessment procedures	<p>Connecting with childhood experiences of play helped them recall what it felt like to be a child.</p> <p>The non-directive play approach was in complete contrast to the social workers' usual manner of engaging with children.</p> <p>The worksheets were considered a tool that would fit best into child protection practice.</p> <p>The doll's house was considered a useful approach to gain insight into the child's world.</p> <p>Practitioners experienced feelings of excitement completing the training' with new skills to help them in their work with children at risk.</p>

**Table 24 continued**

Key experiences of the PST programme	Summary of main points
Participants incorporated the play skills into child protection investigations and noted positive developments in their practice.	<p>Social workers gained an increased awareness of the environment in which they met children and endeavoured to make it as child-friendly as possible.</p> <p>Increased confidence about meetings with children.</p> <p>There was a perception that the process became more child-friendly using the play skills.</p> <p>Practitioners found they learned a lot about the children and experienced greater job satisfaction.</p>
The play skills were useful in different areas of the assessment process.	<p>All social workers used the play skills to help children feel relaxed during investigative interviews and to support communication. Worksheets and drawing techniques were the most commonly used tools.</p> <p>Many social workers engaged in direct work and used a play-based approach. They found the non-directive skills useful in the formation of a trusting relationship.</p> <p>Some social workers used the play skills to engage with children on home visits and observe the interaction between children and their parents during play times.</p>
Resource issues inhibit social workers using the skills.	<p>Due to heavy caseloads, some social workers did not have time to use the skills in direct work. Some social workers had to choose the children who would receive this support.</p>

## **Objective 4: To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners**

### **Introduction**

To answer this objective data was collected using a questionnaire from child protection and welfare principal social workers and social work educators practicing in the Republic of Ireland. In addition, data was also collected from the managers of the PST programme participants using a semi-structured interview approach. The questionnaires sought to ascertain veteran social work practitioners' views on the need for social workers to have specialist skills to communicate with children. They were asked for their opinions in relation

to the material delivered in the PST programme and its relevance to social work practice. They were also asked to give their views in relation to challenges that children and social workers face during child protection and welfare assessments.

The results from the questionnaires are presented below under the following headings: (1) Principal social workers (Pw); (2) Social work educators (Er); and (3) Social work managers (M) of the PST participants.

## **1. Principal social workers**

A questionnaire was sent to 34 principal social workers managing child protection and welfare departments in the Republic of Ireland. A total of 13 questionnaires were returned, representing a 38% response rate. In the final section of the questionnaire, principal social workers were asked to comment on ‘their idealistic vision in relation to working directly with children in their workplace’. Three primary themes were identified in relation to the additional comments made (these themes mirrored those made by social workers in their questionnaire): (1) direct work as a key function of social work practice, (2) resource issues and (3) training needs.

### **Direct work as a key function of social work practice**

A key theme emerging from the data was the view of principal social workers that social workers need to be carrying out this type of work with children and it needs to be recognised as a key element of child protection and welfare assessments. One participant stated:

There also needs to be a recognition at management level that spending time developing relationships with a child is a valid use of social work time and usefully informs any assessment (Pw13).

Another participant highlighted that direct work needs to be carried out in a child-friendly manner and requires a lot of thought and planning to ensure it is in the child’s best interests:

This work requires appropriate, accessible and child-friendly accommodation. It also requires the planning to give sufficient time to work at the child’s own pace. It must not feel invasive or intrusive for the child and must not be used by social workers solely for the purpose of gathering information. The assessment process must also be used as a therapeutic tool and the child needs to feel safe during the process of this direct work (Pw3).

Some principal social workers (n=5) highlighted the need for social workers to develop skills in communication. One participant outlined:

Currently there is a need to develop skills in interviewing children who may have suffered abuse using some of the skills referred to above. Developing skills in working with, understanding and responding appropriately to trauma is also essential ... Social workers do require therapeutic skills and have knowledge of different ways of communicating with children to help them assess need and respond appropriately – this includes accessing specialist therapeutic services when necessary (Pw5).

Another respondent outlined that social workers need: ‘therapeutic diagnostic ‘interviewing’ skills when interviewing the abused child & That social workers visiting children in ‘our’ care use the above skills and meet with child ‘alone’ and out of their placement’ (Pw9).

### **Resource issues**

Generally, principal social workers recognised the need for social workers to be engaging in child-centred direct work with children but resource issues were flagged as barrier preventing this from happening in practice. One respondent highlighted:

I think the above mentioned skills would give social workers more confidence in their ability to carry out direct work with children. I see all the direct work being referred on and this limits the social workers opportunity to get to know the children on their caseload. If social workers received direct work training the demands of the job may still limit the time to do it. Time is the biggest barrier here and social workers are stressed that they do not have time to build relationships with the children on their caseloads. This is due to heavy waiting lists, no locum cover, staff not being replaced for months and no training is being provided (Pw8).

This point was reiterated by another principal who has experienced similar barriers in relation to direct work:

Due to ever increasing referral rates social workers have to prioritise meetings with parents and screening with the wider multidisciplinary team. Beyond the investigative interview social workers do not have the time to do direct work with children. Teams continue to face critical problems with staff retention; no locum cover; time gaps with staff being replaced; sick leave and burnout (Pw11).

Principal social workers (n=6) voiced a need for the provision of resources to facilitate social workers in carrying out this work: One respondent recommended:

Agreed caseloads to match resources to carryout assessments in a timely, appropriate manner while respecting children and their families where they are at. To have adequate accommodation to carryout direct work with children and interview children (Pw6).

Another respondent stated:

*Resources continue to be an issue and direct work tends to be limited. I would like to see workers with more limited caseloads so they can carry out direct work in all their cases. I would like to see practitioners more confident in direct work coming from college, and training in the same more valued (Pw12).*

One principal social worker held a different view and asserted that social workers can do this work and should not make excuses about resources inhibiting this type of work:

I think this kind of work can be carried out anywhere that the child feels safe so there should not be excuses about not having the right facilities to conduct it, but having said that, we developed a very nice play therapy room which has been used well ... I think that social work as a professional body is not good at owning the skills we have in relation to direct work with children and there is a tendency to refer all such other work to other professionals/agencies. I would like to see this change as there is a danger that social workers will become purely referral agents (Pw13).

## **Training needs**

All principal social workers (n=13) agreed that social work education should equip social workers with specific skills to communicate effectively with children. One participant expressed their recommendation in relation to the social work student's placement:

I would like to see that all new social workers have a placement in CAMHS (Child and Adolescent Mental Health Service) or some placement where they have the opportunity to explore direct work with children and families and this should be essential for all those who would specialise in working with children and families in child protection (Pw2).

Many participants highlighted that social workers need training to gain and continually develop these important skills. They did not feel that social workers gained adequate skills in university or in the workplace. This point is illustrated by one participant:

I believe that the largest and most important aspect of this is to aid workers through training and provision of practical tools to assist in communicating with children ... Little training is carried out at degree level to prepare for the practicalities of engaging with vulnerable children and inexperienced workers can cause increased damage in their inappropriate questioning of children and therefore training in the initial and ongoing approach to vulnerable children is urgently required ... as well as the ongoing monitoring of skill development in areas like communication with children. This communication training/direct work training could be incorporated as part of overall assessment training, so that it becomes a standardised constituent of induction/training on assessment frameworks. This should be considered a basic and fundamental

component of early training for Social Workers as in the absence of same further damage can be done where a child is pushed away and becomes further isolated (Pw10).

Another participant did not feel every setting in child protection required training to work with children but they outlined that skills are necessary to aid communication and ensure the process is child-friendly:

My view is that it is not necessary to learn working with children in every setting in child protection. It would be useful to have general skills in interviewing children and direct work with them...The main piece is to use skills that make the child feel comfortable and reassured, supported in making the disclosure in the four areas of abuse and not contaminate the information and jump to conclusions (Pw6).

Other comments made by principal social workers in relation to social work training included:

Training should be provided on interviewing techniques relevant to the specific trauma experienced by the child and social workers also need specific training on engaging with children (Pw3).

Social workers could be given the opportunity for ongoing training in direct work with children and that this would be supported by corporate management (Pw4)

Consistent evidence informed tools and ongoing training for social workers (Pw7)

There should be ongoing training in this regard (Pw13).

## **Concerns in relation to the method**

One principal social worker appeared concerned that role confusion may occur if the assessment becomes very therapeutic:

Social workers need to recognise where their role ends and the role of the therapist begins. Social workers are not therapists unless the social work post has a defined therapeutic function supported by relevant specialist training (Pw5).

## **2. Social work educators**

Questionnaires were sent to social work educators in the four universities in the Republic of Ireland offering social work programmes. A total of 12 questionnaires were returned from educators teaching in child and family social work. As identified in Chapter 5, the majority of educators agreed that social work education should equip social workers with specific skills to work with vulnerable children. The following discussion presents the comments proffered



by educators in relation to their idealistic vision regarding children in their workplace. Three primary themes were identified and are discussed under the following headings:

- more focus on direct work with children;
- post-qualifying training recommended;
- recommendations for assessments.

### **More focus on direct work with children**

Some respondents (n=6) believed that direct work with children required greater attention within social work teaching programmes. One educator outlined: 'I believe that there should be more emphasis on direct work with children and therapeutic support for children and families' (Er1). Another respondent reiterated this point and highlighted that the practice placement can be an important source of learning for students:

I think it is important that social work students are adequately resourced to undertake effective, sensitive and creative work with children and to undertake family work which includes children and parents/carers in sessions together. In addition to classroom learning, practice learning (on placement) can be a rich source of learning for students in relation to direct work with children (Er6).

A few educators (n=3) described a curriculum that is currently overcrowded. One respondent stated that it needs to make 'more space generally to look at direct work with families' because this area of social work teaching is 'generally very neglected' (Er8). This view was shared by another respondent who would like to facilitate the development of skills in direct work:

Ideally, I would like to provide more teaching to students about carrying out direct work with children (and direct work with other client groups). However, this would probably involve having a three-year programme or dropping other elements of the existing programme as we already have difficulties trying to incorporate all aspects of the curriculum. Therefore universities need to begin providing continuous professional development (CPD) education in this and other areas (Er9).

One of the educators stated that they aim to place students in a setting where these skills may be developed:

We endeavour to ensure that all of our students have at least one placement that is child- and family-focused and that at least one placement will offer opportunity to develop therapeutic skills (Er6).

Another respondent with extensive experience in the field of social work education made the following recommendation for an inclusion of children in the curriculum:

There should be substantial input of child psychology into any social work training programme, with a particular emphasis on normal child development – social, emotional, physical, moral – in order that the students have a benchmark for making assessments and contain methods by which students can link cases to particular theoretical framework, e.g. Erikson, Piaget, Vygotsky, etc. And see how the relationships and environment affect the child's development (Er4).

### **Post-qualifying training recommended**

The majority of social work educators (n=7) claimed that skills for working with children should be sought in post-qualifying training. One respondent outlined that 'this is too specialised for social work education' (Er5). Respondent 2 highlighted:

I think all skills mentioned are very important for working with children, but I would recommend that employers provide social workers with this training when they commence working with children. Social work training equips social workers with generic skills to work in a variety of settings (Er2).

Many social work educators (n=6) believed that the teaching of skills to communicate with children is too specialised for pre-qualifying programmes. One respondent felt these skills may not be necessary for all social workers:

It is important for the social work profession to develop recognised post-qualifying courses for social workers in the area of child assessment and child protection. These courses should be compulsory for workers in the child protection area and undertaken after a certain period of practice. It is very difficult to fit everything in to a basic social work training course as some of it would be very specialised and not relevant for all social workers (Er4).

Typical comments by respondents included:

Question arises if this type of work/training should be post-qualifying or a dedicated 2nd year module ... Elements of all this done on our course, but nothing specialist like one would get in play therapy due to time considerations.' (Er3)

I think the Masters programme can only give basic training and working with many of these children requires additional training in the form of post-qualifying courses.' (ER7)

Should be a basic skill and practitioners need time to engage with children and resources and adequate supervision. CPD is essential in relation to this work.' (E12)

Given that social work courses are generic qualifications (not child protection qualifications), I think it would be unrealistic to have specific sessions on all of these topics. But in an ideal world where time and resources were not an issue, then it would not be a problem. In reality, a lot of this training would have to happen as part of CPD.’ (Er9)

### **Recommendations for assessments**

Some educators (n=5) made recommendations regarding assessment procedures with children involved in the child protection system. One respondent highlighted the importance of a child-friendly environment and the availability of resources:

Availability for special facilities in agencies for working with children. They should be informal and there should be a range of materials available. The interviewing/assessment space should be out of the formal office setting (Er4).

Generally, social work educators agreed that direct work with children is a key function of social work practice and it requires a greater focus within the assessment process. One respondent outlined, ‘I think social workers need to focus on the therapeutic work that children need but this may require a focus on tasks rather than the current focus on role’ (Er7). This point is reiterated by respondent ten who believed:

Separating out the therapeutic relationship/role of social work in relation to work with children from the statutory role is unhelpful and undermines the possibility of conducting accurate meaningful assessments (Er10).

Another social work educator sharing this view recommends a greater concentration on preventative work for children and families:

More of a focus on therapeutic preventative work with families and children and more balance between child protection assessments and intervention and supportive/preventative work (Er11).

### **3. Social work managers**

The five managers working with the PST programme participants were interviewed using a semi-structured interview approach to ascertain their views regarding the use of play skills as a method of communicating with children involved in the child protection system. The managers comprised of one child care manager, one principal social worker, and three social work team leaders. The child care manager manages all disciplines involved in child

protection activity. In relation to child protection assessments, the child care manager chairs all Child Protection Case Conferences (CPCC) and the Child Protection Management Team (CPMT) where all new referrals are discussed and initial assessments are presented by the allocated social worker. The principal social worker is the manager of the social work team as a whole and line manages the social work team leaders. The social work team leader line manages a team of social workers.

The findings in relation to the managers' views on social workers doing direct work are presented first, following by their thoughts on the PST programme and their vision on how the training may be utilised best in their department.

### **Direct work**

All managers viewed the process of direct work as necessary for children involved in the child protection system. One participant felt that one direct work was being done with a child it did not necessarily matter whether it was the social worker that did it:

I think in an ideal world you would say yeah, I think it's important, but I suppose to be pragmatic about it, I think it's important that somebody does that direct work. I'm happy enough that if a social worker is meeting with a child regularly to check in with them and that they're case-managing that work could be given to somebody else. So, I do believe it's very important that the direct work is taking place. I don't necessarily believe that it's always going to be the social worker (M2).

Although social workers have heavy caseloads one manager was adamant that social workers need to be doing direct work:

I think it's absolutely vital. Again, workers would regularly come and they would say to me because of issues in resources that they haven't been available to do direct work and a lot of the time what we end up doing is giving this piece of direct work to other disciplines to do ... I just think that the social worker is the one key person who are consistent in the lives of these children and they should be trying to do the direct work (M3).

One manager recounted their experience of doing all of their own direct work as a social work practitioner and was also firm in their view that social workers need to take ownership of this role:

I do think the social worker does need to have their own working relationship with the child and that they do their direct work with the children as well. They need to build that relationship. The child care leader will have a very important role in addressing some specific pieces of work on a short-term basis, whereas the social worker is to be

there on the long-term basis and they do need that relationship that the child can speak with them (M1).

The same manager had training in play therapy and sand play a number of years ago and stressed a deep understanding of the importance of these skills for communicating with children in child protection social work.

Another manager reflected on their own experience of direct work as a social worker and recalled:

When I left social work in 1995, I had done absolutely no skills of direct work with anybody, parents, children. I have no memory of it being part and parcel of anything I did'. This manager stated that they have been approached by many social workers over the years: 'who have had and would regularly say that they are not able to, don't know how to communicate or work with children and would like skills in it. So, I think it has to be a part and parcel of Children Family Services and most social work that we carry out (M3).

### **The PST programme**

The managers shared their views in relation to the PST programme based on feedback they received from the social work team. All managers (n=5) rated the programme as 'essential training' for social workers due to the skills they acquired for engaging with children: One participant outlined:

The skills were something that they felt that they could very much use and are using elements of kind of even in the shortest of interviews ... So, they have found it very good, very helpful and it has given them more confidence in meeting and working with children directly (M1).

One manager pointed out that they thought the training offered a good insight into the use of play skills but felt the social workers would need to revisit this the material covered to ensure a continuous development of the skills:

Very good, very comprehensive, very thorough. A lot of areas covered but at the same time they could be stand-alone pieces, modules, and then even within those modules they could be built on outside of the 20 hours as well. You know, you could increase over the years an advanced module for each of those modules that you went through. So, it's very adaptable (M2).

Another manager discussed feedback they received from a PST participant regarding a time when they used the play skills to engage with a child and found the skills to be very useful in supporting communication:

We had a child who was extremely afraid to speak, the parents were quite abusive and aggressive towards staff but following a number of attempts and a number of sessions with this child through play and do you know, through integrating and persistence on the workers' behalf, this child actually gave information and looked for support (M3).

This manager received a lot of feedback from the social work team and summed up their views of the PST programme:

I thought it was an excellent training, I would have had a lot of feedback from staff, just in relation to the training and people have found it excellent, very useful. Again, useful in building skills in relation to working with children and just to give people confidence.

### **Future application of the method**

The managers described how they thought the PST programme could be utilised by their department in the future. One manager recommended that social workers have smaller caseloads so they have time to use the skills during direct work:

I suppose my preference would be for smaller case-loads in order for the social workers to have physically the time to actually use the skills with the children. That they're not just going from crisis to crisis ... that in itself might free workers up because they might be able to close cases more efficiently because work has been completed (M1).

One manager expressed concern at the number of new graduates starting work in child protection social work with little or no knowledge of how to communicate with children and stated 'I think it needs to be part of the college curriculum'. In relation to their own department, this manager also recommended that new social workers must engage in the PST programme. This manager recommends it:

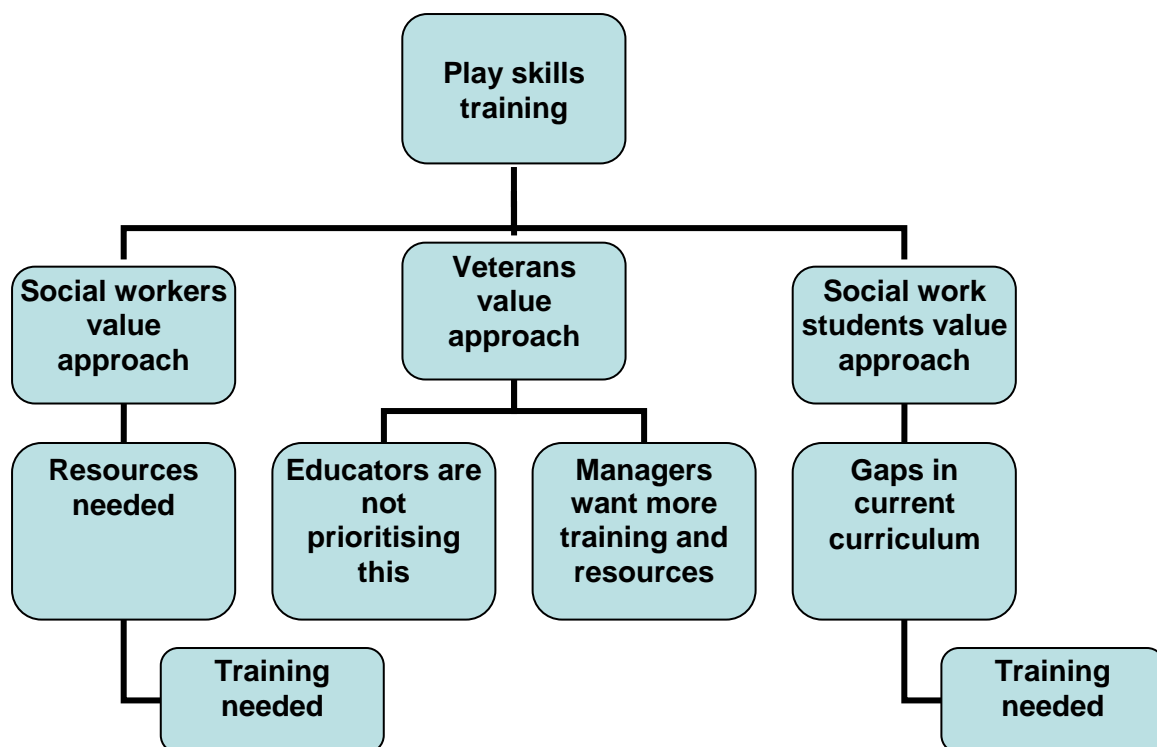
Be part of the induction training and it should be stipulated on the induction programme that if you come into an area in children family services, you absolutely have to have the skills for working with children ... gathering information from children and they're quite specific skills because I think to get information from children is completely different than getting it from adults (M3).

## Summary of results for Objective 4

- Principal social workers view direct work as a key function of social work practice and would like to see a greater focus on it within social work education.
- Social work educators recognise the importance of direct work for children involved in social work services. They believe post-qualifying training should facilitate this learning.
- Social work managers were pleased with the application of the PST programme within their departments and require all new employees to engage in the programme. They do not believe social work graduates are equipped with skills to communicate with children.

Figure 12 summarises the views of the veteran social work practitioners in relation to social workers using play skills in practice.

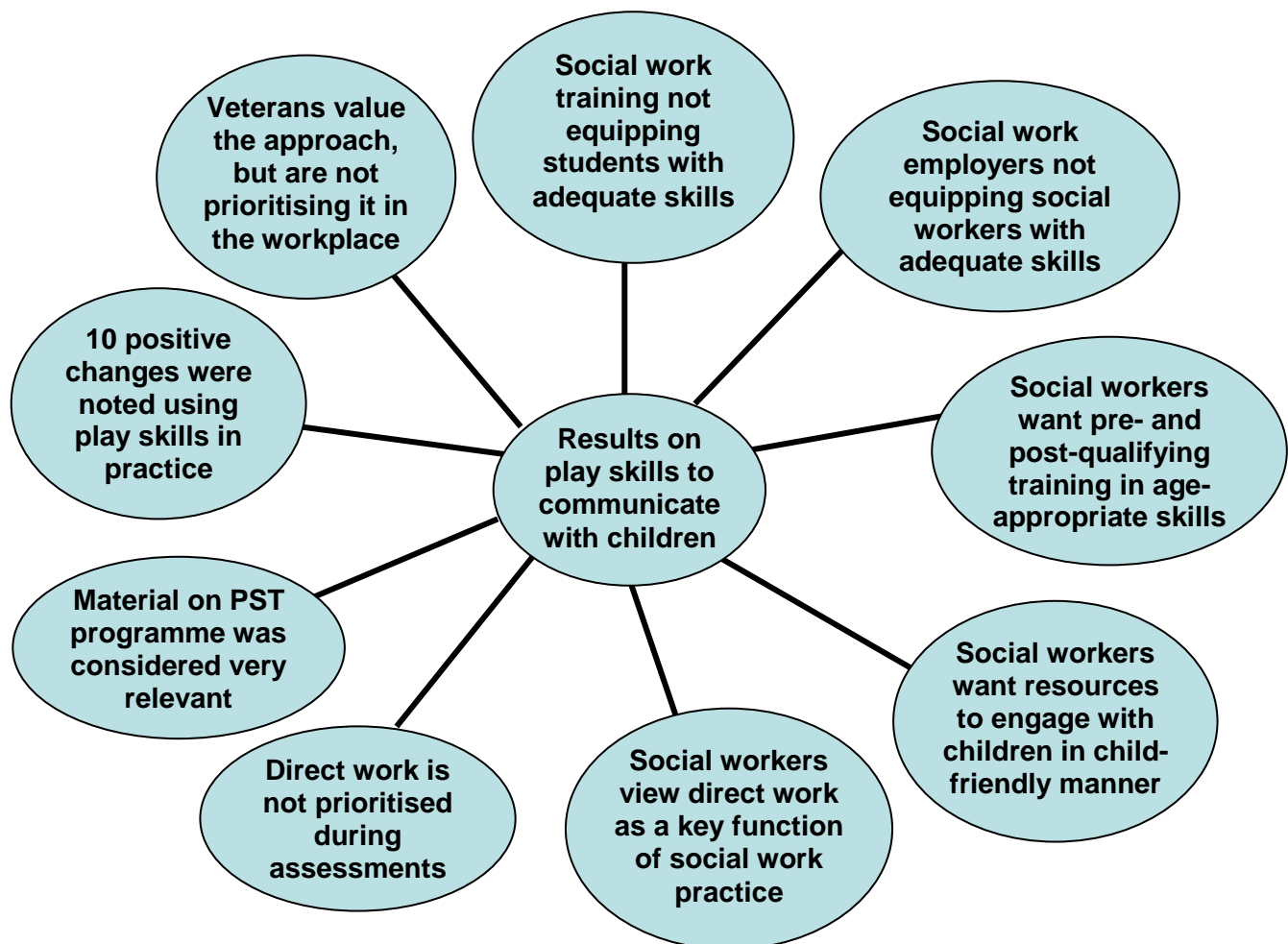
**Figure 12: Summary of veteran social work practitioners' views on play skills**



### 5.3 Chapter summary

This chapter presented the results from the data collection process. Firstly, the results from the quantitative study were presented, followed by the results from the qualitative study in relation to Objectives 1-4. Figure 13 brings together the overall results of the study.

**Figure 13: Main findings of study**



Chapter 6 discusses the results in terms of the literature, research and relevant policy.



## Chapter 6: Discussion of key findings

### Introduction

This chapter discusses the key findings of the study. The results are interpreted in terms of literature, research and policy, and the implications of the study are considered. At a wider level, this chapter examines whether this research has made a contribution to the body of knowledge with regard to how professional social workers can best communicate with children involved in the child protection and welfare system. The following discussion will, based on results, highlight how the use of play skills in child protection and welfare assessments can support social workers in their communication with children. The limitations of the study are outlined and some recommendations for social work practice and future research are offered.

### 6.1 Discussion of research findings in relation to Objectives 1-5

#### **Objective 1: To explore pre- and post-qualifying social work training in relation to communication with children**

One specific finding relating to Objective 1 was that social workers did not receive adequate training for communicating with children either in university or from their employers. This finding is important since it highlights that social work education and employment training opportunities do not provide students and social workers with the skills to communicate with children. Child protection and welfare social work requires social workers to communicate with children about deeply personal, sensitive and often painful issues. Thus, the teaching of communication skills should be central to social work training. Social work students should be taught communication skills that will be appropriate to all the areas of practice they are likely to encounter (Richards *et al*, 2005). Cooner and Hickman (2008, p. 647) discuss the importance of learning opportunities for social work students to acquire the necessary skills to practise ‘in the complex world of child protection’. They outline that child protection practice expects newly qualified social workers to have a basic level of knowledge on the law, assessment, communication, policies, procedures, reflection and problem-solving skills.

They acknowledge that not all students will gain a practice placement in child protection, but recommend that they receive effective training to practise in this area of social work.

Luckock *et al* (2006, cited in Lefevre *et al*, 2008) argue that skills to communicate with children should be considered necessary specialist skills to be achieved by social work students at the point of qualification. Luckock *et al* (2007, cited in Lefevre *et al*, 2008) state that employers, parents and children should expect that their social workers are competent in employing age-appropriate and effective ways to communicate with children. In addition, these skills should be developed to a more advanced level by social work employers. Despite these skills being regarded as necessary skills, over three-quarters of the present study's survey respondents outlined that they did not have sufficient training in this domain of practice. Foley and Leverett (2008, p. 8) remind us of why social workers need to be familiar with the numerous ways children communicate:

When done badly, it can be confusing, discriminatory, alienating, deflating, cause harm or create problems. When done well, it can support positive relationships, support learning and development and contribute significantly to children's well-being. It can keep them safe, empower them, affirm their identity, encourage their creativity and help them to build sustaining and pleasurable relationships with other people – as well as inform the development and evaluation of children's services.

### **Implications for the practice community**

Child protection and welfare social workers have a statutory duty to protect children who may be at risk of abuse and/or neglect. It is crucial – and obvious – that they are equipped with the necessary skills to be competent communicators when dealing with children on deeply painful and personal issues. Helm (2011) maintains that practitioners assessing child protection concerns often lack the key skills and knowledge needed for meaningful engagement with children. He points out that communication skills are essential in ensuring effective social work practice. The findings from the present study highlight a need for social work education to include communication with children as a module in its own right. In relation to following the child's lead (i.e. what children do and say themselves), this form of communication is often missing in social work books and training, despite this aspect of communication being extremely important in terms of respecting, protecting and fulfilling children's rights, as well as challenging our social workers' own limited view of children's competence (Alderson, 2000/2008, cited in Winter, 2011).

Social workers in the study recognised that there is a need for continuous professional development (CPD) for practising social workers to refresh and develop these crucial skills for ongoing practice with children. Munro (2008) concurs with this view and asserts that even experienced practitioners need training to develop their intuitive skills, learn about their limitations and the use of analytical skills to assess and enhance them. Child protection and welfare social workers need to be able to negotiate their training needs (as they have identified in this study) so they are in a position to get to know the children on their caseload. Winter (2011) maintains that a lack of social work training hinders social workers' ability to form relationships with children. She highlights that social work training in the UK is now a Government priority, which incorporates the curriculum in university, practice placements and post-qualifying training programmes. She quotes Lord Laming, who states in his 2003 report on the Victoria Climbié case, 'the message of this report is clear: without the necessary specialist knowledge and skills, social workers must not be allowed to practise in child protection'.

**Objective 2: To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children**

The findings in relation to Objective 1 (*see above*) clearly show that child protection and welfare social workers view the potential and actual use of play skills in working with children very positively, despite their lack of training in this domain of practice. The overall majority expressed an interest in learning more about the use of play skills in assessments and stated that they would be interested in attending a PST programme. As examined in the literature review the social workers believed play skills were necessary to support them to communicate with children in a child-friendly manner. They outlined that they do not find current methods of questioning children to be effective in gaining a true insight into their world. Many social workers highlighted a need for resources to support them to engage with children in a child-friendly manner. They stated that social work departments lacked child-friendly accommodation and the materials to facilitate this manner of engagement with children. Heavy caseloads were also presented as a barrier to this style of practice, resulting in little time to build relationships with children at risk. Many social workers identified child-

centred direct work as a key function of social work practice and outlined a need for this to be recognised and prioritised during assessments.

Wilson *et al* (2008) assert that in many ways the skills for communicating with children are no different than the skills used for communicating generally within the professional context. However, it does require the use of different skills. In part, this is due to the ways children communicate through their use of play and their developmental stage in relation to language and understanding, as well as the power differences and autonomy between children and adults. The authors point out that many child abuse inquiries have highlighted social workers' failure to meet children and communicate effectively with them. They balance this negative representation of social work by describing the results of a small-scale study by Nice (2005) which explored child-centred practice and found social workers to be primarily child-focused rather than parent-focused in their communications during assessments.

In the present study, the majority of social workers rated the potential use of play skills in social work practice highly. They outlined that they viewed age-appropriate direct work with children as a key function of social work practice. A few social workers wrote about the actual use of play skills in practice and stated that it is important to engage children in that manner. According to Woodcock Ross (2011), it is very important that social workers are familiar with different modes of communication and do not view speech and language as the preferred, or only, means of communication. She argues that such an opinion would disregard and fail to recognise the numerous ways children choose to express their wishes and feelings. She believes that children under the age of eight years communicate through play and stories, moving on then to the use of more symbolic creative techniques to support expression. She states that many children and young people in contact with social work services will have experienced developmental delays across many dimensions of their development and talking alone is unlikely to provide for meaningful engagement. The use of tools that are symbolic and visual (such as clay, drawings, crafts and toys) are recommended, alongside the dialogue.

Social workers in the present study highlighted that the allocation of resources to facilitate their engagement with children using a child-centred approach was minimal and they expressed the need for such resources since their departments lacked appropriate play spaces and materials to conduct such work. Lack of resources appears to be a major barrier for child protection and welfare social workers to engage in direct work. Although not mentioned in the survey questionnaire, the majority of social workers included 'resources' as an issue in

their additional comments. Elmer (2009) found that practitioners reported stressful working conditions, where limited resources were available to them in terms of child-friendly spaces and adequate toys and play media to use with children. Short-term assessments were viewed as a priority and play was not considered an important means of communication in assessing the needs of a child. Lefevre (2010) found the inclusion of children in assessments posed a challenge for many social workers; she uncovered little evidence of social workers seeing, engaging, observing and playing with children and young people. In the present study, respondents also attributed a lack of engagement with children to the lack of time, skills and resources, as well as direct work with children being considered a low priority in the assessment process.

### **Implications for social work practice**

The data collected from all groups of social workers identify practitioners' enthusiasm for using play skills to communicate with children. This clearly indicates that play skills are perceived as an important tool of engagement during child protection and welfare assessments, regardless of the fact that it is not happening. Lefevre (2010) states that communication with children and young people needs to lie at the heart of assessments and the aim of child-centred practice is go at the child's pace, using their preferred method of communication.

All social workers view direct work as a key function of social work practice, but heavy caseloads and time constraints are a major barrier to actively engaging in the work. It appears from the data that all other elements of the assessment are prioritised ahead of building relationships with children. If social workers do not spend time getting to know children who are at risk of abuse and/or neglect, it is unlikely that the child's voice will be represented adequately in the assessment. Helm (2011) points out that although the quality of assessments have improved in recent years, child protection professionals are still failing to pay sufficient attention to the voices of children and young people with regard to their feelings and experiences.

Many of the social workers in the present study highlighted that direct work and relationship building during child protection and welfare assessments were not considered a priority. If spending time with children and young people is not prioritised, they will continue to feel

powerless and voiceless within the process. Elmer (2009) discovered that practitioners found their managers rated play-based interventions as a low priority in their work with children. Munro (2011) outlines that an obstacle to good practice includes the message that the organisation sends to workers about priorities. Buckley *et al* (2008) found that young people involved in the Irish child protection system experience delayed or inadequate responses by social workers in situations that they (the young people) perceive themselves to be at serious risk of harm. Young people expressed dissatisfaction at the high rate of staff turnover, which resulted in them having multiple changes in their allocated social worker. They stated that this seriously affected their ability to build relationships with the worker. The authors also ascertain that young people want their social worker to communicate with them in a genuine and respectful manner, and many outlined difficulties in their interaction with social workers. A range of young people reported that it was important to have a private place to discuss any concerns they may have with their social worker. Again, the present study found that the capacity for this to happen was reported as generally not available.

### **Objective 3: To explore the benefits and limitations of a training programme in play skills among a set of child protection social work practitioners**

The rationale for Objective 3 was to gather data on participants' views of the material delivered on the PST programme and its applicability to child protection and welfare assessments. In essence, it was to find out if the PST programme works for social workers. Participants' views of the material covered in the training are discussed below, followed by their experiences of using the play skills during assessments of child abuse and/or neglect.

#### **Practitioners' views of the PST programme**

The PST participants engaged in a process of **connecting with the inner child**, based on the assertion by Oaklander (2006, p. 165) that 'the best teacher is yourself as a child and it is vital to be able to remember what it was like to be a child'. Participants found this exercise useful and all agreed that it was important to engage in this type of process when working with vulnerable children. They found it helped them to connect with their childhood memories and the feelings associated with being a child. The team considered the exercise worthwhile and

outlined that it made them more aware of how a child may be feeling during the difficult process of a child protection and welfare assessment.

A major focus of the training was on the use of **non-directive play skills** when communicating with children about their lives. The non-directive approach is used in play therapy to help children communicate their thoughts, needs and feelings through the medium of play and to assist children in learning to identify their feelings and express them (Landreth, 2002). The PST participants believed this approach would be beneficial to build relationships with children, as well as providing them with a richer insight into the child's personality, interests, feelings and experiences.

The use of **stories** to communicate with children was explored in the PST training. This looked at ways the social worker could create a story to communicate with the child, or the child creating his own story, or the use of therapeutic stories by the social worker. The PST participants agreed that the use of stories in direct work with children would be a useful tool in supporting them around disclosures and helping them make sense of their experiences. Sunderland (2001) states that stories are an excellent way to communicate with children and are easier to remember than conversations. Stories are used in play therapy to get the child's attention and to suggest new possibilities to them. Children often integrate the components of stories and develop a new attitude towards their conflict. They may unconsciously borrow the skills and the solutions that the main protagonist in the story uses in order to overcome their own difficulties.

PST participants were unanimous in their view that the **worksheets** were the most applicable tool for carrying out child protection and welfare assessments due to the wide range of issues addressed. They liked the fact that they could have a folder on their desk or in their car to consult with quickly in the event of an emergency interview. Worksheets are recommended by Jennings (2005) to engage with children who have special needs or developmental delays, and with children who have suffered abuse and/or neglect.

Participants reported that they learned a lot about each other using the **drawing techniques** and it was easier to talk about their lives and their families with a picture to focus on. Oaklander (1978) recommends a wide range of drawing techniques and asks children to represent their world on paper using shapes, colours, lines or family members as animals or symbols. She asks children to think about the colours they choose, the space each thing takes

up and where they are in the picture. Oaklander asserts that asking a child to draw their family is a traditional diagnostic technique that is meaningful and useful in learning about children.

Participants explored the use of **puppets and the doll's house**, which can help children communicate their experience of an incident that they may not be able to explain verbally. It was acknowledged that this approach would provide workers with many avenues to explore difficult experiences for children, especially very young children. This concept is not unique to social work and caring professionals. The author H.G. Wells wrote about observing his two sons playing on the floor with miniature figures and he realised that they were working out their problems with one another and other family members. McMahon (1992) and Winter (2011) recommend the use of **focused play techniques** by social workers to explore specific incidents with children.

Participants experienced **sand play** during the PST programme and were pleased to learn the techniques, but expressed concerns that it was a very specialised area that would require a lot more training to reach a level of proficiency. Oaklander (2006) recommends offering the child the opportunity to create their own scene or story in the sand. She also recommends that if the adult has something they would like to explore with the child, the adult should choose the objects to include in the story.

Generally the social work participants were very enthusiastic regarding the theory examined and the skills acquired during the PST programme. They felt the material was very relevant to the assessment process and were eager to assess its applicability to practice.

### **Practitioners' views six months post PST programme**

This study found that child protection and welfare social workers noted at least 10 positive changes in their practice during the six months after they completed the PST training. In addition, the findings also identify barriers and challenges to using the approach. The positive changes reported by social workers are discussed below, followed by the barriers that exist in relation to using the play skills.



## **Child-friendly environment**

Participants reported a greater awareness and commitment to **providing a child-friendly environment** while meeting children during child protection and welfare assessments. Some participants stated that they now have a mobile play kit in their car to engage with children in their homes, schools or local health centres. Kowprowska (2010) draws attention to all the opportunities social workers have to meet with children and recommends that they have appropriate materials available to work with children when the opportunity arises. Wilson *et al* (2008) stress that an important element in showing respect for one's clients involves the careful planning of the work to be carried out. This involves thought in advance of how you plan to engage with the child in terms of the setting, the time, how you will introduce yourself and your role, the activities you will choose and the materials and tools you will use. The authors also recommend that social workers give careful consideration to the venue in which they meet children, arguing that 'the main distinction between venues for meetings is the power differentials' (Wilson *et al*, p. 302). The PST participants talked about ensuring that they had fresh art materials and appropriate toys to use when engaging with children during investigative interviews and direct work. Woodcock Ross (2011) concurs with this and advises social workers to prepare suitable materials, according to their knowledge of the child's age, interests, talents and cognitive ability to commence the communication process.

## **Increased confidence**

The majority of participants reported an **increase in their confidence while engaging with children** during assessments. The study's results clearly show that the social workers felt more confident exploring complex issues with children using a play-based approach rather than questioning children about their family and childhood experiences. Some social workers claimed they felt more confident in the quality of their assessment, knowing they had engaged with the child effectively. Regehr *et al* (2010) assert that a major factor in a worker's confidence while assessing child abuse is their perceived ability to engage with children and all family members. Given the need for a better image for social workers in light of child protection scandals, it is important that social workers feel confident carrying out this extremely important and complex work. Winter (2011) found that social workers experienced anxiety about causing children further harm and distress during their meetings and this was a major barrier in the formation of meaningful relationships with children. In the present study, the social workers expressed concern about involving children in assessments due to the

potential risk in talking to them about deeply sensitive issues. This highlights the importance of social workers feeling confident in their communication skills to engage with children.

### **Child-centred**

The PST participants generally experienced the assessment process as being **more child-centred**. The term child-centred, ‘describes ways of teaching and treating children in which the child’s needs and wishes are the most important thing’ (Cambridge Dictionaries Online, 2012). They highlighted that using play skills to communicate with children was more comfortable and relaxed than using a prescribed set of questions to explore their world. They found that following the child’s lead during the play sessions allowed the child to engage at their own pace, while providing them with a rich insight into the child’s own person. Lefevre (2010) recommends commencing the communicative process by using a free play approach to allow the child to build a relationship with the social worker at a pace that is comfortable to them. She believes this approach is more child-centred and provides the worker with an opportunity to make sense of the child’s way of conveying, expressing and exploring their inner world. Play is described as the language of children and is the most child-centred way to engage with children and enter their world (Schaefer, 2002; Landreth, 2005; Oaklander, 2006).

### **Child’s voice receives better representation**

The PST participants found that by using play skills **the child’s voice received better representation in their assessments**. All participants agreed that current questioning procedures were ineffective and they discovered that using play skills provided the child with a richer voice in the assessment process. Milner and O’Byrne (2009) assert that a core principle of social work practice is to work in a child-centred way by listening to and taking the child’s voice into account as much as possible. Participants found the non-directive approach was very helpful in building an open, trusting relationship with the child before using the focused techniques to explore certain issues. The use of focused play techniques allowed for a greater expression of the child’s world. Kowprowska (2005) advises social workers to start where the child wants to and not to direct the focus of the session, as this portrays interest and respect in their world. At various times, it is wise to guide the child and asking them to draw their family can be very valuable during assessments, as it usually results in a richer discussion about family members and their likes and dislikes. The

Roscommon Child Care Inquiry (2010) report states that social workers should see and speak directly to all children where there are concerns about their well-being and that the child's voice must be evident in all reports and records.

### **Practitioners felt more enthused about their jobs**

The PST participants found that by using the play skills in the course of their assessments they **felt more enthused about their jobs**. Some participants outlined that the reason they entered the social work profession was to engage in direct work with children. However, this is given low priority in current assessment procedures. This wish to engage in direct work is consistent with research carried out by Gupta and Blewett (2007), who found that social workers were more likely to stay in their post when they were in a position to provide preventative and protective services for children by engaging in relationship-based social work. A key finding of their research was that social workers felt that time to develop relationships and use their skills to promote positive changes in families was undervalued and overshadowed by bureaucracy. Another consistent overpowering message from the present research was that social workers' primary motivation to enter the profession was to work directly with children and their families, to support them in bringing about positive change in their lives. The social workers in the study felt there was little time to build relationships with children and their families. Munro (2010) highlights the fact that recruiting and maintaining staff in child protection has become a major problem in many countries. This finding is significant in terms of job satisfaction within child protection and welfare practice.

### **Practitioners now use their time differently**

The PST participants found that after completing the PST programme they were **using their time differently** with children. Many did not feel the use of play skills increased their workload. They used their time on home visits to engage with children using the play skills or to observe the children playing. During investigative interviews, they used the play skills to engage with children rather than asking them a prescribed set of questions. Some social workers also described meeting children regularly for short sessions of direct work. Elmer (2009) asserts that practice culture can be a major barrier for practitioners who are highly motivated around engaging in direct work and play therapy in their social work practice.

### **Tool most commonly used**

The **tool most commonly used** during child protection and welfare assessments were the **worksheets** due to their versatility in communicating children and the wide range of issues they address. During emergency situations, if a social worker did not have time to plan a meeting with a child, they could find an appropriate worksheet very quickly to commence engagement with that child. They felt that the children enjoyed filling out the worksheets rather than sitting down answering questions about their families. The social workers also found the worksheets were a true indication of the child's voice on the file. The file is meant to be the most representative of the current status of the child's well-being. Doyle (2008) asserts that a file may also be an inadequate representation of a child if a social worker does not keep it up to date. The PST participants felt the worksheets were a better representation of the child's world than transcripts of investigative interviews or written records of meetings.

### **Play used during home visits**

The eighth way in which PST participants incorporated the play skills into their assessments was by **using play during home visits** to engage with children. Some participants found that they began to observe children at play in their home environment and found it to be very informative for their assessment. Lefevre (2010) states that an important alternative way to gather information about a child during social work assessments is to observe them in their environment, to make sense of their world in that circumstance. This can shed much light on how they are thinking and feeling, as well as the family dynamics and relationships. When a case is allocated to a social worker, an integral part of the assessment is a visit to the child's home on a regular basis. Fergusan (2009) asserts that the visit to the child's home is a key tenet in assessing and preventing child abuse and/or neglect. He highlights that an important finding in child abuse inquiries is the difficulties practitioners face in being able to find children, gain entry to their home to see them and to get to relate directly to them. Kowprowska (2010) recommends that social workers have a travelling play kit available to engage in play-based direct work with children in their homes. Play is a gateway for social work practice into a case.

### **Communication enhanced during direct work**

Another change noted by PST participants was that **communication was enhanced during direct work with children** since many children were able to talk about issues in their lives

and their feelings around abuse and/or neglect. Many participants provided detailed examples of children opening up to them during direct work sessions. By engaging with children using the play skills the social workers gained greater knowledge of their attachment relationships, coping mechanisms and support networks. Participants also found this process allowed children to develop more trusting relationships with them, where they were supported to express any issues affecting them. Some participants found they had no time to do direct work and expressed frustration in having to refer this work on to other agencies or professionals. Elmer (2009) states that it is widely known that play therapy and direct work (to a lesser extent) have difficulties fitting into current social work practice, which is more focused on assessments than on interventions. The present study found that by engaging in direct work in a child-centred way, the assessment process became more of an intervention than a reaction to a crisis because the social workers found that they could communicate better with children when they used play skills. Many social workers found it beneficial to meet with children and do a few direct work sessions before exploring sensitive issues with them. Holland (2010) asserts that children expect, and need, involvement with social workers that is genuine and centred on relationships that will be consistent and develop over time. The process of communicating with children through child-centred direct work ensures that this occurs during assessments of need.

### **Communication enhanced during investigative interviews**

Finally, the PST participants found that by using play skills **communication was enhanced during investigative interviews**. According to the *Children First* national guidance, the initial assessment must include an interview with the child, during which their thoughts and wishes must be ascertained in an age-appropriate manner (DCYA, 2011). Lefevre (2010) maintains that using a play-based approach allows a relationship to be formed, where a child feels safe and relaxed enough to communicate their inner world in a manner that makes sense to them, rather than having to answer a professional agenda limited by checklists and questions. Winter (2011) stresses the importance of relationship building, listening skills, responding skills and appropriate questioning in ensuring successful interviews with children. She recommends that social workers are skilled in understanding non-verbal behaviour, as well as managing silences, feelings and emotions during interviews. She strongly supports this method since it reflects and is grounded in a child rights-based approach. Again the

social workers found that this process provided them with an opportunity to explore children's attachment relationships and personal circumstances in a child-friendly manner.

The results indicate that the team of child protection and welfare social workers found the play skills to support their communication with children when exploring very sensitive and painful issues. As discussed in Chapter Two, play has long been recognised as an effective and age-appropriate way to gain a true understanding of the child's world. By engaging with children through play we send them the message that we want to get to know them at their preferred pace; preferred medium of communication and they do not have to try to communicate their world using adult modes of communication (Landreth, 2005).

### **Barriers to using play skills during child protection assessments**

The present study has shown that some social workers did not manage to fit direct work into their assessments, irrespective of the value they placed on the process. It appears that the other components of the assessment continue to be prioritised and getting the opportunity to do direct work can be considered a luxury. Winter (2009, cited in Winter 2011) considers many potential barriers to developing meaningful relationships with children. Similar to the findings of this study, she identifies seven of the most common potential barriers and calls them the 'seven Ts', namely – tasks, trust, threats, theories, training, tools and time.

The PST participants' enthusiasm after the training programme mirrored the amount they used the material in their assessment work during the six-month trial period. Some social workers described dilemmas in having to choose the children that they would be able to meet and the ones that would not receive this intervention. The concerns around lack of skills, time constraints and resource issues remain a challenge for practitioners. The individual's personality and interest in engaging in play-based interventions will also have an influence on how it is incorporated into their practice (Elmer, 2009).

### **Implications for the practice community**

Some social workers had no time to engage in direct work during the six-month period after the PST training; however, they incorporated the skills into investigative interviews and meetings with children in their home. They expressed hopes that they would be able to make

room for direct work in the future with the addition of new staff to their team. They outlined that it was an important part of their assessment, one which currently they had to refer on to other professionals or agencies. Findings suggest that play skills can become an accepted part of child protection and welfare social work, during any form of engagement with children and during assessments of abuse and/or neglect. Findings also indicate that resource allocation, training and the social worker's personal interest in the area will all affect whether they use the play skills to communicate with children. For example, social workers may rate the approach highly, but may resist its function if they do not receive regular training to keep their knowledge and confidence at an acceptable level (Elmer, 2009). Howes (2010) points out that children have excellent assessment skills since their emotional and physical survival often depend on them. Many children need to be able to assess how to respond to adults at times when a mistake may have '*catastrophic circumstances*' (Howes, 2010, p. 137). He highlights the importance of communicating with children during assessments and believes the most important resource is the practitioner's own willingness and capacity to engage with the child.

In the main quantitative study, the researcher did not mention resources on the questionnaire and yet the majority of respondents highlighted a need for child-friendly accommodation, materials and time to engage with children during assessments. Services built around the protection of children should physically provide the spaces to allow children to feel safe to express their thoughts, feelings and experiences. It was agreed that the service should provide child-friendly spaces, with toys and materials available to support the child's process at a pace that is comfortable for them, as opposed to the pace of stretched social workers with heavy caseloads. The social workers did, however, utilise the toys made available to them by the researcher during the main qualitative study. Howes (2010) recommends choosing age-appropriate materials that are suitable for the task and the child. She suggests the use of art materials, sand, dolls, animals, puppets, cars, planes, boats, baby equipment, telephones, books and soft toys.

Social workers need to recognise that spending time with children and building relationships with them is integral to the voice of the child being heard during child protection and welfare assessments. By engaging in this process social workers gain a greater understanding of the child's attachment relationships, experiences, worries, feelings and wishes. This was a key recommendation in the report of the Roscommon Child Care Inquiry (2010). Keys (2009)

reminds us of the growing emphasis on the need to hear the child's voice in Government documents and policy on child protection and welfare. She cites Macdonald's (2001) study, which evaluates 18 comprehensive assessments that did not include the views of children. She compares this to Bell's (2002) study, which gives valuable insight into the importance of trusting relationships between children and social workers. Engaging in child-centred direct work with children will open many avenues to explore complex issues with children and provide them with opportunities to express their world. Communicating with children in a child-friendly manner needs to be prioritised during child protection and welfare assessments. Communicating with children and young people to ascertain their views and experiences during assessments is of major practical importance, in addition to the moral and ethical reasons for this practice (Hutton and Partridge, 2006, cited in Lefevre, 2010).

#### **Objective 4: To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners**

### **Introduction**

Due to the exploratory nature of this study, Objective 4 was included for a number of reasons and the results of each are discussed below:

- It was important to collect data from the managers of the PST participants to see what they viewed as a priority in child protection and welfare assessments and to explore their perceptions of the PST programme.
- It was necessary to establish the views of principal social workers across Ireland regarding the challenges involved in child protection and welfare assessments, and the material covered in the PST programme.
- It was needed to ascertain the views of social work educators, considering the main study focused on the delivery of a training programme and its applicability to child protection and welfare social work practice.

### **Social work managers**

The data collected from the managers of the PST participants clearly demonstrate that they supported the application of play skills into practice and would like to see their teams engage in child-centred direct work and investigative interviews. Paralleling the recommendations of social workers, the management team highlighted their dissatisfaction around pre- or post-



qualifying training with regard to the acquisition of skills to communicate with children. In addition, frustrations were expressed in relation to the lack of resources allocated to promoting child-centred engagement with children involved in the service. To ensure children are engaged with effectively, it is crucial that social workers have encouragement and support from their managers. Line managers hold a particular influence on their social workers' attitudes to doing direct work and play therapy with children (Elmer, 2009). Fergusan (2011) maintains that social workers need organisational structures and line managers to ensure they have the necessary time to develop meaningful relationships with children. The managers involved in the main qualitative study had a good knowledge of the importance of using age-appropriate creative media to engage with children.

### **Principal social workers**

The principal social worker respondents in the study were generally very positive regarding the material included in the PST programme and agreed that social workers experienced difficulties in communicating with children at risk, as well as relationship building and doing direct work with children on their caseload. Respondents acknowledged that children face a number of challenges when trying to communicate their world to social workers. Most believed that social workers would benefit from training to gain additional skills in this area to ensure assessments are child-friendly. Lefevre (2010) maintains that communication with children lies at the heart of social work assessments and decision-making in relation to the well-being of children. He believes current frameworks need continuous tailoring to meet the specific needs of each child and the assessment context.

### **Social work educators**

A key theme emerging from the social work educators' additional comments was that providing social workers with age-appropriate communication skills to communicate with children was too specialised for social work education since current social work programmes are generic. Lefevre *et al* (2008) question the generic nature of the current training for social workers and argue that, for example, social workers practising in the field of mental health must also have skills to communicate with children if their clients are parents. The authors recommend a commitment to child-centred communication and are concerned that an adult-centred approach, which is verbally reliant, may hinder effective communication. In being

child-centred, they recommend that social workers use child-friendly methods, such as playing or art, to adapt to the communicative style of the child. They also recommend that the process should be child-led. Goodyer (2007) also states that supporting students to communicate with children about complex issues are skills that are transferable to many areas of social work practice. Some educators in the present study stated that the area of communicating with children was neglected in the curriculum and outlined that it was currently overcrowded and may need to be addressed as part of social workers' continuous professional development (CPD). This finding illustrates that most other areas of social work are viewed as more important than preparing students to communicate effectively with children involved in social work services. Kowprowska (2010) recommends that universities, at the very least, enhance students' communication skills for practice.

As presented in Chapter 5, the four sets of stakeholders that provided the data for Objective 5 rated most of the material covered in the PST programme as knowledge which social work students and practitioners *should* have. The stakeholders also agreed that social workers and children do, or sometimes do, experience difficulties communicating with each another during child protection and welfare assessments.

### **Implications for the practice community**

Managers in child protection and welfare social work need to provide regular, updated, experiential training to social workers who continuously need to assess the needs and level of risk to vulnerable children who may be experiencing abuse and/or neglect. Communicating with children and developing meaningful relationships with them is not an option in ensuring their safety – it is a crucial component of best practice (Winter, 2011). The power of using playful and creative activities to communicate and build relationships with children is well argued and researched (Lefevre, 2008; McLeod, 2008, cited in Winter, 2011).

Line managers will continue to hold a high level of influence over social work practitioners and it is important that they place an emphasis on the necessity of adopting child-centred methods to communicate with children about deeply complex issues. It is important that managers support their social workers to engage in this necessary practice. Fergusan (2011) recommends that social workers plan their contact with children, as far as possible, with their line managers in order to work out the most appropriate intervention strategy to meet the

needs of children and their families. He believes collaboration of this kind lies at the heart of coordinated child protection practice. The report of the Roscommon Child Care Inquiry (2010) specifically mentions that managers are responsible for ensuring that social workers engage effectively with all children where there are concerns for their safety and well-being. In addition, the report states that contact with children should be on the agenda for all professional supervision meetings.

Social work education needs to adopt a training programme in the ‘skills laboratory’ module, where student social workers gain as much practice and knowledge on communicating with children as they do on engaging with adult service users. Communicating with service users from all walks of life is central to effective social work practice (Lefevre, 2010). Again, the report of the Roscommon Child Care Inquiry (2010, p. 87) asserts that working directly with children and their families is a core social work duty and states that social work training provides social workers with the knowledge and skills to do this work. However, the findings from the present study clearly show that social workers do not feel that they have received adequate skills, from pre- and post-qualifying training, to communicate with children.

Kelly and Jackson (2011) draw attention to the debate on specialised practice and the rejection of genericism in social work education. They highlight that there appears to be a consensus view that child protection requires specialised evidence-based and theoretical knowledge to prepare for practice and this usually goes beyond what is offered on generic teaching programmes. The social work educators in this study agreed that age-appropriate communication skills were important for social workers, but acknowledged that it was not being offered by their institutions because of the generic nature of the training provided.

**Objective 5: To make recommendations for future social work education in relation to the potential benefits, or limitations, of utilising play as a standard social work training tool and practice utility**

Objective 5 was designed to make recommendations for the inclusion of a PST programme in pre- or post-qualifying social work training, based on social workers’ experiences of using play skills in assessments and their attendance at PST workshops. To address this objective, the key findings are considered in relation to the potential location of play skills training in

social work education. There is a focus on the importance of using evidence-based practice to inform education and training programmes on the needs of students and practitioners.

This study has focused on developing an understanding of the use of play skills as a method of communicating with children during child protection and welfare assessments. As previously stated, this domain of social work offers the greatest employment opportunities in Ireland (Burns, 2011) to newly qualified social workers, therefore it is not acceptable that social work educators state they cannot include such training on the curriculum as it is a generic teaching programme. There are very few areas of social work practice that do not involve communicating with children. The results of this study highlight practitioners' enthusiasm for training in play skills to support their communication with children in the child protection and welfare system. Student social workers expressed a need for the inclusion of this material on their curriculum to support their placements and future practice with children. Importantly, veteran social work practitioners rated the material as important learning for social workers. Principal social workers acknowledged that social workers need more pre- or post-qualifying training with regard to communicating with children involved in social work services. Many social work educators believed the material covered in the PST programme was important for social workers, yet they thought it was too specialised for pre-qualifying courses and believed it should be developed as part of continuous professional development (CPD) programmes.

### **Evidence-based practice for social workers**

The social workers involved in both the quantitative and qualitative studies of this research identified a need for a greater focus on skills to communicate with children in social work teaching programmes. All social workers expressed an interest in attending a PST programme. Social work students expressed a need for a greater focus on using play skills to communicate with children on their curriculum. Veteran social work practitioners agreed that social workers need age-appropriate skills to communicate with children. Thus, the results provide clear evidence of a need to prepare social work students for front-line practice. Evidence-based practice is where the best possible intervention is used by professionals in response to their client's problem or situation, by incorporating research in relation to the most effective intervention into one's professional role (Royse *et al*, 2010). McNeece and Thyer (2004) recommend that social work proactively adopts evidence-based practice as its

preferred conceptual model and that social work teaching programmes (BSW and MSW) reorient training in the direction advocated by evidence-based practice to ensure these principles are delivered in social work services. Their research found that the adoption of evidence-based practice continues at a slow pace in social work.

The social workers in the main qualitative study provided numerous examples of children experiencing abuse and/or neglect being able to communicate their experiences and feelings through play and art. Marsh *et al* (2005) state, that evidence-based practice is necessary for professionals working in the area of child protection, where the evidence from the research can literally inform a life or death situation. They assert that it is of the utmost importance to have the best informed practitioners in order to provide the best outcomes for disadvantaged people. They highlight the importance of practitioners making the correct decisions for children they take into foster care, which is of key significance to the children's future. They outline that social work has only been recognised as an academic discipline since the early 1990s and is in need of research and support as an emerging discipline.

Keys (2009) found that there was a lack of research relating to the skills required for child protection practice and maintains this may be a result of the reactive nature of the service. She points out that during times of child care tragedies, there appears to be a focus on policy and systems rather than on the skills of the practitioners working with them. She also discovered much research relating to communication with parents involved in the child protection system, yet there was little evidence of literature and research on communication with children. Despite the growing awareness of children's rights, research has not been able to keep up with the need to equip practitioners with effective skills to ensure the participation of children (Keys, 2009). Kelly and Jackson (2011) claim that there is very little evidence to inform the development of training and education for child protection and welfare social workers at the pre-qualifying stage.

## **Social work education**

This study explored the use of play skills as a method of communicating with children during child protection and welfare assessments. The findings demonstrate strong support for the Play Skills Training (PST) programme. The data generated considerable evidence on the training needs of social workers with regard to age-appropriate skills to communicate with

children around their experiences of abuse and/or neglect. The assessed group of social workers noted several positive changes in their assessments with children as a result of using the play skills to engage with them.

Social work students undertake skills modules during their qualifying programmes. Here they learn that becoming a good listener can be more difficult than they thought. Wilson *et al* (2008) point out that listening involves being understood on two levels: firstly, intellectually (which involves accurate and attentive listening to what is being communicated verbally) and secondly, recognising and responding to non-verbal communication (which may be communicated by body language, voice tone or posture). Carl Rogers, Counsellor, has become highly influential within social work education and practice. He developed person-centred approaches that focus on empathy, respect and genuine responses to emotional situations (Rogers, 1951 and 1961, cited in Wilson *et al*, 2008). Wilson *et al* recommend that social workers develop these skills to enhance their ability to listen effectively to verbal and non-verbal communication in order to ensure that they are emotionally attuned to the needs of the service user. As outlined in Chapter 2, non-directive play therapy was developed by Virginia Axline, based on Rogers' person-centred therapy.

During the PST training part of the present study, participants said that the non-directive approach was completely novel to them and was in direct contrast to the more directive approach they take with children during assessments. The results indicate that social workers working in the area of child protection and welfare had no prior knowledge of age-appropriate counselling skills to engage with children. They outlined a need for the inclusion of this material in pre- or post-qualifying social work training. The set of veteran social work practitioners agreed that non-directive skills were necessary ones to be acquired by student social workers to prepare them for practice.

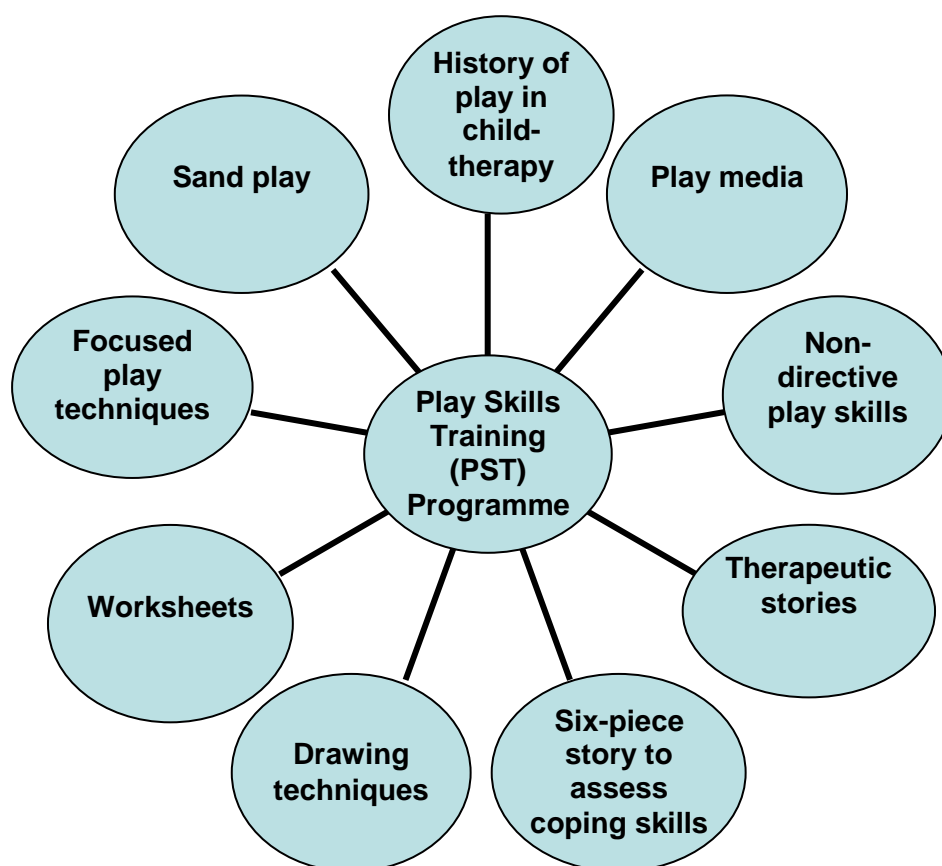
The Play Skills Training (PST) programme created for the present study was delivered to a team of social workers over five four-hour sessions (20 hours' training in total). After the training and a six-month period of assessment in practice, the team generally found the play skills supported their communication with children. Goodyer (2007) recommends that social work students gain a wide range of age-appropriate communication skills to facilitate effective communication with children of all ages. She argues that communication with children is a basic skill that should be taught on pre-qualifying programmes and cites Wankat and Oreovicz (2003), who purport that current learning theory advocates teaching in short

concentrated spaces with a range of exercises, discussion and skills training. This is in line with the participants' views of the PST programme: they welcomed the diverse range of skills to support their engagement with children. The participants involved in the 20-hour training programme and 7-hour workshops rated the experiential learning approach to the training very highly. They enjoyed experiencing the exercises that they would be asking children to engage in, as well as case discussions and skills practice in small groups.

### **Training model**

The literature review pertinent to Objective 5 highlighted a lack of focus on communicating with children in social work education. The author developed a Play Skills Training (PST) programme for this study, to be assessed by a team of child protection and welfare social workers during the complex process of investigating child abuse concerns. The elements of the PST programme are shown in Figure 14. The findings demonstrate that at least 10 positive changes were noted in the social workers' practice during the six-month period post training. Luckock *et al* (2006) assert that there is no body of research in this area of communicating with children that can be drawn on to inform decisions on which skills students should learn and be assessed on prior to qualifying (cited in Lefevre *et al*, 2008).

**Figure 14: Material covered in PST programme**



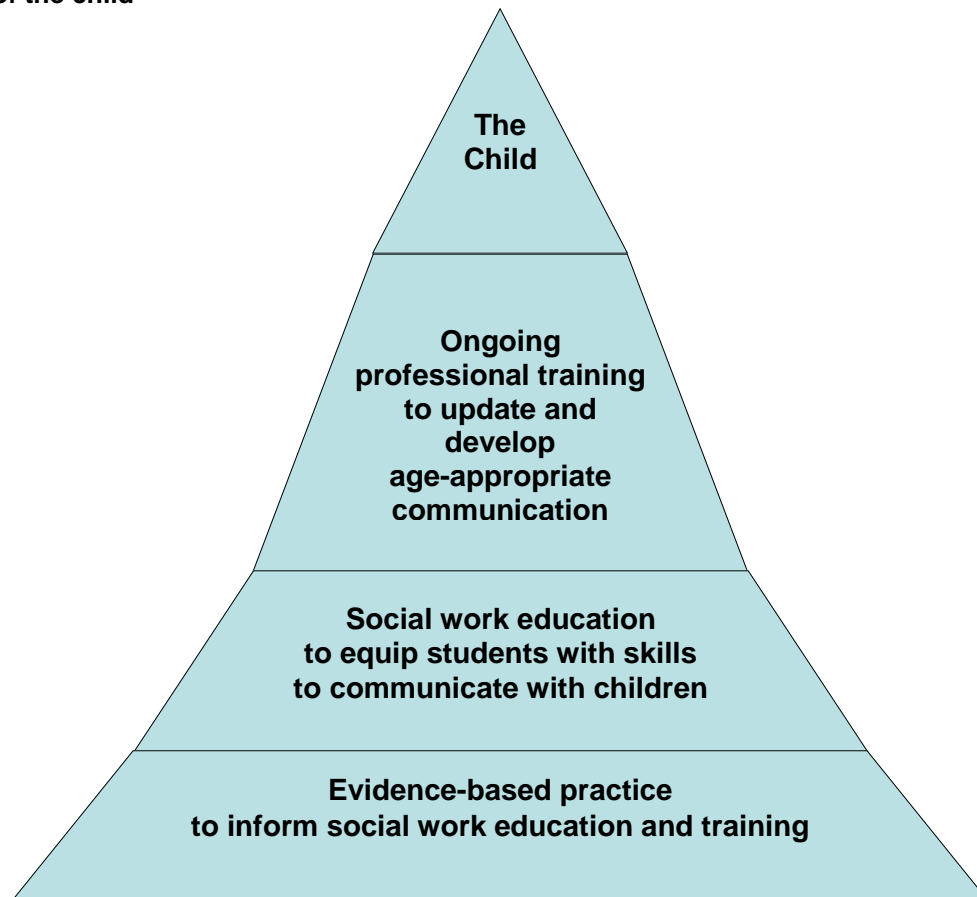
Grounded in the discussion of the key findings of this study, a training model is recommended for social workers (*see Figure 15*) to engage in during pre- and post-qualifying training to ensure their skills meet the needs of children involved in the child protection and welfare system. The model's design resulted from evidence-based practice research, emanating from this study, with a team of social workers, a focus group of social workers, two groups of social work students, social work managers, principal social workers and social work educators. The design was also supported by social workers and veteran social work practitioners practising in child protection and welfare, as well as by social work educational institutions around Ireland.

Based on the findings of this research, Figure 15 illustrates the stages of practice required to meet the needs of the child. This starts with the formulation of social work teaching programmes being designed in accordance with evidence-based practice. The second stage



works on the training and shaping of social work practitioners during the pre-qualifying stage of their career. The third stage recommends ongoing professional training in the workplace, with the primary aim of meeting the needs of the child (at the pinnacle of the diagram).

**Figure 15: Conceptual model of social work training aimed at reaching and meeting the needs of the child**



## **6.2 Limitations of the present study**

As with all research, this study was limited by various methodological constraints. Firstly, searching through a wide range of literature and research for the study provided little evidence on child-centred skills required to communicate with children during child protection and welfare assessments. This difficulty was also encountered while searching for literature on the inclusion of a skills module on social work teaching programmes in relation to communicating with children involved with social work services. Thus, the author was working from a limited base in terms of recent and robust literature.

Secondly, the author's professional background (being a full-time practising social worker already with an interest in the topic) may have led to bias in the skills selected for the PST programme, although this was minimised through close consultation with experts in the field of play therapy and social work. This ensured the results would be of interest to all social workers working with children.

Thirdly, due to the researcher's insider status on the social work team the social workers may have used the play skills more in their assessment work to support their colleague. They may have also rated the intervention more positively because the researcher was part of their team. Social work managers may have also rated the intervention highly to present as supportive of the research and the time dedicated to conducting it. The participants did however present as passionate about the approach acknowledging that barriers within the organisation do exist in preventing their ability to use it on a continuous basis. The results from the team of social workers and their managers were consistent with the results from the nationwide survey of child protection and welfare social workers; principal social workers and social work educators.

Fourthly, due to limited time available for social work training, only 20 hours in total were allotted to running the PST programme. When one considers the modules and time spent in social work training dedicated to working with adults, 20 hours of training in relation to communicating with children is not sufficient to ensure social workers get the necessary opportunities to practise and feel fully confident to carry out this work effectively. The PST training programme provided social workers with a 'taste' and an insight into communicating with children through the medium of play. Having said this, the feedback on the usefulness of the model and training was very strong and it may be that an introduction can lead to growth, in this case for those participants who go on to use the method in the future and build on the training received.

Fifthly, when analysing the data it emerged that, due to the pressurised nature of child protection and welfare social work, a shorter survey questionnaire may have resulted in a higher response rate. This would have ensured greater confidence in the strength of the study being representative of child protection and welfare social workers' experience as a whole. Similarly, it is not clear how many social workers have access to e-mail or are members of the Irish Association of Social Workers. In other words, both the length of the questionnaire

and poor computer access may have hindered the response rate to the survey among social workers.

### 6.3 Contributions to knowledge

The contribution of this thesis is as an empirical research study. To the author's knowledge, it is the only research to explore the use of play as a method of communicating with children involved in the child protection and welfare system in Ireland. The study is the first in its field to explore child protection and welfare social workers' perceptions of their training in this crucial area at university and agency level. Its contribution to the knowledge base is therefore invaluable. Furthermore, this is the first study to create a training programme specifically designed to support social workers in communicating with children about deeply personal and sensitive issues. The findings of this thesis draw on and contribute to social work practice, education and training.

### 6.4 Recommendations for practice

The results of this research have several implications for the social work profession, detailed below.

1. There is a need for social workers to consider **creative age-appropriate ways to communicate with children** about their feelings and experiences. Engaging in an activity with a child, playing and sharing experiences are all forms of communicating with children (Wilson *et al*, 2008).
2. There is a need for social workers to **prioritise the process of relationship building** with children during child protection and welfare assessments. Social workers have found that it is much too easy to lose sight of their primary goal – to support families and safeguard children – to the secondary goals of performance and audits. They have widely reported that timescales create excessive pressure and that time for the real work of direct communications with children and families is minimal. Child protection assessments are often concluded on the basis of one home visit to a family (Broadhurst *et al*, 2010).

3. It is important that managers understand and are aware of methods to **retain social workers** in child protection and welfare. This has been identified as a problem both domestically and internationally (Burns, 2011) and an Irish child abuse inquiry highlighted poor staff retention rates as one Health Board's failure in protecting a child at risk (McGuinness, 1993, cited in Burns, 2011). Studies show that a key motivating factor in becoming a social worker is to engage in direct work with children and families. This study has found that by using play skills in child protection and welfare assessments, many social workers felt more enthused about their work.

4. **Resources** must be allocated to ensure practitioners are facilitated to engage with children and young people involved in the child protection and welfare system. This includes the availability of a child-friendly space to meet children, the availability of toys and materials for the child to use and time for social workers to offer each child the service they need to ensure their best interests are met.

5. There is a need for **pre-qualifying social work training** to ensure social workers are skilled communicators to support their engagement with children at risk of abuse and/or neglect. Child protection and welfare social work is the largest area of employment for social workers in Ireland (Burns, 2011).

6. There is a need for **ongoing training** in the workplace. Social workers are responsible for ensuring effectual communication with children so they can understand their thoughts, feelings and experiences, and are therefore in a position to promote their well-being in all areas of development. It is crucial that social work education equips students with skills to communicate with children and it is equally important that employers commit to the ongoing development of these skills for social work practitioners (Lefevre *et al*, 2008).

## 6.5 Recommendations for future research

This research focused on supporting child protection and welfare social workers to communicate with children by using play skills during their assessment meetings. A replication study may also consider the experiences of the children regarding the assessment process. Such a study would be able to determine if the children found the process

comfortable, felt heard or understood, felt safe, placed trust in their social worker and/or felt the social worker was someone they could talk to if they needed to.

Additional research may consider child protection social workers being trained to support parents to follow their child's lead in play. A study of this kind could assess whether the process could enhance a parent's ability to understand the needs of their child. It could also measure if the intervention enhanced the parent's attachment to their child and their ability to meet their needs, thus lessening the likelihood of child abuse and/or neglect.

## **6.6 Summary**

The main purpose of this chapter was to elaborate on the research findings in relation to the five objectives of the study. In addition, the discussion considered the main findings in relation to current literature, policy and research. The study's contribution to knowledge was discussed, together with its limitations. Finally, recommendations for future policy, practice and research were outlined.

Chapter 7 concludes the research study and makes recommendations for social work practice, education, policy and research.

# Chapter 7: Conclusion

## Introduction

Human beings experience many of their strongest emotions, both positive and negative, when they engage, interact and relate with others.

(Howe, 2010, p. 330)

This thesis examined the use of play skills as a tool to communicate with children during child protection and welfare assessments and as a potential tool in social work practice and education. The aim of this chapter is to remind the reader of the background, aims and objectives of the study. The four theoretical areas examined in the study are summarised and the research methodology used to collect the data is revisited. Following this, the key research findings are reiterated and, finally, the messages for social work practice, education, policy and research are outlined.

### 7.1 Background to and aim and objectives of the study

Social workers have statutory powers and an integral role in assessing the well-being of any child who may be at risk of abuse and/or neglect by their caregivers. The child protection and welfare social worker works against great odds and often has little time to assess and decide whether a child is being abused or whether they are safe to remain at home with their parents (Mudaly and Goddard, 2006). Purely by coincidence of time, the present study took place during a period where the main participants, the Roscommon social work team, were involved in a high-profile neglect and incest case, where children involved in social work services had suffered sexual abuse and/or neglect over a long period of time. The report of the Roscommon Child Care Inquiry (2010) highlighted the importance of direct social work practice with children and families, with a specific focus on the voice of the child in child protection and welfare assessments. Therefore, building evidence on what works in front-line direct work practice is of major significance to social work educators, policy-makers, practitioners and, most importantly, to the children and families involved in social work services.

This forms the rationale for the overarching aim of this research, which was to explore whether play skills could support social workers to communicate with children during child protection assessments. The study objectives are five-fold:

1. To explore pre- and post-qualifying social work training in relation to communication with children.
2. To establish the views of child protection social workers regarding the potential or actual use of play skills in communicating with children.
3. To explore the benefits and limitations of a training programme in play skills among a set of child protection social work practitioners.
4. To explore the perceived value of play as a direct work approach among a set of veteran social work practitioners.
5. To make recommendations for future social work education in relation to the potential benefits, or limitations, of utilising play as a standard social work training tool and practice utility.

Using a mixed methods approach, the study contains a set of core components. Firstly, the main qualitative study investigated the experiences of a team of child protection social workers of using play skills in assessments over a six-month period, directly after completing the 20-hour PST programme. The study also ascertained the views on a PST workshop from a social work focus group and two classes of social work students. The main quantitative study gathered the views of 122 child protection and welfare social workers on social work training; current assessment procedures and whether play skills would potentially have a role in the assessment process. The quantitative study also elicited the views of veteran social work practitioners on the relevance of play skills to social work students and social work training and practice.

## **7.2 Theoretical underpinnings**

In Chapter 2, the four theoretical areas fundamental to this study were examined. The first theoretical area was that of **play** and its importance in the lives of children. There was a specific focus on the use of play in play therapy and direct work with children. The term ‘play skills’ is used to describe a variety of playful and creative techniques that are used in play therapy to support developmentally appropriate communication between a child and an adult. A number of skills used in the play therapy process were identified as being particularly useful in helping children communicate their world. Play therapy uses both non-

directive and/or focused play approaches to engage with children. Child protection and welfare assessments require social workers to meet with children alone to explore complex concerns around abuse and/or neglect. This theoretical area explores possibilities to incorporate play skills as a tool to communicate with children during the assessment process.

The second theoretical area discussed was **attachment theory**, which explains the importance of close relationships and how the quality of those relationships influences our psychological, emotional and social development. There are four styles of attachment (secure, ambivalent, avoidant and disorganised), which develop in relation to the style of parenting a child receives from their attachment figure. Attachment theory was examined to highlight the significance of a child's relationship with their main caregivers and the importance of children being protected from abuse and/or neglect. Over the past two decades, attachment theory has gained extensive recognition as one of the key theories underpinning child and family social work practice.

The third theoretical area examined was **child protection and welfare social work** practice. Over the past two decades, there has been a major shift in State and public efforts to protect children at risk of abuse and/or neglect at the hands of their parents or carers. One of the greatest challenges faced by practitioners is the increased focus on bureaucracy at the expense of direct work with children and families. Policies and practice guidelines strongly advocate the inclusion of children in matters concerning their future. Building relationships with children, to ascertain their views, is integral to role of the social worker.

The fourth theoretical area explored was **social work education**, with a specific focus on the skills required to communicate with children. The literature highlighted that this crucial area of preparation for practice appears to be neglected and considered unimportant for student social workers. In addition, the importance of social workers learning skills to be effective communicators in all areas of social work practice was outlined.

### **7.3 Research methodology**

In Chapter 3, the research methodology was outlined in detail. A mixed methods approach was used to collect the data for the study. The main qualitative study provides testimonial evidence from a team of social workers (n=9) regarding the PST programme. The programme



was designed by the author to address difficulties faced by front-line social workers in representing the child's voice in social work assessments and its applicability to assessment procedures (home visits, investigative interviews and direct work) is examined. The research setting for the main qualitative study is in a Child and Family Social Work Department in Ireland. Social work students and a focus group of social workers also provided necessary data on the PST programme and social work training.

The quantitative study collates the collective views of child protection and welfare social workers (n=122) across Ireland on current assessment procedures and the potential or actual use of play skills in assessments. In addition, the quantitative study ascertained the opinions of a set of veteran social work practitioners on social work education and child protection and welfare social work practice in Ireland.

## **7.4 Key research findings from the study**

Chapter 5 presented a set of key findings emanating from the data generated in this action research study. The major findings are summarised below.

### **1. Professional training with regard to communicating with children**

The majority of social work respondents in Ireland did not feel that they had received adequate skills to communicate with children during their pre-qualifying social work education. Social work students expressed a need for the inclusion of play skills training prior to embarking on their first practice placement. They found the area of communicating with children was given little attention in the Masters training and the workshop delivered by the author was the only focus and practice on skills that they had experienced. This is an important finding because the skills used to communicate with children in child protection and welfare assessments are transferable to working with children in any area of social work practice. Social work education currently focuses on communication skills to engage with adults and there is little or no focus on age-appropriate skills to communicate with children.

## **2. Employment training with regard to communicating with children**

The majority of social work respondents in Ireland did not feel they had received adequate skills to communicate with children from the training they received from their employers. This was highlighted as a barrier to engaging in child-centred direct work with children involved in the child protection system. Practitioners expressed interest and enthusiasm for learning more about the use of play in social work assessments. The majority of respondents stated that they would like to attend a play skills training programme.

## **3. The Play Skills Training (PST) programme**

After engaging in 20 hours of play skills training, practitioners valued and used the skills in their practice. Data gathered from the participants who undertook the PST training found that the use of play skills in assessments with children supported their practice in 10 different ways. During the 6-month period after completing the PST programme, the participants noted:

- they were more aware and committed to providing a child-friendly environment when meeting with children;
- they experienced an increase in confidence around engaging with children;
- they found the assessments process was more child-friendly;
- the voice of the child received greater representation;
- they felt more enthused about their work;
- they used their time with children differently;
- the worksheets were the preferred tool to communicate with children during assessments;
- they engaged in and/or observed children's play during home visits;
- communication was enhanced during direct work;
- communication was enhanced during investigative interviews.

#### **4. Practice issues**

Child protection and welfare social workers provided important insights into the reality of practice with regard to communicating with children during assessments. These are summarised below under the headings of ‘Resources’ and ‘Direct work as a key function of social work practice’.

**Resources:** Social workers highlighted that the allocation of resources to facilitate their engagement with children using a child-centred approach was minimal. Their departments lacked child-friendly play spaces and the relevant materials to conduct such work. The social work respondents expressed a need for the allocation of resources to facilitate this form of engagement with children. The lack of resources presents a barrier for social workers to engage in child-centred direct work. Resources were not mentioned on the questionnaire, yet the majority of social workers included this issue in the ‘free text’ section provided for additional comments.

**Direct work as a key function of social work practice:** The child protection and welfare social work respondents flagged direct work as a key function of social work practice, but highlighted that due to heavy caseloads and time constraints, they were not actively engaging in the work. It appears from the data that all other elements of the assessment are prioritised above ‘building relationships with children’, which could offer a true picture of their world in a child-friendly manner. Social workers did not feel that direct work and relationship building during assessments of a child’s well-being was viewed as a priority. Some social workers had no time to engage in direct work during the six-month period after the PST training, but expressed hopes that they would be able to make room for direct work in the future with the addition of new staff. They outlined that it was an important part of their assessment, which they had to refer on to other professionals. The data show that play skills are perceived as an important tool to engage with children when exploring complex and sensitive issues around abuse and/or neglect.

#### **5. Veteran practitioners’ views on the study and practice issues**

**Principal Social Workers:** The data show that the social work principals agreed that social workers in child protection and welfare need specific skills to communicate with children about complex issues. They also agreed that practitioners and children can experience

difficulties in communicating with each another. They outlined that social work training needs to focus on and develop these crucial skills.

**Social Work Educators:** The findings show that many social work educators feel that the current educational programmes are generic teaching programmes and that the area of communicating with children is too specialised for the curriculum. They agreed that most of the skills taught on the PST programme were skills that social workers should have in order to practice with children, but they were of the opinion that they should be addressed and developed by social work employers.

## **7.5 Messages for practice, education, policy and research**

Child protection and welfare services remain under tremendous pressure to deal with the continuous rise in referrals regarding concerns for the well-being of children. In the past two decades, there has been an increased awareness of the devastating effects of abuse and/or neglect on a child's overall development. The reporting of any suspicions of child abuse and/or neglect is mandatory and where there are valid concerns, an assessment will take place. Child protection and welfare agencies have been under extreme scrutiny by the media regarding their inability to conduct thorough assessments in relation to the children concerned. Internationally, there has been a growing recognition of the need to be informed by evidence-based practice to help practitioners meet the needs of children at risk.

The conclusion of this study is that social workers need to use play skills to build relationships with children in order to gain an insight into their world and to communicate with them about painful and sensitive issues. This study has found that social workers want to engage in this work with children and they need training, resources and encouragement from their managers to prioritise child-centred direct work during child protection and welfare assessments.

Objective 5 of this study was to make recommendations for the inclusion of a practice module on communication with children in social work education, based on the participants' perceptions of using play skills to communicate with children during child protection and welfare assessments. The author created a PST programme and a PST workshop, which proved to support age-appropriate communication between children and social workers.

## Messages for social work practice

- **Use an evidence-informed approach:** According to Scott (2006, p.18) ‘It is vital that we respect practice wisdom in situations requiring sensitive and nuanced judgements such as child protection and welfare. Practice wisdom is still a relatively untapped source for research’. The present study is an example of such research and the results show that the child protection and welfare system in Ireland would experience positive developments if social workers were to use play skills to engage with children around issues of abuse and/or neglect.
- **Training needs:** There is a need for continuous professional development (CPD) in order to refresh and develop these crucial skills for ongoing practice with children. Social workers need to give thought to their own professional development and be able to negotiate their training needs as they have identified in this study. Communicating with service users is integral to the values driving the social work profession. Social workers need to be competent communicators with children.
- **Child-centred approach:** Child protection and welfare social workers have a statutory duty to protect children who may be at risk of abuse and/or neglect. It is crucial that they are equipped with the necessary skills to communicate with children about these deeply painful and personal issues. There is a need to adopt a child-centred approach when intervening in the lives of the children the service has been established to protect. The child needs to be the primary focus of all child protection activity.
- **The rights of the child:** Embedded in policy, legislation and contemporary regard for children is the child’s right to participate in assessments of their own well-being and future care. Every child has the right to express their views and opinions and to have these taken seriously by their social worker. Children must be active participants in the assessment process and be kept up to date, in an age-appropriate manner, of the status of their case.
- **Prioritisation:** It is crucial that practice procedures prioritise building relationships with children who are at risk of significant harm. Engaging with children in an age-appropriate manner must be afforded the same weight and time as home visits, engaging with parents and engaging with professionals during assessments.

- **Competing agendas:** The competing agendas of effective interventions to meet the needs of children at risk and the tight timescales to conduct assessments need to be balanced. Broadhurst *et al* (2010) found that social workers faced critical challenges in their practice to safeguard children and tight timescales resulted in quick judgements being made based on one home visit. Workers consistently felt that it was easy to lose focus of the overriding goal to support families and safeguard children. It was widely reported that timescales created unwarranted stress and often led to only partial analysis of risks to children.
- **Support:** The influence and support of managers is integral to promote child-friendly engagement with children in all stages of the assessment process. Therefore, managers need to discuss and examine the involvement of children in assessments of their well-being. Supervision sessions should explore the best methods to communicate with children and to ensure their voices are adequately represented by their social workers.
- **Staff retention:** It is important that employers are mindful that practitioners enter the social work profession to engage in direct work with children and families. One finding in the present study outlined that when the social workers used the play skills in the different areas of their assessment, they discovered that they felt more enthused about their jobs. Employers must be cognisant of this when exploring possibilities to retain staff. Gupta and Blewett (2007) state that the pressures in social work are further compounded by the universal problem of recruiting and holding on to experienced workers. Munro (2010) highlights the fact that recruiting and maintaining staff in child protection has become a major problem in many countries.
- **Resource allocation:** It is important that funders and managers steer resources in the direction of getting results. The literature and policy strongly advocate that social workers spend time getting to know children who may be at risk of abuse and/or neglect. Broadhurst *et al* (2010) observed that resource constraints inevitably led to trade-offs during the assessments of children at risk. The continuous work pressures and conflicts resulted in errors through poor service delivery by workers cutting corners, feeling stressed or fatigued.
- **Cost-effectiveness:** The immediate and long-term costs of child abuse and/or neglect have been widely documented. This stretches from the immediate pain a child suffers to

mental health problems in adulthood, attachment disorders and the propensity for the cycle of abuse to continue from generation to generation. Managers need to seriously consider the low cost and huge benefits of social workers engaging in child-centred direct work with children.

### Messages for social work education

- **Play Skills training:** As a result of this research, the author has delivered the PST programme and PST workshops to social work students, to social work departments and to the Irish Association of Social Workers. Social workers working with children in any area of social work would benefit from engaging in play skills training. It is crucial that social work education includes play skills training, as part of the skills development laboratory, to ensure students are skilled in the area of communicating with children.
- **Practice placements:** It is important that universities consider practice placements for students where they will have the opportunity to practice and develop their communication skills for engaging with all children involved in social work services.
- **Ongoing communications training:** Ongoing training and education should be provided by universities and social work employers to ensure skills in communication with children are continuously developed and updated to meet the diverse and complex needs of children.

### Messages for policy-makers and senior management

- **Use an evidence-based approach:** Considering the focus on the voice of the child in assessments of child abuse and/or neglect, policy-makers need to insist that this goal is achieved by practitioners in an evidence-based manner. This model of working is promoted in all child protection policy at national and international level.
- **Non-compliant families:** Child protection policy needs to deal with non-compliant families. It has been well documented that the family's relationship with their social

worker holds a major influence over the success of the family's engagement with services. One strategy could be that parents see that their child is not being subjected to an interrogation process and that the social worker is using play skills to communicate with the child at a pace comfortable to them.

- **Achieving balance:** It is crucial that the tight timescales allocated to assessments of risk to children take into account the importance of building relationships with children involved in the child protection and welfare system.
- **Training:** It is necessary to ensure that social workers receive regular training to support communication with children as a means of improving the life opportunities and experiences of children at risk.
- **Cost-effectiveness:** There have been little or no policy documents created in Ireland to examine the long-term cost-effectiveness of investing in the prevention of child abuse and/or neglect. This has been widely documented in the USA and policy-makers need to critically analyse where funds are directed in child protection. Policy strongly advocates that social workers ascertain the child's views in assessments of their well-being. Yet this study has found that social workers have received minimal, if any, training around this important process and they are prevented from doing this by not having the appropriate space or materials to do the work.

## Messages for research

- **Dissemination of research findings:** There is a pressing need for social workers to be informed of current research findings to inform their practice. It is intended to produce a research briefing of one or two pages on this study and distribute to social workers, who may then find the time to read it during their busy schedules.
- **Implementation of child-friendly assessment tools:** Research needs to focus on how child-friendly assessments can best be implemented in practice. Policy and practitioners are strong advocates of the approach, yet there continues to be a number of barriers inhibiting implementation.



## **7.6 Concluding messages**

The present study provides new findings regarding practitioners' views on training, resource issues and the importance of child-centred direct work in social work practice. The study has highlighted a link between a lack of skills in communicating with children, poor resources and low prioritisation of building relationships with children as barriers to child-centred direct work. The use of play skills has proved to enhance communication between children and social workers during the main points of engagement in child protection and welfare assessments, including investigative interviews, direct work and home visits. Of particular importance, this study has highlighted the value that social workers, students, managers and veteran practitioners place on using play skills to communicate with children at risk of abuse and/or neglect; yet training in these skills is not present in education or practice. This study has also shown that ascertaining the child's wishes and feelings in a child-centred way is central to social work policy; yet building such relationships is not viewed as a priority in terms of training and the allocation of resources. Play is an important element of practice in social work and can help enable better outcomes for children. Like any form of physical health screening, children have a right to be engaged with in a manner appropriate to their age and stage of development.

# References

- Aldgate, J. and Lishman, J. (1991) *The Handbook of Theory for Practice Teachers in Social Work*. London: Jessica Kingsley Publishers.
- Aldgate, J. and Seden, J. (2006) 'Direct Work with Children'. In: J. Aldgate, D. Jones, W. Rose and C. Jeffery (eds.), *The Developing World of the Child*. London: Jessica Kingsley Publishers, pp. 229-42.
- Aldgate, J., Jones, D., Rose, W. and Jeffery, C. (2006) *The Developing World of the Child*. London: Jessica Kingsley Publishers.
- Alexander, E.D. (1964) 'School-centered play therapy program', *Personnel and Guidance Journal*, Vol. 43, pp. 256-61.
- Allen, F. (1939) 'Therapeutic work with children', *American Journal of Orthopsychiatry*, Vol. 4, pp. 193-201.
- Archard, D. and Skivenes, M. (2009) 'Hearing the Child', *Child and Family Social Work*, Vol. 14, pp. 391-99.
- Atwool, N. (2006) 'Attachment and Resilience: Implications for Children in Care', *Child Care in Practice*, Vol. 12, pp. 315-30.
- Aubrey, C. and Dahl, S. (2006) 'Children's Voices: The Views of Vulnerable Children on their Service Providers and the Relevance of Services they Receive', *British Journal of Social Work*, Vol. 36, No. 1, pp. 21-39.
- Axline, V.M. (1947) 'Non-directive play therapy for poor readers', *Journal of Consulting Psychology*, Vol. 12, pp. 209-16.
- Axline, V.M (1969) *Play Therapy* (revised edition). New York: Ballantine Books.
- Barth, R.P., Crea, T.M., John, K., Thoburns, J. and Quinton, D. (2005) 'Beyond Attachment Theory and Therapy: Towards Sensitive and Evidence-based Interventions with Foster and Adoptive Families in Distress', *Child and Family Social Work*, Vol. 10, pp. 257-68.
- Barnardos (2009) *Children experiencing Neglect*. Dublin: Barnardos. Available at: [www.barnardos.ie](http://www.barnardos.ie)
- Bhreachnath, E. and Gogarty, H. (2000) ' "The Hero's Journey" – Bridging the inner and outer world of the child'. In: D. Kelleher (ed.), *Hand in Hand – Book of Proceedings, IFCO European Foster Care Conference Ireland*. Dublin: Irish Foster Care Association, pp. 40-52.
- Birns, B. (1999) 'Attachment Theory Revisited: Challenging Conceptual and Methodological Sacred Cows', *Feminism and Psychology*, Vol. 9, No. 10, pp. 10-21.
- Bishop, J.K. (1971) 'Play therapy in the schools', *Alberta Counsellor*, Vol. 2, pp. 41-44.
- Blaikie, N. (2007) *Approaches to Social Enquiry* (2nd edition). Cambridge: The Polity Press.
- Bowlby, J. (1958) 'The Nature of the Child's Tie to his Mother', *International Journal of Psychoanalysis*, Vol. 39, pp. 350-73.
- Bowlby, J. (1969) *Attachment and Loss, Volume 1* (2nd edition). London: Hogarth Press and Institute of Psychoanalysis.
- Bratton, S.C., Ray, D., Rhine, T. and Jones, L. (2005) 'The Efficacy of Play Therapy with Children: A Meta-Analytic Review of Treatment Outcomes', *Professional Psychology: Research and Practice*, Vol. 36, No. 4, pp. 376-90.
- Brewer, R. (2007) *Your PhD Thesis: How to plan, draft, revise and edit your thesis*. London: Studymates Ltd.
- Broadhurst, K., Wastell, D., White, S., Hall, C., Peckover, S., Thompson, K., Pithouse, A. and Davey, D. (2010) 'Performing "Initial Assessment": Identifying the Latent Conditions for Error at the Front-Door of Local Authority Children's services', *British Journal of Social Work*, Vol. 40, pp. 352-70.
- Buckley, H., Horwath, J. and Whelan, S. (2006) *Framework for the Assessment of Vulnerable Children & their Families: Assessment Tool and Practice Guidance*. Dublin: Children's Research Centre.

- Buckley, H., Whelan, S., Carr, N. and Murphy, C. (2008) *Service Users' Perception of the Irish Child Protection System*. Dublin: Government Publications.
- Buckley, H., Carr, N. and Whelan, S. (2011) '“Like Walking on Eggshells”: Service User Views and Expectations of the Child Protection System', *Child and Family Social Work*, Vol. 16, pp. 101-10.
- Burns, K. (2011) 'Career Preference, “Transients” and “Converts”: A Study of Social Workers' Retention in Child Protection and Welfare', *British Journal of Social Work*, Vol. 41, pp. 520-38.
- Burns, K. and Lynch, D. (2008), *Child Protection and Welfare Social Work: Contemporary Themes and Practice Perspectives*. Dublin: A&A Farmer.
- Cambridge Dictionaries Online (2012) Cambridge University Press.  
<http://dictionary.cambridge.org/dictionary/british>.
- Central Statistics Office (2011) See [www.statcentral.ie](http://www.statcentral.ie) (the portal to Ireland's official statistics)
- Chapman, M.V., Wall, A. and Barth, R.P. (2004) 'Children's Voices: The perception of children in foster care', *American Journal of Orthopsychiatry*, Vol. 74, pp. 293-304.
- Chazen, S.E. (2002) *Profiles of Play: Assessing and Observing Structure and Process in Play Therapy*. London: Jessica Kingsley Publishers.
- Christie, A. (2005) 'Social Work Education in the Republic of Ireland: Histories and Challenges', *Portularia*, Vol. 5, No. 1, pp. 111-30.
- Clare, B. and Mevik, K. (2008) '“Inclusive Education”: Teaching Social Work Students to Work with Children', *Journal of Social Work*, Vol. 8, No. 1, pp. 28-44.
- Cohen, D. and Crabtree, B. (2006) *Qualitative Research Guidelines Project*. Princeton, NJ: Robert Wood Johnson Foundation. Available at: [www.qualres.org/HomeSemi-3629.html](http://www.qualres.org/HomeSemi-3629.html)
- Commission for Social Care Inspection (2005) *Safeguarding Children: The Second Joint Chief Inspectors' Report on Arrangements to Safeguard Children*. Newcastle: Commission for Social Care Inspection. Summary report available at: [www.haltonsafeguarding.co.uk/index.php?option=com\\_docman&task=doc\\_view&gid=114](http://www.haltonsafeguarding.co.uk/index.php?option=com_docman&task=doc_view&gid=114)
- Commission for Social Care Inspection (2008) *Safeguarding Children: The Third Joint Chief Inspectors' Report on Arrangements to Safeguard Children*. Newcastle: Commission for Social Care Inspection.
- Cooner, T.S. and Hickman, G. (2008) 'Child Protection Teaching: Students' Experiences of a Blended Learning Design', *Social Work Education*, Vol. 27, No. 6, pp. 647-57.
- CORU/Regulating Health and Social Care Professionals (2012) *Framework for guidelines on the standards of education and training, and monitoring of approved programmes*. Dublin: CORU.
- Cournoyer, D.E. and Klein, W.C. (2000) *Research Methods for Social Work*. Boston: Allyn & Bacon Publishers.
- Craven, P.A. and Lee R.E (2006) 'Therapeutic Interventions for Foster Children: A Systematic Research Synthesis', *Research on Social Work Practice*, Vol. 16, No. 3, pp. 287-304.
- Davis, N. (1990) *Once Upon a Time: Therapeutic Stories to Heal Abused Children*. Oxen Hill, MD: Psychological Associates of Oxen Hill.
- D'Cruz, H. and Jones, M. (2004) *Social Work Research: Ethical and Political Contexts*. London: Sage Publications.
- DCYA (2011) *Children First: National Guidance for the Protection and Welfare of Children* (revised edition), Department of Children and Youth Affairs. Dublin: Government Publications. Available at: [www.dcy.gov.ie/documents/child\\_welfare\\_protection/ChildrenFirst.pdf](http://www.dcy.gov.ie/documents/child_welfare_protection/ChildrenFirst.pdf)
- Del Giudice, M. (2008) 'Sex-biased ratio of avoidant/ambivalent attachment in middle childhood', *British Journal of Developmental Psychology*, Vol. 26, pp. 369-79.
- Del Giudice, M. and Belsky, J. (2010) 'Sex Differences in Attachment Emerge in Middle Childhood: An Evolutionary Hypothesis', *Child Development Perspectives*, Vol. 4, No. 2, pp. 97-105.
- Department of Health [UK] (1988) *Protecting Children: A Guide for Social Workers undertaking a Comprehensive Assessment*. London: HMSO.

- Department of Health [UK] (1995) *Child Protection: Messages from Research*. London: HMSO.
- Department of Health and Children (2000) *The National Children's Strategy: Our Children – Their Lives*. Dublin: Government Publications.
- Devaney, J. (2009) 'Chronic Child Abuse: The Characteristics and Careers of Children caught in the Child Protection System', *British Journal of Social Work*, Vol. 39, pp. 24-45.
- Dolan, P. and Holt, S. (2010) 'Great Expectations: The tension between what service users need and what practitioners can deliver', *Administration*, Vol. 58, No. 2, pp. 99-123.
- Dougherty, J. and Ray, D. (2007) 'Differential impact of play therapy on developmental levels of children', *International Journal of Play Therapy*, Vol. 16, No. 1, pp. 2-19.
- Elmer, S. (2009) *Overcoming Barriers to the use of Play Therapy and Direct Work with Children in Social Work Practice*. PhD Thesis. Leeds University.
- Eraut, M. (1994) *Developing Professional Knowledge and Competence*. London: Falmer Press.
- Fahlberg, V. (1981) *The Child in Placement: Common behavioural problems*. Ann Arbor, MI: Michigan Department of Social Services, University of Michigan.
- Fahlberg, V. (1991) *A Child's Journey through Placement*. Indianapolis, IN: Perspectives Press.
- Fahlberg, V. (1994, reprinted 2004) *A Child's Journey through Placement* (2nd edition). London: British Association for Adoption and Fostering.
- Finnegan, R.A., Hodges, E. and Perry, D. (1996) 'Preoccupied and avoidant coping during middle childhood', *Child Development*, Vol. 67, pp.1318-28.
- Fish, B. and Chapman, B. (2004) 'Mental Health Risks to Infants and Toddlers in Foster Care', *Clinical Social Work Journal*, Vol. 32, No. 2, pp. 121-40.
- Ferguson, H. (2009) 'Performing Child Protection: Home visiting, movement and the struggle to reach the abused child', *Child and Family Social Work*, Vol. 14, No. 4, pp. 471-80.
- Ferguson, H. (2011) *Child Protection Practice*. London: Palgrave Macmillan.
- Ferguson, H. and O'Reilly, M. (2001) *Keeping Children Safe: Child Abuse, Child Protection and the Promotion of Welfare*. Dublin: A&A Farmer.
- Ferguson, H. (2010) 'Walks, Home Visits and Atmospheres: Risk and the everyday practices and mobilities of social work and child protection', *British Journal of Social Work*, Vol. 40, No. 4, pp. 110-17.
- Fernandez, E. (2007) 'How Children experience Fostering Outcomes: Participatory research with children', *Child and Family Social Work*, Vol. 12, No. 4, pp. 345-59.
- Foley, P. and Leverett, S. (2008) *Connecting with Children: Developing working relationships*. Bristol: The Policy Press.
- Forrester, D. (2000) 'Parental Substance Misuse and Child Protection in a British Sample. A Survey of Children on the Child Protection Register in an inner London District Office', *Child Abuse Review*, Vol. 9, No. 4, pp. 235-46.
- Freud, A. (1946) *The psychoanalytic treatment of children*. London: Imago Press.
- Freud, A. (1965) *Normality and Pathology in Childhood*. New York: International Universities Press Inc.
- Freud, S. (1961) *Beyond the Pleasure Principle*. New York: Norton
- Garrett, P.M. (2009) 'The Republic of Ireland: A "syndrome of permanent temporary posts" and crises in child protection', *European Journal of Social Work*, Vol. 12, No. 2, pp. 273-75.
- Gerhardt, G. (2004) *Why Love Matters: How affection shapes a baby's brain*. New York: Routledge.
- Getz, L. (2011) 'The Power of Play Therapy', *Social Work Today*, Vol. 11, No. 3, pp. 20-24.
- Gilmore, T., Krantz, J. and Ramirez, R. (1986) 'Action Based Modes of Inquiry and the Host-Researcher Relationship', *Consultation*, Vol. 5, No. 3, pp. 160-76.
- Giordano, M., Landreth, G. and Jones, L. (2005) *A Practical Handbook for Building the Play Therapy Relationship*. Lanham, MD: Jason Aronson.

- Gitlin-Weiner, K., Sandgrund, A. and Schaefer, C. (2000) *Play Diagnosis and Assessment* (2nd edition). New York: Wiley.
- Glaser, D. (2000) 'Child Abuse and Neglect and the Brain: A Review', *Journal of Child Psychology and Psychiatry Review*, Vol. 41, pp. 97-116.
- Goodyer, A. (2007) 'Ideas in Action: Teaching Qualifying Social Workers for Direct Work with Children', *Social Work Education*, Vol. 26, No. 7, pp. 737-40.
- Government of Ireland (1937) *Constitution of Ireland*. Dublin: Government Publications.
- Government of Ireland (1991) *Child Care Act, 1991*. Dublin: Government Publications.
- Granot, D. and Mayseless, O. (2001) 'Attachment security and adjustment to school in middle childhood', *International Journal of Behavioral Development*, Vol. 25, pp. 530-41.
- Gupta, A. and Blewett, J. (2007) 'Change for Children? The Challenges and Opportunities for the Children's Social Work Workforce', *Child and Family Social Work*, Vol. 12, pp. 172-81.
- Harris, J.R. (1998) *The Nurture Assumption: Why children turn out the way they do*. New York: The Free Press.
- Hayes, D. and Spratt, T. (2009) 'Child Welfare Interventions: Patterns of Social Work Practice', *British Journal of Social Work*, Vol. 39, pp. 1575-97.
- Hayslett-McCall, K.L. and Bernard, T.J (2002) 'Attachment, Masculinity and Self-Control: A Theory of Male Crime Rates', *Theoretical Criminology*, Vol. 6, No. 1, pp. 5-33.
- Helm, D. (2011) 'Judgements or Assumptions? The Role of Analysis in Assessing Children and Young People's Needs', *British Journal of Social Work*, Vol. 41, pp. 894-911.
- Holland, S. (2004) *Child and Family Assessment in Social Work Practice*. London: Sage Publications.
- Horwath, J. (2002) 'Maintaining a Focus on the Child?', *Child Abuse Review*, Vol. 11, pp. 195-213.
- Horwath, J. (2007) 'The Missing Assessment Domain: Personal, Professional and Organizational Factors influencing Professional Judgments when identifying and referring Child Neglect', *British Journal of Social Work*, Vol. 37, pp. 1285-1303.
- Horwath, J. (2010) *The Child's World: The Comprehensive Guide to Assessing Children in Need* (2nd edition). London: Jessica Kingsley Publishers.
- Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*. London: Palgrave Macmillan.
- Howe, D. (2010) 'The Safety of Children and the Parent-Worker Relationship in Cases of Child Abuse and Neglect', *Child Abuse Review*, Vol. 19, pp. 330-41.
- Howe, D., Brandon, M., Hinings, D. and Schofield, G. (1999) *Attachment Theory, Child Maltreatment and Family Support: A Practice and Assessment Model*. London: Palgrave Macmillan.
- Howes, S. (2010) 'Here to Listen! Communicating with Children and Young People as Part of the Assessment Process'. In: J. Horwath (ed.), *The Child's World: The Comprehensive Guide to Assessing Children in Need* (2nd edition). London: Jessica Kingsley Publishers, pp. 124-39.
- HSE (2011) *Child Protection and Welfare Practice Handbook*. Dublin: Health Service Executive.
- Hug-Hellmuth, H. (1921) 'On the technique of child analysis', *International Journal of Psychoanalysis*, Vol. 2, pp. 287-305.
- Irish Foster Care Association (2007) *Foundation for Fostering: Leaders Manual*. Dublin: Irish Foster Care Association.
- Jager, J. and Ryan, V. (2007) 'Evaluating Clinical Practice: Using Play-based Techniques to Elicit Children's Views of Therapy', *Clinical Child Psychology and Psychiatry*, Vol. 12, No. 3, pp. 437-50.
- Jennings, S. (2005) *Creative Play with Children at Risk*. London: Speechmark.
- Jones, K., Cooper, B. and Fergusan, H. (2008) *Best Practice in Social Work: Critical Perspectives*. London: Palgrave Macmillan.

- Karavasilis, L., Doyle, A.B. and Markiewicz, D. (2003) 'Associations between parenting style and attachment to mother in middle childhood and adolescence', *International Journal of Behavioral Development*, Vol. 27, pp. 153-64.
- Kelly, L. and Jackson, S. (2011) 'Fit for Purpose? Post-Qualifying Social Work Education in Child Protection in Scotland', *Social Work Education*, Vol. 30, No. 5, pp. 480-96.
- Kerns, K.A., Abraham, M.M., Schlegelmilch, A. and Morgan, T.A. (2007) 'Mother-child attachment in later middle childhood: Assessment approaches and associations with mood and emotion regulation', *Attachment and Human Development*, Vol. 9, pp. 33-53.
- Keys, M. (2009) 'Determining the Skills for Child Protection Practice: Emerging from the Quagmire!', *Child Abuse Review*, Vol. 18, pp. 316-32.
- Killeen, J. (1993) 'Research Priorities: A Personal View' in Watts, A.G., Stern, E., & Deen, N., (EDS) (1993) *Careers Guidance Towards the 21<sup>ST</sup> Century*, Cambridge: Crac.
- Kim, S. (2003) 'Research Paradigms in Organizational Learning and Performance: Competing modes of inquiry', *Information Technology, Learning, and Performance Journal*, Vol. 21, No. 1, pp. 9-18.
- Klein, M. (1932) *The Psychoanalysis of Children*. London: Hogwarth.
- Klein, M. (1955) 'The Psychoanalytic Play Technique', *American Journal of Orthopsychiatry*, Vol. 25, pp. 223-37.
- Kowprowska, J. (2010) *Communication and Interpersonal Skills in Social Work* (3rd edition). London: Learning Matters Ltd.
- Kranz, P.L (1972) 'Teachers as play therapists. An experiment in Learning', *Childhood Education*, Vol. 49, No. 2, pp. 73-78.
- Lahad, M. (1992) 'Story-making and assessment for coping with stress: Six-piece story and BASIC Ph'. In: *Dramatherapy Theory and Practice 2*. London: Routledge.
- Laming, H. (2003) *The Victoria Climbié Inquiry: Report of an inquiry by Lord Laming*, Cm. 5730. London: HMSO.
- Landreth, G.L. (1991) *Play Therapy: The Art of the Relationship*. Muncie, IN: Accelerated Development Press.
- Landreth, G.L. (2002) 'Therapeutic Limit Setting in the Play Therapy Relationship', *Professional Psychology: Research and Practice*, Vol. 33, No. 6, pp. 529-35.
- Landreth, G.L. (2005) *Play Therapy: The Art of the Relationship* (2nd edition). New York: Brunner-Routledge.
- Landreth, G., Homeyer, L., Glover, G. and Sweeney, D. (1996) *Play Therapy Interventions with Children's Problems*. Lanham, MD: Jason Aronson.
- Landreth, G., Baggerly, J. and Tyndall-Lynd, A. (1999) 'Beyond adapting Adult Counseling Skills for Use with Children: The Paradigm Shift to Child-centred Play Therapy', *Journal of Individual Psychology*, Vol. 55, No. 3, pp. 272-87.
- Lefevre, M. (2010) *Communicating with Children and Young People: Making a Difference*. Bristol: The Policy Press.
- Lefevre, M., Tanner, K., and Luckock, B. (2008) 'Developing Social Work Students' Communication Skills with Children and Young People: A Model for the Qualifying Level Curriculum', *Child and Family Social Work*, Vol. 13, pp. 166-76.
- Levy, D. (1938) '“Release therapy” in young children', *Psychiatry*, Vol. 1, pp. 387-90.
- Levy, D. (1982) 'Release Therapy'. In: G.L. Landreth (ed.), *Play Therapy: Dynamics of Process Counselling with Children*. Springfield, IL: Thomas, pp. 92-104.
- Lonne, B., Parton, N., Thompson, J. and Harries, M. (2008) *Reforming Child Protection*. London: Routledge.
- Lordon, N., O'Sullivan, A. & O'Connor, M. (2003) 'A Model of Social Work Education: Providing Professional Training for Practitioners in Full-time Employment', *Irish Journal of Applied Social Studies*, Vol. 1, No. 4, pp. 36-52.

- Lynch, D. and Burns, K. (2008) 'Contexts, themes and future directions in Irish child protection and welfare social work'. In: K. Burns and D. Lynch (eds.), *Child Protection and Welfare Social Work: Contemporary Themes and Practice Perspectives*. Dublin: A&A Farmer.
- Malchiodi, C.A. (1998) *Understanding Children's Drawings*. New York: Guilford Press.
- Marsh, P., Fisher, M., Mathers, N. and Fish, S. (2005) *Developing the Evidence Base for Social Work and Social Care Practice*. London: Social Care Institute for Excellence.
- McAuley, C., Pecora, P. and Rose, W. (2006) *Effective Child Welfare Interventions: Evidence for Practice in: Enhancing the Well-being of Children and Families through Effective Interventions: International Evidence for Practice*. London: Jessica Kingsley Publishers.
- McCarthy, D. (2008) *Speaking about the Unspeakable: Non-Verbal Methods and Experiences in Therapy with Children*. London: Jessica Kingsley Publishers.
- McGuire, D.M. (2000) *The effectiveness of group play therapy with kindergarten children*, Unpublished doctoral dissertation. Denton, TX: University of North Texas.
- McIvor, G. (1995) 'Practitioner Research in Probation' in McGuire, J. (ED) *What Works? Reducing Offending*. New York: Wiley.
- McMahon, L. (1992) *The Handbook of Play Therapy*. London: Routledge.
- McNeece, C.A. and Thyer, B.A. (2004) 'Evidence-based Practice and Social Work, *Journal of Evidence Based Social Work*, Vol. 1, No. 1, pp. 7-25.
- Milner, J. and O'Byrne, P. (2009) *Assessment in Social Work. Third Edition*. London: Palgrave Macmillan
- Morrison, J. and Mishna, F. (2006) 'Knowing the Child: An Ecological Approach to the Treatment of Children in Foster Care', *Clinical Social Work Journal*, Vol. 34, No. 4, pp.467-81.
- Mudaly, N. and Goddard, C. (2006) *The Truth is Longer than a Lie: Children's Experiences of Abuse and Professional Interventions*. London and Philadelphia: Jessica Kingsley Publishers.
- Munro, E. (2008) *Effective Child Protection* (2nd edition). London: Sage.
- Munro, E. (2010) 'Learning to Reduce Risk in Child Protection', *British Journal of Social Work*, Vol. 40, No. 4, pp. 1135-51.
- Munro, E. (2011) *The Munro Review of Child Protection. Interim Report: The Child's Journey*. London: Department for Education. Available at: <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00010-2011>
- Muro, J.J. (1968) 'Play Media in Counseling: A brief report of experience and some opinions', *Elementary School Guidance and Counselling Journal*, Vol. 2, pp. 24-27.
- Myrick, R.D., and Haldin, W. (1971) 'A study of play process in counseling', *Elementary School Guidance & Counseling*, Vol. 5, pp. 256-65.
- National Social Work Qualifications Board (2006) *Social Work Posts in Ireland on 1st September 2005*. Dublin: National Social Work Qualifications Board.
- Nelson, R.C. (1996) 'Elementary school counselling and unstructured play media', *Personnel and Guidance Journal*, Vol. 45, pp. 24-27.
- Oaklander, V. (1978) *Windows to our Children*. Moab, UT: Real People Press.
- Oaklander, V. (2001) 'Gestalt play therapy', *International Journal of Play Therapy*, Vol. 10, No. 2, pp. 45-55.
- Oaklander, V. (2006) *Hidden Treasure: A Map to the Child's Inner Self*. London: Karnac Books.
- O'Brien, R. (2001) 'Um exame da abordagem metodológica da pesquisa ação' [An Overview of the Methodological Approach of Action Research]. In: R. Richardson (ed.), *Teoria e Prática da Pesquisa Ação [Theory and Practice of Action Research]*. João Pessoa, Brazil: Universidade Federal da Paraíba. English version available at: [www.web.ca/~robrien/papers/arfinal.html](http://www.web.ca/~robrien/papers/arfinal.html)
- O'Connor, K. (2000) 'Ecosystemic play therapy', *International Journal of Play Therapy*, Vol. 10, No. 2, pp. 33-44.

- O'Hagan, K. (1992) Analysing the data of practice. In: Everett, A., Hardiker, P., Littlewood, J. and Mullender, A. (1992) *Applied Research for Better Practice*. London, BASW Macmillan Press.
- OMC (2007) *The Agenda for Children's Services: A Policy Handbook*, Office of the Minister for Children. Dublin: Government Publications.
- Oster, G.D. and Gould Crone, P. (2004) *Using Drawings in Assessment and Therapy: A guide for mental health professionals*. New York: Brunner-Routledge.
- Page, T. and Norwood, R. (2007) 'Attachment Theory and the Social Work Curriculum', *Advances in Social Work*, Vol. 8, No. 1, pp. 30-48.
- Piaget, J.P. (1952) *The Origins of Intelligence in Children*. New York: International Universities Press.
- Piaget, J.P. (1962) *Play, Dreams and Imitation*. New York: Norton.
- Regehr, C., Bogo, M., Shlonsky, A. and LeBlanc, V. (2010) 'Confidence and Professional Judgment in Assessing Children's Risk of Abuse', *Research on Social Work Practice*, Vol. 20, No. 6, pp. 621-28.
- Rennie, L.R. (2000) *A Comparison Study of the Effectiveness of Individual and Group Play Therapy in treating Kindergarten Children with Adjustment Problems*. PhD Thesis. University of North Texas.
- Richards, S., Ruch, G., and Trevithick, P. (2005) 'Communication Skills Training for Practice: The Ethical Dilemma for Social Work Education', *Social Work Education*, Vol. 24, No. 4, pp. 409-22.
- Robson, C. (2002) *Real World Research* (2nd edition). London: Blackwell Publishing.
- Rogers, C.R. (1961, reprinted 1995) *On becoming a person: A therapist's view of psychotherapy*. New York: Houghton Mifflin.
- Roscommon Child Care Inquiry (2010) *Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive*. Dublin: Health Service Executive. Available at: [www.oneinfour.ie/content/resources/RoscommonChildCareCase.pdf](http://www.oneinfour.ie/content/resources/RoscommonChildCareCase.pdf)
- Roscommon Social Work Department (2005) *Standard Operating Procedures*. Roscommon: Roscommon Child and Family Services.
- Royse, D., Singh Dhooper, S. and Lewis Rompf, E. (2010) *Field Instruction: A Guide for Social Worker Students* (6th edition). Boston: Allyn & Bacon.
- Ryan, V. (2004) 'Adapting non-directive play therapy interventions for children with attachment disorders', *Clinical Child Psychology and Psychiatry*, Vol. 9, No. 1, pp. 75-87.
- Ryan, V. (2007) 'Filial Therapy: Helping children and new carers to form secure attachment relationships', *British Journal of Social Work*, Vol. 37, pp. 643-57.
- Sarnoff, R. (1976) *Latency*. New York: Jason Aronson.
- Schaefer, C.E. (1993) *The therapeutic powers of play*. Lanham, MD: Jason Aronson.
- Schaefer, C.E. (2001) 'Prescriptive play therapy', *International Journal of Play Therapy*, Vol. 10, No. 2, pp. 55-73.
- Schaefer, C.E., Gitlin, K. and Sandgrund, A. (eds.) (1991) *Play Diagnosis and Assessment*. New York: John Wiley.
- Schofield, G. (2002) 'The Significance of a Secure Base: A psychological model for long-term foster care', *Child and Family Social Work*, Vol. 7, pp. 259-72.
- Schofield, G. and Beek, M. (2006) *Attachment Handbook for Foster Care and Adoption*. London: British Association for Adoption and Fostering.
- Schon, D. (1983) *The Reflective Practitioner: How Professionals Think in Action*. Aldershot, Arena.
- Scottish Executive (2002) *'It's everybody's job to make sure I'm alright' – Report of the Child Protection Audit and Review*. Edinburgh: The Stationery Office. Available at: [www.scotland.gov.uk/Resource/Doc/47007/0023992.pdf](http://www.scotland.gov.uk/Resource/Doc/47007/0023992.pdf)
- Slade, P. (2001) *Child Play: Its importance for human development*. London: Jessica Kingsley Publishers.
- Sorenson, J. and Sealander, J. (2008) *Grace Abbott Reader*. Lincoln, NE: University of Nebraska Press.



- Spratt, C., Walker, R. and Robinson, B. (2004) 'Module A5: Mixed Research Methods'. In: *Practitioner Research and Evaluation Skills Training in Open and Distance Learning: User Guide*. Vancouver: Commonwealth of Learning.
- Stein, M. (2009) *Quality Matters in Children's Services: Messages from Research*. London: Jessica Kingsley Publishers.
- Sunderland, M. (2001) *Using Story Telling as a Therapeutic Tool with Children*. London: Speechmark Publishing Ltd.
- Taft, J. (1933) *The dynamics of therapy in a controlled relationship*. New York: Macmillan.
- Thomas, J. and Holland, S. (2010) 'Representing Children's Identities in Core Assessments', *British Journal of Social Work*, Vol. 40, pp. 2617-26.
- Thompson, N. (2009) *Understanding Social Work: Preparing for Practice*. London: Palgrave Macmillan.
- Trauth, E. (2001) 'The Choice of Qualitative Methods in IS Research'. In: E. Trauth (ed.), *Qualitative Research in IS: Issues and Trends*. Brisbane: Idea Group Publishing.
- UN (1989) *United Nations Convention on the Rights of the Child*. Geneva: United Nations. Available at: <http://www2.ohchr.org/english/law/crc.htm>
- Van der Kolk, B.A. (2006) 'Clinical implications of neuroscience research in PTSD', *Annals of the New York Academy of Science*, Vol. 1071, No. IV, pp. 277-93.
- Walker, J. (2008) 'Communication and Social Work from an Attachment Perspective', *Journal of Social Work Practice*, Vol. 22, No. 1, pp. 5-13.
- Walker, J. (2009) 'The Relevance of the Concept of Dissociation in Child Protection', *Journal of Social Work Practice*, Vol. 23, No. 1, pp. 109-18.
- Walsham, G. (2007) 'Doing Interpretive Research', *European Journal of Information Systems*, Vol. 15, pp. 320 – 330.
- Waterland, J.C. (1970) 'Actions instead of words: Play therapy for the young child', *Elementary School Guidance and Counseling Journal*, Vol. 4, pp. 180-97.
- Wellington, J.J. (2000) *Educational Research: Contemporary issues and practical approaches*. London: Continuum International Publishing Group.
- Wengraf, T. (2008) *The Short Guide to BNIM*. London: London East Research Institute, University of East London.
- Willis, J.W. (2007) *Foundations of Qualitative Research: Interpretive and Critical Approaches*. Thousand Oaks, CA: Sage.
- Wilson, C. and Powell, M. (2001) *A Guide to Interviewing Children: Essential Skills for Counsellors, Police, Lawyers and Social Workers*. Crows Nest, NSW: Allen & Unwin.
- Wilson, K., Ruch, G., Lymbery, M. and Cooper, A. (2008) *Social Work: An Introduction to Contemporary Practice*. Harlow: Pearson Education Limited.
- Wilson, G. and Kelly, B. (2010) 'Evaluating the Effectiveness of Social Work Education: Preparing Students for Practice Learning', *British Journal of Social Work*, Vol. 40, pp. 2431-49.
- Winter, K. (2011) *Building Relationships and Communicating with Young Children: A practical guide for social workers*. London: Routledge.
- Winter, R. (1996) *Action-Research and the Nature of Social Inquiry: Professional Innovation and Educational Work*. Aldershot: Gower Publishing Company.
- Wisker, G. (2001) *The Postgraduate Research Handbook*. New York: Palgrave Macmillan.
- Woodcock Ross, J. (2011) *Specialist Communication Skills for Social Workers: Focusing on Service Users' Needs*. London: Palgrave Macmillan.
- Woolfson, R.C., Heffernan, E., Paul, M. and Brown, M. (2010) 'Young People's Views of the Child Protection System in Scotland', *British Journal of Social Work*, Vol. 40, pp. 2069-85.
- Yin, R.K. (1994) *Case Study Research: Design and Methods* (2<sup>nd</sup> edition). Thousand Oaks, Sage

Young , N.K., Boles, S.M. and Otero, C. (2007) 'Parental Substance Use Disorders and Child Maltreatment: Overlap, Gaps, and Opportunities', *Child Maltreatment*, Vol. 12, No. 2, pp. 137-49.

## **Appendices**

# Appendix 1: Survey Questionnaire for Social Workers

## Re. Participation in Social Work Research

Dear Social Worker,

My name is Lisa O'Reilly. I am a Social Worker and a Play Therapist working in the area of Child Protection and Welfare.

I am a PhD Student at NUI, Galway and I am under the supervision of Professor Pat Dolan. I am researching the use of play in social work assessments with children (I have received full ethical approval for the research). When I use the word 'play', it is in relation to playful and creative activities to communicate with children. I am exploring whether play skills can enhance social work practice, particularly in our ability to communicate with children during our assessment work.

With this in mind, I would be very grateful if you could fill out the attached questionnaire and return it to me by Friday, 5th May 2011. Please return by e-mail or by post to 24 Beechwood, Clonbalt Woods, Longford. Please do not hesitate to contact me at (086) 176 6709 or [L.oreilly6@nuigalway.ie](mailto:L.oreilly6@nuigalway.ie) if you have any queries.

I would really appreciate your support in this research in order to advance social work practice in Ireland.

Thank you for your participation.

Yours sincerely,

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**Lisa O'Reilly**  
*Researcher*

# Questionnaire for Child Protection Social Worker

## The Voice of the Child in Social Work Assessments

Please tick the answer that is most relevant to your experience.

### SOCIAL WORKER PROFILE

1. Sex:            Male ☐            Female ☐
2. Location:     Urban ☐            Rural ☐
3. Number of children on your caseload:  
(i) 0-10 ☐     (ii) 10-20 ☐     (iii) 20-30 ☐     (iv) 30-40 ☐     (v) 40-50 ☐     (vi) 50+ ☐
4. Number of years working in this area:  
(i) Less than 1 year ☐     (ii) 1-3 ☐     (iii) 3-6 ☐     (iv) 6-9 ☐     (v) 10+ ☐

### SOCIAL WORK ASSESSMENT

1. I carry out child protection assessments:  
Weekly ☐            Monthly ☐
2. During assessments I interview children:  
Yes ☐            No ☐            It varies ☐
3. During assessments I carry out direct work with children:  
Yes ☐            No ☐            It varies ☐
4. Children feel at ease talking to social workers about their family:  
Agree ☐            Disagree ☐            Unsure ☐
5. Social work assessments can be stressful for children:  
Agree ☐            Disagree ☐            Unsure ☐
6. Children have the burden of covering up for their parents:  
Yes ☐            No ☐            Sometimes ☐

### COMMUNICATING WITH CHILDREN

1. Relationship building is crucial in social work assessments:  
Agree ☐            Disagree ☐            Not sure ☐
2. Communicating with children is integral to the assessment process:  
Agree ☐            Disagree ☐            Not sure ☐
3. I received adequate skills to communicate with children during my professional training:  
Agree ☐            Disagree ☐            Not sure ☐
4. I received adequate training from my employer to communicate with children:

Agree ☐      Disagree ☐      Not sure ☐

5. I primarily use verbal communication to work with children:  
Yes ☐      No ☐      It varies ☐
6. Direct work is important in social work assessments:  
Yes ☐      No ☐      It varies ☐
7. Generally I am competent working with children:  
Yes ☐      No ☐      It varies ☐
8. The voice of the child is well-represented in social work assessments:  
Yes ☐      No ☐      It varies ☐

### **PLAY SKILLS**

1. I use play skills during my assessment work with children:  
Yes ☐      No ☐      It varies ☐
2. If you answered 'No' to No. 1, do you think play skills (non-directive play, drawing, worksheets, stories) would enhance your ability to work with children?  
Yes ☐      No ☐      Maybe ☐
3. I am interested in learning more about the use of play in social work assessments:  
Yes ☐      No ☐      Undecided ☐
4. I am interested in attending a focus group to share my experience of using play in my work with children:  
Yes ☐      No ☐      Undecided ☐
5. I am interested in attending a Play Skills Training programme:  
Yes ☐      No ☐      Undecided ☐

### **FREE TEXT**

What more would you like to see in place in respect of carrying out direct work with children in your workplace?  
This can be an idealistic/visionary account.

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Anything else you would like to add?

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*Thank you for your participation in this study*

## **Appendix 2: Questionnaire for Social Work Educators and Principal Social Workers**

### **Re. Participation in Social Work Research**

Dear Social Work Educator/Principal Social Worker,

My name is Lisa O'Reilly. I am a Social Worker and a Play Therapist working in the area of Child Protection and Welfare. I graduated from the Masters in Social Work at UCC in 2004. I am currently a PhD student at NUI, Galway, exploring the use of play in social work assessments and I am under the supervision of Professor Pat Dolan. I am seeking your support in relation to this study as an expert in the area and hope that you are willing to participate by giving me 15 minutes of your time to fill in this questionnaire.

Communicating with children at risk of abuse is integral to child protection social work practice. Play has become a vital method of communicating with children in the areas of counselling, therapy, psychology, speech and language therapy, mental health and occupational therapy. I am researching the use of play in social work assessments with children. When I use the word 'play', it is in relation to playful and creative activities to communicate with children. I am exploring whether play skills can enhance social work practice, particularly in our ability to communicate with children during our assessment work. I developed a training manual to deliver to child protection social workers, adopted from play therapy skills which I have found particularly useful in my practice with children. I am requesting your expert opinion in relation to this research.

Enclosed is a questionnaire in relation to the voice of the child in social work assessments. Your input is extremely valuable to this research. All information will be treated in a confidential manner and your identity will remain anonymous. Additional information and research results will be furnished to you at your request. For your information, I have received full ethical approval for this research.

Your completion and return of this questionnaire will indicate your informed consent to participate in this research. Please do not hesitate to contact me at (086) 176 6709 should you require any further information. Thank you for your participation.

Can you please return the completed questionnaire to me by e-mail at [l.oreilly6@nuigalway.ie](mailto:l.oreilly6@nuigalway.ie) or by post to 24 Beechwood, Clonbalt Woods, Longford, by Friday, 15th April 2011.

I thank you sincerely for your participation in this study.

Yours sincerely,

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**Lisa O'Reilly**  
*Social Worker*

# Questionnaire for Social Work Educators and Principal Social Workers

## The Voice of the Child in Social Work Assessments

Please tick the answer that is most relevant to your experience.

### EDUCATOR PROFILE

1. Sex:            Male ☐            Female ☐
2. Number of years experience involved in this field of education:  
(i) 5+ ☐        (ii) 10 + ☐        (iii) 15+ ☐        (iv) 20+ ☐

### SECTION A: SOCIAL WORK EDUCATION

**Social work students should have specific training to work with:**

1. Sexually abused children  
Yes ☐        No ☐        Unsure ☐
2. Traumatized children  
Yes ☐        No ☐        Unsure ☐
3. Emotionally abused children  
Yes ☐        No ☐        Unsure ☐
4. Neglected children  
Yes ☐        No ☐        Unsure ☐
5. Physically abused children  
Yes ☐        No ☐        Unsure ☐
6. Aggressive children  
Yes ☐        No ☐        Unsure ☐
7. Children with special needs  
Yes ☐        No ☐        Unsure ☐
8. Selectively mute children  
Yes ☐        No ☐        Unsure ☐
9. Children with attachment difficulties  
Yes ☐        No ☐        Unsure ☐
10. Children with mental health problems  
Yes ☐        No ☐        Unsure ☐

**Please add any additional training you believe should be on this list (if any):**

11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_

### SECTION B: PRACTICAL EXPERIENCE FOR SOCIAL WORK STUDENTS

**Students of social work should have practical experience in the following areas:**

14. Connecting with their inner child (Oaklander, 1978)  
Yes ☐        No ☐        Unsure ☐
15. Getting to know play and creative media (doll's house, play-dough, puppets, paints, etc)  
Yes ☐        No ☐        Unsure ☐
16. Importance of play in the lives of children (Piaget, 1952; Winnicott, 1942)  
Yes ☐        No ☐        Unsure ☐
17. History of the use of play in child therapy (Freud, 1909; Klein, 1948)



- Yes ☐ No ☐ Unsure ☐
18. Age-appropriate counselling skills, listening, recognising and responding to children's feelings, limit-setting, self-esteem building responses, reflecting feelings and reflecting content (Axline, 1969)  
Yes ☐ No ☐ Unsure ☐
19. Therapeutic stories to support disclosures (Davis, 1990)  
Yes ☐ No ☐ Unsure ☐
20. Stories to help assess a child's coping skills (Mooli Lahad, 2004)  
Yes ☐ No ☐ Unsure ☐
21. Worksheets to aid communication (Jennings, 1999)  
Yes ☐ No ☐ Unsure ☐
22. Drawing techniques to aid communication (Oaklander, 1969)  
Yes ☐ No ☐ Unsure ☐
23. Use of sand trays to create the child's story (Jung, 1954)  
Yes ☐ No ☐ Unsure ☐

[Researcher: I am moving on to child protection practice for the next set of questions.]

### SECTION C: THE VOICE OF THE CHILD

Yes = 90% or more of the time No = 10% or less of the time

#### The voice of the child in social work assessments should include:

24. Interviewing children  
Yes ☐ No ☐ Sometimes ☐
25. Interviewing children in an age-appropriate manner  
Yes ☐ No ☐ Sometimes ☐
26. Building relationships with children at risk  
Yes ☐ No ☐ Sometimes ☐
27. Carrying out direct work with children at risk  
Yes ☐ No ☐ Sometimes ☐

### SECTION D: CHALLENGES FOR CHILDREN AND SOCIAL WORKERS

#### Challenges for children in child protection assessments include:

28. Being included in the assessment  
Yes ☐ No ☐ Sometimes ☐
29. The burden of covering up for their parents  
Yes ☐ No ☐ Sometimes ☐
30. Fear of their parents  
Yes ☐ No ☐ Sometimes ☐
31. Fear of social workers  
Yes ☐ No ☐ Sometimes ☐
32. Speaking with strangers about their family  
Yes ☐ No ☐ Sometimes ☐
33. Unable to articulate their inner world  
Yes ☐ No ☐ Sometimes ☐
34. Normalising abusive environments  
Yes ☐ No ☐ Sometimes ☐
35. Feel the abuse is their fault  
Yes ☐ No ☐ Sometimes ☐

[Researcher: I am now moving on to challenges for social workers.]

#### Challenges for social workers in child protection assessments include:

36. Communication with children  
Yes ☐ No ☐ It varies ☐
37. Helping children feel at ease during assessments

- Yes ☐ No ☐ It varies ☐
38. Gaining an insight into their world  
Yes ☐ No ☐ It varies ☐
39. Understanding age-appropriate play  
Yes ☐ No ☐ It varies ☐
40. Helping children to communicate their feelings  
Yes ☐ No ☐ It varies ☐
41. Carrying out direct work with children at risk of abuse  
Yes ☐ No ☐ It varies ☐

**FINAL SECTION – FREE TEXT**

What more would you like to see in place in respect of carrying out direct work with children in your workplace?  
This can be an idealistic/visionary account.

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Is there anything else you would like to add?

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*I would like to thank you sincerely for your participation in this study,  
which aims to advance social work research in Ireland.*

## **Appendix 3: End-of-Session Questionnaire for Social Work Students**

### **Masters in Social Work student National University of Ireland, Galway**

Dear Student,

My name is Lisa O'Reilly and I am a PhD student at NUI, Galway, under the supervision of Professor Pat Dolan. My PhD research is looking at enhancing communication between children and social workers.

I am a social worker in child protection and welfare and I have a Diploma in Play Therapy from the Children's Therapy Centre in Co. Westmeath. The developments that have taken place in my practice as a result of this have been remarkable in terms of communicating with children. There is much evidence to suggest that play is the primary method of communication for children and they are a lot more comfortable with play than using verbal communication.

I believe many of the skills I have learned will be extremely useful for social work practice, but it is your feedback that will be of major importance to this research. I am aware you have finished your first social work placement, which undoubtedly gives you insight into the social work role. You will also be planning for your final placement this coming September.

I would like to request your permission to use your workshop evaluation sheets as data for my research.

I would be very happy to discuss this further with you. Thank you for your time. I look forward to hearing from you.

Yours sincerely,

---

**Lisa O'Reilly**  
*Researcher*

## Research Consent Form

I agree to take part in the research project.

I understand my evaluation sheet will be used as part of the data to inform the research.

I know I can change my mind at any time.

Signed: \_\_\_\_\_

*Masters in Social Work student*

Signed: \_\_\_\_\_

**Lisa O'Reilly**  
*Researcher*

## Play Skills Training Workshop: End-of-Session Questionnaire

1. Do you feel there was a time on your first social work placement when you could have used these skills?

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2. Do you feel these skills will be of use to you on your second social work placement?

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3. Do you feel these skills will be of use to you in your future career as a social worker?

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4. How satisfied are you with the experiential learning component?

Comment:

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5. How satisfied are you with the practical and video demonstrations?

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6. How could this workshop be improved to help you more?

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7. Is there anything you feel should be omitted from the workshop?

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8. Anything else you would like to add?

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*Thank you for your participation*

## Appendix 4: End-of-Session Questionnaire for Focus Group participants

**Please rate the following elements of today's workshop in relation to your work with children:**

1 = Not valuable    2 = Slightly valuable    3 = Relatively valuable    4 = Very valuable    5 = Essentially valuable

1. Connecting with their inner child – exercise about childhood play (Oaklander, 1978)  
1      2      3      4      5
2. Getting to know play and creative media (doll's house, play-dough, puppets, paints, etc)  
1      2      3      4      5
3. Importance of play in the lives of children (Piaget, 1952; Winnicott, 1942)  
1      2      3      4      5
4. History of the use of play in child therapy (Freud, 1909; Klein, 1948)  
1      2      3      4      5
5. Age-appropriate counselling skills: listening, recognising and responding to children's feelings, limit-setting, self-esteem building responses, reflecting feelings and reflecting content (Axline, 1969)  
1      2      3      4      5
6. Therapeutic stories to support disclosures (Davis, 1990)  
1      2      3      4      5
7. Stories to help assess a child's coping skills (Mooli Lahad, 2004)  
1      2      3      4      5
8. Worksheets to aid communication (Jennings, 1999)  
1      2      3      4      5
9. Drawing techniques to aid communication, e.g. rosebush, bird's nest, etc (Oaklander, 1978)  
1      2      3      4      5

10. Is there anything else you would like to add?

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*Thank you for your participation in this study*

## **Appendix 5: Semi-structured Interview for Social Work Managers**

1. In your experience, what do you perceive to be the key components to a thorough child protection assessment?
2. What do you perceive the main barriers to be in achieving this?
3. What do you advise your team members to prioritise so an assessment is of an acceptable standard?
4. How important do you believe it is for social workers to meet with the children on their caseloads?
5. How important do you believe it is for social workers to do direct work with the children on their caseloads?
6. How would you rate the Play Skills Training programme that your team participated in?
7. Have you received any feedback from your team in relation to the programme?
8. Is there anything else you would like to add in relation to working with children during social work assessments?

## Appendix 6: Non-directive play skills

Principles	Goals: Support children to	Play therapy relationship
<p>Child is free to choose how they will use the time.</p> <p>Child leads. Therapist follows their lead entirely.</p> <p>Task of therapist is to empathise with child and to understand the intent of their actions, thoughts and feelings.</p>	<p>Communicate thoughts, needs, feelings through the medium of play.</p> <p>Develop positive self-esteem, self-respect and confidence.</p> <p>Learn about their feelings and how to express them.</p>	<p>Therapist respects direction of the child.</p> <p>Therapist believes in and trusts in the inner person in the child.</p> <p>Opportunity to play out feelings and experiences. They create their own histories.</p>
Basic skills used in NDPT	Skills used in session	Acknowledging feelings
<p>Genuine interest – listen.</p> <p>Pay full attention.</p> <p>Follow rather than leading.</p> <p>Join in play if invited to do so.</p>	<p>Lean forward at the same level as the child. Be relaxed and comfortable.</p> <p>Track behaviour and reflect feelings.</p> <p>Facilitate decision-making.</p> <p>Notice effort and achievements.</p> <p>Match the child's tone and intensity, and respond at a consistent rate.</p>	<p>Look beyond words.</p> <p>Allow them to feel comfortable and free to begin to deal with their problems.</p> <p>It is OK to use unknown feeling words – using them in context will help develop their emotional vocabulary.</p> <p>If words are used with empathy, they speak directly to the child's heart.</p>
Name feelings	Responses	Responses to child
<p>Try to identify the feeling.</p> <p>Use word in a statement to show you understand the feeling.</p> <p>This is not a method to 'fix' – resist temptation to make it better.</p> <p>Must be genuine and compassionate.</p>	<p>Words carry strong messages, but the attitude the words are communicated with is equally important.</p> <p>Must sound natural and genuine. Facial expressions, body language, voice tone – all communicate interest and acceptance of the child.</p> <p>A genuine, trusting, empathic relationship is the core to healing and empowerment.</p>	<p>I am here with you. I hear you. I care; I understand.</p> <p><i>NOT</i></p> <p>I always agree. I must make you happy. I will solve your problems.</p>



## Appendix 7: Focused play techniques used in the PST programme to engage with children

Technique	Process
Family picture – a traditional diagnostic tool	There is much to be learned about a child from such a drawing. Use the information they provide to engage and relate with the child. The aim is to get the child to express their feelings about what is going on in the picture. The worker can ask the child to tell them about each person and what they like to do all day (Oaklander, 1978, pp. 30-31).
The Rosebush	Worker asks the child to close their eyes and imagine they are a rosebush and can prompt by asking 'What kind of rosebush are you? Are you big or small? Have you flowers? Are there many flowers? Have you thorns? Where are you? Who looks after you? What is it like to be a rosebush?'. Then ask the child to open their eyes and draw their rosebush. Assure them not to worry about their drawing because they can explain it. Ask the child to talk about the rosebush in the present tense as if they were the rosebush and write down what they say (Oaklander, 1978, p. 34).
The Scribble	This technique is used to help children express something of their inner selves.
The Bird's Nest	This technique is used to gain insight into a child's attachment to their main carer(s).
Draw a safe place	This technique is used to gain an insight into where a child feels safe. This can be a real or imaginary place, and gives the worker an insight into their coping skills.
Draw an unsafe place	This technique is used to gain an insight into where children may feel unsafe or threatened.
Timelines	Worker asks the child to draw a line in the middle of the page. On top of the line, the child is asked to draw/represent important happy times in their life. On the bottom the page, the child draws/represents times in their life that may have been sad/stressful or made them feel angry. This technique is used to gain an insight into a child's background and important events in their life.

## Appendix 8: PST programme lecture notes



### CREATIVE WORK WITH CHILDREN

By Lisa O'Reilly

Based on material by G. Landreth and V. Oaklander

### THE VALUE OF PLAY

MARIA MONTESSORI (1870 -1952)

- "Play is a child's work" but as such is not product based – the process is what children are about
- Play is as essential to development as care, food, sunshine & protection
- Play is a child's fulltime activity
- Play is a child's fulltime research
- Play is a child's fun
- Play strengthens body, improves mind & develops personality

### WHAT IS PLAY?

- Play is to children what verbalisation is to adults – the natural medium of expression (Schaefer, 1993).
- Play is an important part of communicating and is primarily non-verbal and is a language quite different to verbal language. Play allows children to play out thoughts and feelings that they are aware of but unable to express e.g. children who have suffered abuse may find it easier to express themselves using puppets (Schaefer, 1993).

### 6 PRINCIPAL CATEGORIES OF A CHILD'S PLAY WHICH WILL MERGE INTO EACH OTHER

1. Active Play – crawling, moving running, climbing, all of which control the head, body & limbs
2. Exploratory Play – looking & listening & a certain amount of activity, especially hand skills
3. Imitative Play – looking, listening & remembering e.g. Peek-a-boo
4. Constructional Play – precise manipulation & forward planning e.g. Building blocks
5. Make Believe/Pretend Play – imitation, creativity & communication e.g. Shop or house
6. Games with Rules – involve understanding, motivation & social adaptation

### PLAY (LANDRETH, 2002)

- Children are more comfortable with play and using verbal expression to communicate with a child creates an automatic barrier sending them the message that they must meet your levels of communication.
- Through play the child will communicate their feelings, experiences and unresolved inner conflicts. Toys can be a safe medium to express thoughts and feelings that otherwise could be too threatening to convey.

### WORKING WITH CHILDREN

- Atmosphere must convey warmth & the message "this is a place for children".
- The Toys & materials should say "use me"
- Try find a location that can allow children to be noisy in their play
- A location that is not easily damaged e.g. bright carpets

## THE IMPORTANCE OF PAINTING

- The pleasure in finding out what they can do is of great value
- Children love to paint; it is relaxing
- Painting allows expression when the child is still largely non-verbal
- Provides many choices which are theirs to make
- Building self-confidence
- With anxiety painting can provide release from tension & a chance to express emotions, frustration, aggression & rejection. It has a therapeutic action

## PUPPETS & PUPPETEERING

- Development of own ideas
- Express creative abilities
- Explore aspects of child's world in a secure environment.
- Puppet play helps improve speech
- Puppet play helps children to express themselves
- Develops confidence, initiative & decision making
- Promote social skills (listening, co-operating etc)

## PAINTING

- Watch children unobtrusively and observe the stages of development they will go through.
- Never show a child how to draw or paint
- Interference means stopping an expression of themselves, blocking the formation of thoughts: in other words 'slowing down the process'.
- Never impose adult standards on the child's painting
- Allow the child to learn for themselves
- Do reflect the content
- Ask "Did you enjoy painting that"
- Ask "Shall we hang it up to dry"
- Ask child to tell you about it

*Free painting leads to self-confidence & self-esteem in the child*

## Play Bag

- Toys:  
Figurines (people, soldiers, heroes); Dolls house & furniture; Toy food; Animals ; Vehicles Water gun; Sand tray/box ; Puppets & finger puppets; Toy money/cash register; Soft toys; Baby doll & bottle.
- Materials:  
Clay; Play-doh; Paints; Markers/pencils/crayons  
Paper/cardboard; Lollipop sticks; Any craft material  
Packaging e.g. egg cartons, smoothie cups etc.

## PLAY-DOH & CLAY

- Children love squeezing the soft material in their hands, exploring texture & consistency
- Fun way to develop hand skills & imagination
- Can be soothing & help children express their feelings
- Encourage child to make their own creations; "doing" is more important than the end product
- Provide modelling tools: plastic knives, spoons, rolling pin, biscuit cutters, garlic crusher etc.
- Working with clay helps a child come face to face with what is happening in their mind

## DISCOVERING YOUR INNER CHILD

OAKLANDER (2006) PG 165

- "the best teacher is yourself as a child and it is vital to be able to remember what it was like to be a child".
- 15 Minute Exercise re Connecting with a Playful Childhood Experience

## Child-centred Play Therapy

“Children are the best sources of information about themselves”

Landreth (2002) pg. 59

Material based on G.L. Landreth & R. Van Fleet

## Developing a Positive Therapeutic Relationship (Landreth, 2002)

- Establish a safe environment
- Understand & accept the child's world
- Encourage expression of their emotional world
- Establish a feeling of permissiveness
- Facilitate decision making by the child
- Provide child with opportunity to develop self-responsibility & self control

## Child-Centred Play Therapy

- Carl Rogers (1902 – 1987) developed the idea of client-centred work based on the central hypothesis of the individual's capacity for growth & self-direction
- In the 1940's drawing on Carl Rogers nondirective (client-centred therapy), Virginia Axline applies Rogerian techniques to children in play therapy with the aim being self-awareness & self-direction by the child

## Principles of Play Sessions

- Child is free to choose how they will use the time
- Child leads. Therapist follows their lead entirely.
- Task of therapist is to empathise with child & to understand the intent of their actions, thoughts & feelings

## Child-Centred Play Therapy

- Axline describes the therapist as being sensitive, accepting & as having a deep appreciation for what the child is communicating verbally & non-verbally
- Belief is that children have an inborn drive towards autonomy & self-direction
- When children experience a therapeutic relationship in which they are valued & accepted, they learn to accept & value themselves (Axline, 1947)

## Goals of Play Therapy Sessions

- To allow children communicate their thoughts, needs & feelings through the medium of play
- To help children develop a positive self-concept, self-acceptance, self-esteem, self-respect & confidence
- To help children develop their self-direction, self-responsibility, self-reliance & self control

## Goals Cont..

- To assist children in learning to identify their feelings & to express them
- To help children become more trusting of themselves by developing an inner source of evaluation.

## Skills used in Session

- Lean forward at the same level as the child. Be relaxed and comfortable.
- Track behaviour.
- Reflect feelings.
- Facilitate decision making.
- Notice effort and achievements.
- Match the child's tone and intensity.
- Respond at a consistent rate

## The play Therapy Relationship

Landreth (2002)

- Therapist respects direction of the child.
- Therapist believes in & trusts in the inner person in the child
- Opportunity to play out feelings & experiences.
- They create their own histories.

## Acknowledging Feelings

- Look beyond words.
- Allow them to feel comfortable and free to begin to deal with their problems.
- It's ok to use unknown feeling words – using them in context will help develop their emotional vocabulary.
- If words are used with empathy they speak directly to the child's heart

## Basic Skills used in Session

- Genuine interest – listen.
- Pay full attention.
- Follow rather than leading
- Join in play if invited to do so.

## Name Feelings

- Try to identify the feeling.
- Use word in a statement to show you understand the feeling.
- This is not a method to fix - resist temptation to make it better.
- Must be genuine & compassionate.

## Therapeutic Responses

- Words carry strong messages but the attitude the words are communicated with is equally important
- Responses must sound natural & genuine
- Therapists facial expressions, body language, voice tone communicate interest & acceptance of the child
- A genuine trusting empathic relationship is the core to healing & empowerment. The words are not enough

## Guidelines in Limit Setting

- Limits should be minimal & enforceable.
- Acceptance of feelings – not behaviours.
- Promote healthy boundaries.
- Support decision making skills, self-control & personal responsibility.
- Promote consistency & security.
- State limit only when need arises

## Reflective Responses say to the child:

- I am here with you
- I hear you
- I care
- I understand

### Not

- I always agree
- I must make you happy
- I will solve your problems.

## Limit Setting

- ACT model:  
Acknowledge the feeling  
Communicate the limit  
Target an alternative
- If ACT is not working the child may be:  
Hungry, stressed, over-tired or ill.  
Maybe stage of needing to test boundaries  
Maybe communicating that something is wrong

## Limit Setting

- One of the most important aspects of play therapy. Also one of the most problematic aspects for therapists.
- Limits set as part of introduction to playroom
- Limits provide structure for the development of the relationship.
- Relationships are of little value without limits.
- Limits provide an opportunity to learn self-control to make choices.

## Understanding Play

- “play themes....segments of play that seem to hold meaning for the child or to the overall feeling or sense that the play session conveys”.
  - “it’s best to wait until a pattern of play develops before drawing any far reaching conclusions”.
- Rise Van Fleet

## Understanding Play

- Do not draw conclusions from a single play occurrence
- Familiarise yourself with a wide range of children's play to gain perspective.
- Keep in touch with children's play & activities.
- Keep developmental aspects of children's play in mind.
- Explore alternative interpretations of the play

## Themes in Play Cont.

- Trauma
- Grief & loss
- Rescue
- Problem solving
- Developmental tasks – mastery
- Happy memories
- Things the child wishes for

Rise Van Fleet

## Understanding Play

- In play children express what their lives are like, what they need, or how they want things to be.
- Play shows us what is unresolved, what preoccupies the player (inc unconsciously)

## Interpreting Play Themes

- Consider content of play and feelings
- Look at intention of the play
- Do not share interpretations with child
- Think of several possible meanings
- Relation of play to prior play behaviours or sessions
- Relation of play to child's life

## Common Themes in Play

- Control
- Power
- Expression of emotion
- Good v's Evil
- Winning & losing
- Family relationships
- Authority relationships
- School relationships
- Peer relationships

## Problems Which May Arise & What To Do!

- Knowing what to do can help you stay calm & accepting of the child
  - You must respond with compassion, understanding & concern for child's feelings
- Silence – you must listen whether child is speaking or not. Respond verbally to what child is doing or to what you sense within the child
- Do not want to leave – explain to child their time is up & inform them of next session

## SANDPLAY

With children

### SAND

- The child does not have to create their own material as they do in drawing
- Sand makes a good base for figures
- It can be moved and shifted to create hills, flat places, islands or lakes
- Figures can be buried in the sand, and they can be moved about to play out situations
- Sand feels wonderful to the fingers and hands, creating an ideal tactile and kinesthetic experience.

### SANDPLAY

- The history of Sandplay goes back to an early decade of this century when H.G. Wells wrote about observing his two sons playing on the floor with miniature figures & he realized they were working out their problems with one another and other family members.
- 20 years later Margaret Lowenfold, child psychiatrist in London was looking for a method to help children express the 'unexpressible'. She recalled reading Wells experience & she added miniatures to the

### THE SAND TRAY MARGARET LOWEN FOLD

- Sand and water lend themselves to the demonstration of a large variety of fantasies, as for example, tunnel making, burying or drowning, land and seascapes. When wet, the sand may be moulded, and when dry it is pleasant to feel, and many tactile experiments can be made with the gradual addition of moisture. Wet sand can be dried up again and reconverted to wet, or by adding further water it becomes "slosh", and finally water when the dry land has completely disappeared (pp. 47 - 48)

### HISTORY OF SANDPLAY CONT.

- Shelves of the play room in her clinic, the first child to see them took them to the sandbox in the room & began to play with them in the sand. Thus it was a child who invented what Lowenfold came to identify as the World Technique (Lowenfold, 1979).

### VIOLET OAKLANDER RECOMMENDS:

- Sometimes asking the children to choose the items they wish to use for their 'scene' or 'picture'.
- Sometimes choose the items if there is something in particular you would like to focus on



## SAND TRAY

- Lowenfold used the sand tray in conjunction with what she labelled “world” material: objects which were representational of real life.
- Jungian therapists use the sand tray technique with adults
- Many small objects and toys that lend themselves to particular symbolic meaning are used
- The sand tray is viewed as a dream sequence. Photographs are often taken.

## SAND TRAY TOYS RECOMMENDED BY OAKLANDER 1978

- Vehicles: cars, tractors, lorries, army tanks, planes, helicopters, ambulance, police car, fire engine
- Animals: domestic, wild, wiggly things, fish, dinosaurs, sharks
- Figurines: all kinds of people, super heroes, bride, groom, ballerina, snow white, dwarfs, santa, devil, witch
- Scenic Pieces: furniture, small blocks, trees, buildings, bushes, stop signs, pebbles, shells, flowers, lego.

## SAND TRAY

- The child can create their own miniature world in the sand.
- They can say a great deal through this medium without talking
- You can ask children to tell the story they created or describe their scene.
- You can ask them to tell you what’s happening or what’s going to happen.
- You can ask them to identify with various objects or to have dialogues between the objects

## THERAPIST

- Provides freedom and protection that encourages the child to experience their inner, often unrealised selves in a safe and non-judgemental space.
- Therapist as a witness is an essential part of the process.
- Therapist appreciates not judges
- Follows play and stays in tune with it, does not intrude.
- Therapist follows child.
- With an empathic therapist children rarely need encouragement to begin play with sand

## LISA, AGED 13, FOSTER CHILD

- Her behaviour was characterized as pre-delinquent. Lisa was asked to make a scene in the sand tray. She worked intently. She created a desert with a few plants here and there, a rabbit, a snake going into a whole, and a girl standing on a hill. Lisa did not wish to tell the story but said she would describe the scene. She was however willing to identify with her scene and it’s figures. She described her existence as bleak and desolate. When asked if anything was fitting with her life she described her loneliness. With this expression her acting-out behaviour gradually decreased.

## SANDPLAY THERAPY

- Therapist does not interpret what they understand to be going on for the child
- Therapist does not remain unresponsive. Emphasis is on following the play. The child’s psyche becomes the guide rather than the therapist.
- The process of touching the sand, adding water, creating scenes seems to elicit the twin urges of healing and transformation
- Exercise in groups of 3.