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Deacon, Lesley and Stamp, Dean (2024) "Time to Talk" Findings from an exploratory study to understand what partner professionals expect from social workers to enhance understanding of thresholds for safeguarding referrals. In: 13th European Conference for Social Work Research, 17-19 Apr 2024, Vilnius, Lithuania.

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“Time to Talk”

Findings from an exploratory study to understand what partner professionals expect from social workers to enhance understanding of thresholds for safeguarding referrals.



Presenters: Dean Stamp (in person), Social Worker, Gateshead Council & **Dr Lesley Deacon**, Vice Chancellor’s Research and Knowledge Exchange Fellow, University of Sunderland

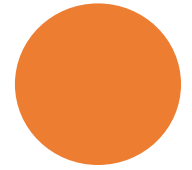
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Introduction

- Dean Stamp, Social Worker at Gateshead Council.
- Practice and research experience.
- Position in the research through the FPR programme.
- Changes observed in practice:
 - silo working after Covid
 - technology changes



Facilitated Practice-based Research (FPR) ©University of Sunderland



- FPR is an empowerment model, designed by Dr Lesley Deacon at the University of Sunderland
- It positions practitioners as researchers by reframing their existing skills as research.
- The key to this is making research make sense to practice by using practice language and temporarily moving aside research terminology.
- Practitioners work together as a group to reflect on practice issues and co-design and co-conduct a piece of group practice research.
- A practice report is co-constructed by the group at the end of the programme which can then be shared across all partners for immediate implementation into practice.
- If interested, please contact lesley.deacon@sunderland.ac.uk



Deacon (2023)
Deacon (2022)

The cohort and the research

- From November 2022–October 2023 a cohort of practitioners worked together as a group to co-construct and implement a piece of practice-based research. (Accreditation: SWKM43 Reflexive Practice Research)
- Practitioners were from both Children’s and Adults’ Services from three different local authorities – Gateshead, Stockton and Darlington.
- The topic emerged from the practitioners’ shared experiences – **working with partner professionals in safeguarding children/adults.**



Methodology A pragmatic approach was taken (Muurinen and Satka, 2020) to access the voice of participants.

A qualitative approach is used in the first instance (Macdonald and Deacon, 2019). This enables the voice of the user of a service to come through more clearly, in this case, partner professionals.

Method Qualitative exploratory study.

Five open questions were asked, to minimise the amount of time needed from participants to complete the survey.

Approach to analysis Three-phase qualitative thematic analysis using Braun and Clarke's (2006; and Clarke and Braun, 2013) six-stage framework in each phase: familiarisation, coding, search for themes, reviewing themes, defining and naming themes, and writing up themes.

This was a quality control measure to enable each member of the project team to engage in thematic analysis, to gain research experience and to share out the work of the project.



Participants

Partner professionals currently involved in safeguarding children or safeguarding adults' procedures, excluding social workers, e.g. education, health, mental health, police, probation, third sector organisations, private sector organisations, housing etc. Restricted to those who have had interactions with the Local Authority organisations in NESWA.

Respondents

Table 1.1. Responses

Area of experience	Number of responses
Adults	7
Children	30
Both	26
Total	63



Findings: Transactional communication

Quotes

Partner professionals tended to acknowledge that for a safeguarding referral to be considered there needs to be a **review of information** by social workers to consider it against the threshold for risk.

PP33(Charity): 'respond and acknowledge referrals we have made'.

Partner professionals felt it was important to understand from social workers **if more information was needed** and what the outcome of the referral was.

PP45(Health) 'clarify any gaps in information or lack of understanding', and PP47(Health) 'Listen to my concerns, consider them carefully and investigate as necessary'.

A large number of responses highlight the desire for outcomes and information to be **communicated to the referrer** with a view to giving a rationale as to decisions. Out of the partner professionals, 16 responses referred to requesting that communication should preferably be made, with the referrer to communicate the outcomes

'Keep us updated on the progress of referrals and advice on actions going forward' PP62(Social Care)

Other research also highlights this challenge regarding referrals not being picked up potentially related to information not, as a rule, **being reported back to the referrer**. That is, the referrer may be advised the referral did not meet the required threshold, but it was not, narratively, explained exactly why. (Perumall's (2017), Baginsky et al. (2019))

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- All partner professionals referred to an expectation that **when information was provided to them that social workers would do something about it** and keep the partner professional involved. Feeding back as to why a referral was declined or whether more information was needed was highlighted as significant in both the findings and the literature review. This was illustrated by PP15(Health) as having 'time to talk'.
 - From the data provided it is evident that partner **professionals need feedback** so that they can understand what does and does not meet safeguarding thresholds at Local Authorities to initiate social work involvement, and why.
 - It is posited that this could reduce the number of referrals if partner professionals understand thresholds for referrals and where something they see as 'serious risk' (PP1) may not present as a holistic risk, or may be something they are seen to be able to manage themselves. Having 'time to talk' things through would enable social workers and partner professionals to understand each other and whether the referral met thresholds. PP18 referred to this as a need for 'close working relationships and excellent communication'.
 - PP44 similarly highlighted how '**improved communication**' can help address **issues where there is disagreement**. When considering practicalities of this, respondents identified elements where it was not good.



Time
to
Talk

Discussion: practitioner perspectives

- Dean Stamp - examples from practice
- Called a partner professional back to say case was being closed.
- ‘Time to Talk’ sessions in calendar



Conclusions and next steps

- **We need to communicate more with partner professionals** – ensure we have ‘time to talk’ to them, explain about referrals e.g. needing more information, giving them time to explain their concerns, feeding back why referrals not accepted and keeping them upto date e.g. when cases are closed.
- Findings have been shared with partners as NESWA, but we want to do more to share findings with practitioners.
 - We are going to conduct some ‘Community Enquiries’ to embed this into practice.
 - [The Portal Podcast](#) – we are going to record some bitesize recordings for Practitioners to access.

Thank
you!

For listening...

Any questions?

References

1. Deacon, L. (2023) 'Facilitated Practice-based Research: A model of Empowerment to Reduce Research Anxiety in Social Work Practitioners and Reframe Cultural Capital, *European Journal of Social Work Research*, 1(1), pp.102–117.
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