Research

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Children's Workforce Development Council

A Summative Report on the Qualitative Evaluation on the Eleven Remodelling Social Work Pilots 2008-11 (September 2011)

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Executive Summary

1. Background

The social work remodelling project was a pilot programme developed to allow authorities to explore different ways of delivering social work practice. Local authorities were provided with additional resources to attempt to address the deficits they identified in delivering an effective social work offer to children and their families. Authorities were invited to test new approaches to organising and delivering children and family social work so that:

- the expertise of staff could be used more widely

- children's social work could be delivered as part of integrated services

- social workers could spend more time on direct work with clients, contributing to prevention

- bureaucracy could be reduced for social work staff.

The initiative attracted a great deal of interest from local authorities and 11 pilots were created. The 11 pilots applied the concept of *remodelling* in different ways but all shared the following objectives:

1. to explore processes supporting improved multi-agency, evidence-based social work practice that would allow staff to use their expertise more widely and in new ways
2. to free social worker time to enable more direct work with vulnerable children, young people and their families as well as more effective assessment and planning, leading to improved outcomes for service users
3. to provide effective background support to social workers to allow the above to happen.

The role of the evaluation was to assess if the project had met its objectives, if the promised services had been provided, and the impact of these services in terms of the extent to which the programme had led to the desired changes.

2. The pilots – differences and similarities

All the pilots were based in children and families' social work departments. The intention was to make sure the different types of authorities – unitary, county, district, London borough, metropolitan – were reflected, as well as the different geographical areas of England and rural and urban settings. They differed in staffing levels, size of authority and scope of work, and in their specific foci. The pilot staffing levels ranged from four people to over 20 (not all funded by CWDC) and included social workers, family support workers, managers, administrators, participation workers and mentors.

3. Methodology

The evaluation had two stages. The focus in stage one was on examining the establishment and implementation of the planned work of the pilots, while in stage two the work concentrated on the exploration of the development and sustainability of the plans. The methodology was designed to track and review the process of implementation, while capturing the perspectives of staff, managers, stakeholders and service users.

The data were collected through participant observation, structured and unstructured interviews and group discussions, attendance at team and inter-agency meetings, as well as from documents and other records. There was a considerable investment of time by many people involved in the pilots and by the members of the evaluation team, but these multiple methods allowed the evaluators to map and validate the different processes that were being investigated. Strict confidentiality was maintained throughout and assurances were given that participation by professionals, service users and others was voluntary. The objective in choosing this approach was to identify whether there were common approaches and key learning across pilots.

In addition, Pricewaterhouse Cooper (PwC) conducted a quantitative evaluation of each pilot. Reports on each of the pilots have been produced throughout the evaluation to enable the pilots to monitor their developments.

4. Findings

4.1. Multi-agency, evidence-based social work practice

4.1.1. Management

Management was crucial to the success of the projects, particularly in supporting the processes that underpinned improved multi-agency, evidence-based social work practice, allowing staff to use their expertise more widely. It was important to have a manager with the appropriate skills that matched the aim of the pilot. Where pilots focused on delivering a specific service – usually team-based – this would be an experienced social work practitioner; pilots intended to support wider, authority-level change required a project manager with the skills to guide and support change. Both needed to have the time to develop the work, identify the strengths and challenges, and make any necessary adjustments.

4.1.2. Support

Various forms of support were available to the pilots, including additional administrative staff and family support workers. Clarity proved to be essential around the definition and limitations of the available support, as well as guidance on how it overlapped with, and related to, other posts and structures, who could access it and how to arrange that access. In order to make a difference to social workers' practice the support provided had to be commensurate with and appropriate for the task, and those providing it required supervision and access to training. Often, after not having had administrative help, social workers took time to access the support but came to appreciate the difference it made to their work. Further research is needed on the technology required to support social workers, particularly those operating in different settings and from remote locations.

4.2. Lessons from remodelling pilots for multi-agency work

4.2.1. Working together

Three factors led to improvements in the way agencies worked together:

- the support of senior managers

- making time available to explore the facilitators and barriers to multi-agency work, and

- relevant training and support.

This work requires a shared understanding of the purpose, scope and limitations of what is being attempted, and opportunities to engage in collaborative approaches to *decision-making*. It also requires professionals who feel comfortable working and/or with other agencies.

4.3. Making a difference for children, young people and families

The pilots worked with children and their families in different ways. Many of the approaches were judged by professionals and service users to have had positive outcomes. The reasons were:

- **Time**: In pilots designed around early or more intensive intervention, social workers carried far fewer cases than colleagues in front line or other teams and, as a result, were able to spend more time with children and their families who reported how they had benefited from the contact and support.
- **Skill:** The early intervention pilots allowed experienced social workers to work with families at an earlier stage than would normally have been the case and to use their skills to assess and manage risks.
- **Flexibility:** Support was tailored to meet the needs of those requiring the most intensive support.
- **Access:** Children and families benefited from professionals and services that were based in familiar and accessible locations, such as schools and children's centres.
- **Trust:** Social workers were able to use their skills to improve outcomes in ways that they had not previously been able to, and families also reported developing trust in social workers where there had previously been suspicion, mistrust and avoidance.

5. Summary

Pilots achieved their goals depending on the extent to which:

- there was initial and continued clarity on what was being remodelled and how it was to be achieved
- there was support from senior management
- there was visibility and accessibility to stakeholders and the community
- social workers were able to undertake direct work with children and families and build relationships with other agencies

- effective support was provided to social workers to relieve them of administrative tasks that did not require their expertise and professional judgement
- all staff involved in the pilots, including administrators and family support workers, had access to tailored training and development
- team members had opportunities to talk to each other about cases and issues.

Where the focus was on intervening at an earlier stage to prevent more intensive problems developing at a later stage, these factors were particularly significant. The pilots also faced many challenges, most of which emerged when the factors identified above as relating to success were absent. However, in some instances a mismatch between the desired outcome and the level of resourcing provided (as opposed to what would have been required) meant that some pilots may be judged not to have succeeded. However, lessons were learnt from all 11 pilots that will inform future practice, not least the implementation of the recommendations emerging from Professor Munro's review of child protection (Munro, 2011).

Section 1: Background

1.1 Remodelling social work project

The Remodelling Social Work Delivery project emerged from the reform of the children's social care workforce, set out in the *Every Child Matters* strategy[1] and informed by *Options for Excellence: Building the Social Care Workforce of the Future* (DfES and DoH, 2006) and *Care Matters: Time to Change* (DoH, 2007). In *Options for Excellence* the then Department for Education and Skills and Department of Health reviewed the social care workforce and identified a need to explore innovative solutions to recruitment and retention difficulties within social work, particularly in retaining experienced staff. A widespread concern in social work was the retention of experienced staff where workloads were very heavy. The *Options for Excellence* review of the social care workforce suggested that the direct contact time social workers have with service users is often used for assessment activities rather than counselling and support, and that indirect work involves unnecessary bureaucracy rather than improving outcomes for clients. Lord Laming's review of child protection in 2009 (The Lord Laming, 2009) identified the need for social workers to have strong administrative support, as well as improved supervision and manageable workloads.

The remodelling social work programme was not designed to be prescriptive. It was a pilot programme to allow authorities to explore different ways of delivering social work practice by providing local authorities with additional resources to attempt to improve staff retention and outcomes for children and families. Authorities were invited to test new approaches to organising and delivering children and family social work so:

- the expertise of staff could be used more widely

- children's social work could be delivered as part of integrated services

- social workers could spend more time on direct work with clients, contributing to prevention

- bureaucracy could be reduced for social work staff.

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[1] Every Child Matters was a statement of policy for children and young people in England by Her Majesty's Government from 2003 until 2010. Relevant documents may be viewed on the Department for Education website.

The initiative attracted a great deal of interest and 11 pilots were created with the shared objectives of:

1. exploring processes that supported improved multi-agency, evidence-based social work practice that allows staff to use their expertise more widely and in new ways
2. freeing social worker time to enable more direct work with vulnerable children, young people and their families as well as more effective assessment and planning leading to improved outcomes for service users
3. providing effective background support to social workers.

The 11 pilots varied widely in their demographic and socio-economic characteristics, as well as in the size of populations they served. Although they worked towards the same objectives, the pilots applied the concept of *remodelling* in different ways.

1.2 Introduction to the evaluation

The evaluation of the work of the remodelling pilots has taken place in two distinct parts and by two teams. One evaluation team focused upon the qualitative evaluation and the other focused upon the quantitative evaluation. A team of researchers from the Children's Workforce Development Council (CWDC)[2] completed the qualitative evaluation and PricewaterhouseCoopers (PwC) conducted an evaluation of each pilot based on quantitative data. Reports on each of the pilots have been produced throughout the evaluation to enable the pilots to monitor their developments[3]. It is not possible to use these data in an aggregated way across the programme because of the very different approaches taken by the pilots.

This report is based on the work of the qualitative evaluation team[4]. The members have worked with each pilot since the beginning of 2009 to develop an evaluation methodology specific to each one that would also explore a number of cross-pilot themes. As a result of staff going on maternity leave, three members of the PwC team, already familiar with the pilots through the quantitative work, supported the CWDC team in the final stage of the fieldwork.

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[2] Supported by other researchers at various points.
[3] An initial baseline report was not produced for Birmingham nor was a final report produced on the Birmingham pilot.
[4] During 20019/10 CWDC researchers worked in collaboration with Professor Anne Edwards from the University of Oxford and Dr Jan Georgeson, from the University of Chichester.

1.3 The report

The remaining sections are organised as follows:

Section 2: Methodology: qualitative evaluation

Section 3: Descriptions of the pilots

Section 4: Providing effective background support to social work staff

Section 5: Multi-agency work: social work practices to allow staff to use their expertise more widely and in new ways

Section 6: Making a difference to children, young people and families

Section 7: Has remodelling of social work happened?

Section 8: Conclusions and reflections

The report is organised to provide detail on how the pilots responded to the three objectives. It may be read as a whole or in individual sections as it is recognised that readers will have specific interests. At points in the report details are repeated to support this.

As pilots are named, an earlier draft was shared to allow them to correct any factual errors although not evaluators' judgements.

Section 2: Methodology

2.1 Introduction

The role of the evaluation was to assess what had been accomplished, the services provided, and the impact of these services in terms of long lasting changes in the way services were delivered. Evaluation of the impact of any social intervention is complex. Many standard evaluation models based on a quantitative approach assume that there are clearly defined and measurable outcomes and that the strategies, once established, do not change. They also assume that the evaluators will minimise contact with managers and staff, in order to concentrate on the management or practices of the pilots. The danger is then that what is not quantifiable becomes unimportant while 'what is measurable and measured then becomes what is real and what matters' (Chambers, 1995, p8). A qualitative investigation is able to identify contextual information that may not emerge from standardised quantitative methods.

2.2 Methodology

Evaluating the pilot projects was challenging. They extended across 11 localities, each of which had a distinctive organisational and cultural context and approach to remodelling. The literature around multi-site evaluations explores the specific challenges that these bring (see Tushnet, 1993) and the differential implementation that takes place. In this case it was also a non-prescriptive, multi-site programme and as such required an approach that would encompass the multiple influences that would shape the pilots over the three years. Tushnet also references the work of both Goggin *et al* (1990), on the varied interpretations of a programme that occurs across sites, and Sinacore and Turpin (1991) who explored the difficulties around unpicking the impact of an intervention from policy and personalities in the different areas. These considerations suggest that as much value lies in the descriptions as in the more conventional assessment of effects. In an attempt to reflect this diversity, the evaluation was guided rather than dictated by the theory of change. Weiss (1995) defines a theory of change as a theory of how and why an initiative works. This choice was made to reflect the evaluation of heterogeneous pilots, where it would not be possible to aggregate the results or arrive at one formula or intervention that would be defined as the remodelling 'model'.

The evaluation took place in two stages. Further details of the two stages are contained in section 2.4. The focus in stage one was on examining the establishment and implementation of the planned work of the pilots while in stage two the work concentrated on investigating the development and sustainability of the plans. The methodology was designed to track and review the process of implementation, some of which have happened at a slower pace than would have been hoped, while capturing the perspectives of staff, managers, stakeholders and service users. A model was required that was appropriate for a programme which contained emergent and diverse practice across a number of sites and was able to encompass the complexity and diversity of the pilots. While it was important that evaluators adhered to accurate, objective, and impartial recording and reporting it was important that the evaluation was flexible. The evaluators needed to acquire a detailed understanding of how the pilots were administered and how services were delivered, as well as explore the experiences of professionals and service users. It was recognised that there were likely to be developments that had an impact on the evaluation, such as changes in the ways in which services were delivered and in policies. An over-prescriptive approach to methods and questions could have jeopardised the inclusion of factors which were important to the evaluation but which were not apparent at the outset.

To address this, the data collection was spread across participant observation, structured and unstructured interviews and group discussions, as well as information obtained from documents and other records. These multiple data sources allowed the evaluators to map and validate the different processes that were being investigated. The process allowed data to be collected as a whole to identify commonalities in approach and key learning across pilots. It also allowed the members of the team to develop a detailed understanding of the pilots and to build relationships and trust with those involved.

Semi-structured interview schedules[5] were used to ensure that all researchers collected consistent information across all 11 pilots. The contents of the interview schedules were guided by a theory of change (see Weiss, 1995) and required those interviewed from within the pilots to be as clear as possible, not only about the ultimate outcomes and impacts they hoped to achieve but also about the ways by which they expected to achieve them. The semi-structured nature of the interviews allowed the team to capture and explore experiences specific to each pilot. Most interviews were conducted face to face and were digitally recorded with the

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5   Please contact the authors for further details on the schedules.

permission of each interviewee. They were then transcribed verbatim. In a few instances where permission was not obtained, full notes were taken and written up after the interview.

2.3 Ethical approval

Working on a project such as this outside of a university did create some difficulties over applying for ethical approval. Some local authorities had Research Ethics Committees (RECs) that were willing to consider an application but these were surprisingly few. Even where this was possible they were only willing to approve for work that was to be conducted inside their authority. As this was a multi-site project it meant that the majority of pilots would not be covered. During the early stages of the project a researcher from the University of Oxford was part of the team conducting the work. The University's Ethics Committee – Central University Research Ethics Committee (CUREC) – agreed to review the project. The committee follows a two-stage process whereby once the initial application is accepted following amendments, a second-stage application is submitted. At this point, the member of staff still employed by the university left the team and CUREC was not then willing to continue with the application, as there was no direct connection to the university. The research team took the removal of CUREC as an opportunity to revisit the original methodology that related to involving service users in the evaluation. Through discussions with the pilot sites, considerations of timescales and with a greater understanding of the individual pilots by then, a decision was made about where it would be appropriate and feasible to include service user involvement. Then where a REC was not in place, approval was provided by either the Director of Children's Services or another senior member of the local authority. Timescales and the pilots capacity to support this exercise meant that service users provided feedback in four areas.

Informed consent is a requirement of a research process of this nature. All those who were approached to be involved in the research were given information about the study and contact details of team members if they wished to discuss any aspect. It is essential that the information given to participants allows them to reach a good understanding of the project and its aims as well as what their involvement entails and how the data obtained from them will be used and stored. Assurances were provided that strict confidentiality would be maintained, and that participation by professionals, service users and others was voluntary. It was made clear to everyone involved that statements and opinions would not be attributed to specific individuals. But this meant that the evaluators sometimes had to assess and discuss with participants what

information they might expect to be kept confidential. It was also explained that the work of individuals was not being evaluated and that information on individual performance would not be passed to any agency, unless there were safeguarding issues for children and families or risks to staff behaviours emerged which put others at risk.

Feedback from CUREC was that further information and guidance needed to be provided to any children or young people taking part in the research projects. Initially, the written information produced for informing children and young people about the evaluation was piloted on a group of ten children in the North Tyneside pilot. Following feedback from this session, the text provided was altered and the format in which the information was made available was changed. All prospective participants were sent a DVD by post from the social workers in their local authority to explain the process. The DVD was produced using actors who explained the process in a child-friendly manner to ensure the children and young people understood their part in the evaluation. The team members also debated the age at which children may be considered capable of informed consent. They were familiar with the differences of opinion that exist around this question (see, for example, Ensign, 2003 and Alderson and Morrow, 2004), but chose to follow the advice provided by Masson (2004). She argues that while researchers should not be at risk of legal proceedings where under-16-year-olds are involved in social research without parental permission, they could be at risk if a child made a claim of harm. It was therefore decided to provide participants with a consent form to be completed by the child/young person and their parent/carer/guardian, as well as a uniquely coded self-addressed envelope in which to return it.

2.4 Fieldwork

Stage One fieldwork was divided into four phases.

- **Stage One: Phase 1: initial visits**

Initial visits to all 11 pilots were arranged between January and February 2009 to allow the research team to gain a better understanding of the pilots and to build relationships with the pilot managers.

These early meetings were also used to explain the purpose of the qualitative evaluation and to differentiate it from the quantitative work being completed by PwC. Following these exploratory visits a methodological approach was developed which allowed general and cross-pilot issues to be explored as well as issues specific to each pilot site.

- **Stage One: Phase 2: study design**

Data collection tool design, the development of sample recruitment processes, and the introduction of the evaluation to key contacts in each pilot.

- **Stage One: Phase 3: interviews with pilot team members**

A series of one-to-one and group interviews were conducted with members of the pilot teams across all 11 sites between February and July 2009.

The pilot managers facilitated access. Interviews were conducted with managers, social workers, team administrators, family support workers, practice managers, and social work consultants. While the preferred method was individual, face-to-face interviews, very occasionally a group interview was used.

- **Stage One: Phase 4: interviews with key informants from outside the pilots, and other data collection activities**

Key informants were identified following discussions with the pilot managers

The key informants from outside the pilot included youth workers, educational social workers, home–school liaison officers, educational psychologists, union representatives, administrative staff, head teachers, service managers and senior strategic managers. They were professionals and others who worked with the staff in the pilots.

During **Stage Two** researchers from CWDC and PwC worked together to:

- conduct interviews with managers and pilot staff in order to update information and developments since the Stage One fieldwork
- attend the regular and ad hoc meetings as in Stage One
- conduct short, update interviews with key informants (both those where it would be relevant to return to from Stage One and any new informants who were subsequently identified)
- conduct a final interview with pilot managers in early 2011 to collect data as the pilot came to an end and, where necessary, clarify or verify data collected during Stage Two
- interview children, young people and their families where this was possible and appropriate.

During both stages researchers have:

- read and analysed wider literature as well as documentation emerging from the pilots
- met regularly to explore and analyse emerging themes[6]
- attended pilot management meetings and other significant meetings in a range of agencies[7].

Further details on the interviews and interviewees are contained in Appendix A.

2.5 Analysis

All interview transcripts were stored on a secure server and were analysed using a standardised evaluation framework. The analysis assessed the material gathered in the course of the evaluation against the objectives, with a particular emphasis on context and capacity. The data were interrogated to identify patterns and associations between pilot sites to provide evidence-based guidance for social work practice and delivery.

2.6 Reporting

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[6] There were crucial in maintaining consistent approach by researchers across the 11 pilots as well as identifying the themes to be explored at each stage and then in the final analysis.
[7] Given the stage at which researchers from PwC contributed to the qualitative work they did not attend such meetings.

Where quotes are used they are attributed anonymously but an indication is given of the person's role and level of attachment to the pilot. Where it might be possible to identify a person by linking role and content of the quote, a label such as 'key informant from an agency working with the pilot' or 'key informant from the pilot' is attached. While the reader may find it helpful to have more specific details, it has been essential to honour the assurances that were given on confidentiality.

Section 3: Descriptions of the pilots

This section contains a summary of the purpose, intervention and expectations of each pilot, alongside a breakdown of the staffing attached to each.

Bath and North-East Somerset (BANES)

Purpose: The focus of the remodelling pilot in Bath and North-East Somerset (BANES)[8] was on improving families' experiences of services by developing networks and locality working. The authority intended to create opportunities to enhance the interface between universal, targeted and specialist services and, at the start of the pilot, a multi-agency Integrated Solutions Network (ISN) group was established to address barriers to integrated working. The ISN included representation from social work, health, the early years service and a children's centre.

Interventions: The ISN was central to achieving improved multi-agency working. This work focused on the interaction between children's centres and social work services – by locating a social worker within two children's centres – and strengthening links between health and education. In addition, the ISN developed a community-based assessment (CBA) model with the intention of reducing residential assessments. The model is an alternative way of conducting an assessment of parenting capacity while allowing the family to remain in its local community. Two contact officer posts were also created to provide support to and reduce the burden on social workers over supervised contact for children in care, and a change coach was employed to facilitate sessions and work with participants to improve understanding and communication between health, social care and early years.

Expectations: By locating social workers in children's centres the pilot hoped to forge closer links between services and strengthen early intervention activity by offering support in the community that users would view as being non-stigmatising. It was hoped that the introduction of the contact officers would be cost-effective and provide greater continuity for service users. Overall, it was anticipated that the pilot would result in more manageable caseloads, and provide an opportunity for social workers to undertake more rewarding work, in the hope of improving retention of staff.

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[8] Bath and North-East Somerset is referred to as BANES throughout this report.

Staffing: The pilot team comprised a pilot manager, two full-time and two part-time social workers, and two contact support officers covering 1.6 full time equivalent posts.

Birmingham

Purpose: The purpose of the Birmingham pilot was to test new ways of working that could prevent placement breakdown during adolescent years. The aims of the pilot were to improve the speed and quality of assessment and decision making over the placement of young people into care, avoiding placement where possible. The pilot was initially for 9- to 13-year-olds but the age group was extended during the lifetime of the pilot.

Intervention: The methods of intervention used in Birmingham included the co-location of education, drug/alcohol advisory services and mental health services workers with the intention of improving planning, speeding up assessment and referral times, and contributing to the stability of placements. The pilot also introduced more technological support – laptops and mobile phones for recording contacts, notes and assessments for social workers, and extended the role of the administrator.

Expectations: The Birmingham pilot team members expected to reduce social workers' caseloads and improve communication and action by co-locating staff from different agencies, but did not expect a high level of success in returning children to families.

Staffing: The pilot consisted of one project manager who was also the team manager, two social workers (both newly qualified), one social work assistant and one team assistant (administrator). All the posts were filled with individuals who were seconded from existing local authority staff.

Derbyshire

Purpose: The main aim of the social work remodelling pilot in Derbyshire was to improve the visibility of, and access to, children's social care within a large rural community, and at the same time locate staff from other agencies. It was intended that the pilot would focus on the analytical role of social workers and identify which tasks should be undertaken by social workers, and which could safely be delegated to others. The pilot was dependent on good electronic/remote working.

Intervention: To achieve the main objective, social workers in Derbyshire would be co-located with partner agencies, such as schools, health centres and children's centres, spending up to a day per week within them. These agencies had expressed an interest in having a social worker on site.

Expectations: The expectation for the pilot was that it would allow social workers more time to concentrate on improving multi-agency working to improve other agencies' understanding of social care. It was also hoped that co-location and technological support would result in social care being more visible and accessible in the community, and improve the amount and quality of time spent with service users.

Staffing: The pilot team was geographically split across two locations, in the north and the south. The north pilot team consisted of four social workers, two social work support staff and one administrator. One social work manager, three social workers, two support staff and one administrator made up the south pilot team. Both teams were managed by an overall pilot manager who was based in the north team, though the original pilot manager left and there was a period when the pilot was without one. The south team, and the office from which they operated, existed prior to the remodelling pilot but in the north a new team was established and located close to other agencies involved with the pilot. Recruitment of staff to the north team was achieved through expressions of interest and, where this was not possible, external recruitment.

North Tyneside

Purpose: The aim of the pilot was to engage with communities in North Tyneside in order to improve outcomes for vulnerable children, young people and families. The emphasis was on support, advice and help to vulnerable families through their routine contact with universal services and reducing the stigma associated with contact with social workers. Prior to the pilot these families would probably not have received a service unless the problem had escalated to such an extent that it met the threshold for a statutory intervention.

Intervention: To meet the aim set out above it was intended that additional social worker capacity would be allocated to two of the four area children's teams. Experienced social workers were placed in key posts to ensure good safeguarding practice and effective management of risk. Social workers were encouraged to develop innovative approaches to delivery, tailored to the needs of families, supported by extra administrative support. The pilot also looked to develop and enhance resources within the community to assist vulnerable children and families. Families would be consulted and empowered to identify solution-focused responses to problems, in order to strengthen their resilience.

Expectations: It was hoped that the pilot would be able to work with vulnerable families to prevent entry into the statutory system.

Staffing: The pilot was based within two of the four area children's teams and originally included a team manager in each team. One manager left the team during the pilot and was not replaced, leaving both area teams managed by a single person. Each area team also included two social workers, 1.5 early intervention workers and an administrator.

Rochdale

Purpose: The social work remodelling pilot in Rochdale created a specialist children-in-care team to provide support to vulnerable young people on the edge of care; improved care planning for those living in three local residential homes; and ongoing support to children and families when children returned home. This was to be achieved by providing a swift service to accommodated young people as well as a 24-hour response to families requesting accommodation for their children on the edge of care. The pilot was also intended to improve working relationships between social workers and staff based in residential children's homes.

Intervention: A strong emphasis on a solution-focused approach[9] was intended to allow social workers to use their expertise more widely and in new ways. Social workers would be able to spend more direct time with young people and their families and to respond quickly because they were to carry significantly reduced caseloads. The intention was to train team and residential staff in solution-focused methods at the start of the pilot.

Expectations: In protecting caseloads and encouraging direct contact with families it was hoped that the pilot would foster an environment of creative practice, give social workers the opportunity to develop their skill base on the front line and offer senior practitioners an alternative career path to management.

Staffing: To form the new team, three social workers and a senior practitioner were recruited and subsequently joined by an administrator. Heading the pilot was a team manager who would also be the primary point of contact with CWDC. The intention had been to attract experienced social workers who would otherwise be seeking managerial posts, but there were no internal applicants. In the view of managers this was possibly because the work was exclusively with teenagers on the edge of care who were seen as a very difficult client group. Eventually the posts were filled by NQSWs. At times the support that such inexperienced workers required had placed additional burdens on the manager and the senior practitioner, but by the end senior staff spoke of the confidence and skills of the NQSWs.

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[9] Solution-focused social work is designed to allow clients – including carers, parents, families and children – to explore their strengths and to find their own solutions to difficulties. See, for example, Berg (1994).

Sheffield

Purpose: The purpose of the Sheffield pilot was to provide support to social workers through social work consultant roles. The pilot was developed in response to the Joint Area Review[10] and was designed to build greater capacity within the service.

Intervention: The authority introduced the four new social work consultants to provide support to newly qualified social workers (NQSWs) and others involved in reporting to courts for the first time through coaching, whole-service training and close working with the family courts to identify process improvements. This was part of an overall strategy within the authority to achieve manageable caseloads, increase the amount of time spent with service users, and facilitate both the move to a multi-agency approach and integration with Sheffield's locality-based model of multi-agency working.

Expectations: The pilot was expected to support the social workers in the authority to improve the quality of their work and raise the standard of reports submitted to courts and panels.

Staffing: Four new social work consultant posts were established within the Sheffield pilot area. These positions were developed for the pilot and the role was unique within the authority. The pilot also funded one full-time business support officer (administrator role) and one full-time project officer, as well as contributing towards the funding for two senior manager posts to oversee the work.

Shropshire

Purpose: The purpose of the pilot was to enable social workers, in two multi-agency teams (MATs), in Market Drayton and Oswestry, to take on more complex and intensive casework than was usual in MATs to avoid cases escalating to child protection services.

Intervention: The pilot attempted to remodel social work by enhancing support structures; developing confidence, skills, knowledge and abilities; and increasing the job satisfaction of the workforce. This was to be achieved by training early intervention social workers and other practitioners in solution-focused methods to support young people who were experiencing difficulties; targeting hard-to-reach groups with longstanding issues of

neglect; and enhancing the working relationship between social workers and schools, in order to support children and young people to remain within education.

Expectations: Both pilot members and stakeholders shared very similar expectations about the pilot. There was agreement that a small group of social workers and social care staff would be enabled to work together in ways not previously possible.

Staffing: The pilot consisted of a manager (Head of Integrated Working), two team managers, not funded by the pilot, a senior social worker and a social worker. There were also support-plus workers, a participation worker and an administrator.

Somerset

Purpose: The overall aim of the remodelling pilot in Somerset was to respond to referrals and to use a compact team structure (known as a 'pod') to support children and their families. This structure was smaller than the traditional social worker team and was designed to explore whether, within a smaller team environment, it would be easier to access and share information and, by so doing, improve services for families.

Interventions: The pilot was intended to allow more flexible roles and responsibilities within the team, allowing administrators to be more involved with cases and work more closely with operational staff. The model combined supervision and workshops to allow tasks to be reviewed and delegated within the team so that all members could use their skills and knowledge most appropriately.

Expectations: It was hoped that a smaller team environment would make it easier to share information and provide better services to children, families and other agencies.

Staffing: The pilot pod team consisted of input from one pilot manager, two social work managers (on a part time basis), four social workers, two family support workers and three administrators[11].

Tower Hamlets

Purpose: The purpose of the Tower Hamlets pilot was to enhance the support and processes available to social workers in the Family Support and Protection (FSP) team to enable them to spend more time with children and families *and* to support the Children

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[11] It should also be noted that each of the four pods that now exist are supported by 0.5 FTE team leader post, and all four of the pods are overseen by the CSM.

Looked After (CLA) team to improve placement stability for looked after children by releasing social workers to engage more intensively with children, families and other professionals.

Intervention: A consultant practitioner provided enhanced supervision and mentoring to staff in the FSP team. In the CLA team a placement stability social worker provided one-to-one support to social workers through the whole lifecycle of placement planning, from assessment through to review. Administrative support to the FSP team was restructured, three additional administrators employed and additional training and coaching provided. The pilot also enabled the CLA team to recruit an additional administrator as well as introducing new technology – such as mobile phones and laptops – to support mobile working.

Expectation:

***Family Support and Protection*:** The expectation of the FSP team was to establish stable, front line teams which enabled social workers to spend more time with children and families as well as with other professionals. There was an expectation that two administrators would provide dedicated administrative support to social workers within the two FSP teams in the pilot (there were four FSP teams in total). A consultant social worker (mentor/coach) provided enhanced supervision and support to newly recruited team members, or those social workers referred by their managers. Additional training, such as a report-writing course, was provided to all pilot team members.

***Children Looked After*:** The expectations of the CLA team were that placements would be more stable and social workers would receive more administrative and technological support. The expectations of the CLA team were that as a result of the additional support and capacity provided by the placement stability social worker, there would be improved assessments and greater placement stability, and social workers would also be supported through the additional administrative and technological support.

Staffing: The pilot team funded by CWDC included the pilot manager, FSP consultant (social worker), CLA placement stability officer, a CLA administrator and two FSP administrators.

Westminster

Purpose: The Westminster pilot was designed to enable social workers to spend more time working directly with children; carry out more effective assessments through developing joint assessment models with key partners; and identify and address the needs of children earlier by locating social workers with key partners.

Intervention: Four social workers were integrated within three schools and a health centre, providing a consultative role and carrying out both early intervention and statutory work arising from these settings. The pilot team also included a social work assistant and an administrative support worker intended to reduce the administrative burden on social workers and increase the time available for contact with children, young people and their families.

Expectations: By establishing links with schools and health centre it was expected that it would be possible to identify cases that required early intervention but which would not have reached the threshold.

Staffing: The pilot was staffed by one manager, four social workers (part time), a family support worker (part time) and an administrator.

Wirral

Purpose: The pilot in Wirral aimed to improve outcomes for vulnerable children and young people by developing effective integrated services within a multi-agency team. To achieve this an area team, formerly a virtual team, was co-located with an assessment team in the locality that they serve. The area and assessment teams were to be based together alongside education welfare service and youth outreach team. The area team focused on supporting multi-agency professionals through the Common Assessment Framework (CAF) and Team Around the Child processes by being a single point of contact, providing information and holding consultations.

Interventions: A project management team was established and funded by the pilot to support remodelling activity for the duration of the pilot and included a project manager, project support officer and an HR officer. A review of roles was applied initially to the co-located team and subsequently to two care management teams (CMTs). It was hoped

that the review would lead to social workers spending more time working directly with children and families and an easing of administrative burden on social workers. In addition to the review of roles, social workers in the pilot would have access to digital technology in the form of 3G cards and digi-pens.

Expectations: By co-locating the assessment and area teams it was hoped that the pilot would improve the delivery of coordinated responses to children and families. It was also expected that the review of roles, across all teams, would help reduce the administrative load faced by social workers by reallocating work and streamlining processes. The 3G technology and digi-pens were introduced with the expectation that they would allow social workers to operate in more mobile and flexible ways.

Staffing: The new team was headed by a single team leader and included five social workers and a senior practitioner responsible for assessment duties, as well as one area team leader and an area social worker. Three family support workers were shared across the team and an educational social worker and youth outreach worker joined as part of the new area structure. An information sharing coordinator provided administrative area support and the assessment team was served by 2.3 administrators. Each CMT that was involved in the pilot was headed by a team leader and included nine social workers and 2.5 administrators. Half of the CMT administrator posts were funded by the pilot. As this is one of the more complicated staffing arrangements it is summarised in Table 3.1.

Table 3.1 Staffing of Wirral

Area team	Assessment team	For each CMT (2)
1x area team leader	1 x team leader	1x CMT leader
1 x area social worker	1 x senior practitioner	9 x social workers
1.5 family support workers	5 x social workers	2.5 x administrators
1 x information sharing co-ordinator	1.5 x family support workers	
1 x educational social worker	2.3 x administrators	
1 x youth outreach worker		

Appendix B contains a table summarising the activities of each pilot matched against the objectives of the initiative to explore processes to support multi-agency work, free social workers' time to enable them to spend more time with clients, and provide effective support to social workers.

Section 4: Providing effective background support to social work staff

4.1 Background

A key objective of the programme was the provision of effective support to social workers. The point of such support was to take tasks away from social workers to enable them to spend more time with children and families. The success of the various ways in which this was done is also considered in Sections Six and Seven. The pilots interpreted the objective in different ways, usually in terms of the provision of specific posts, but **Derbyshire, Birmingham and Wirral** also included the provision of electronic equipment under this heading. This chapter focuses on five key elements of support:

1) management of the pilots
2) professional support provided by experienced social workers to colleagues
3) administrative support
4) other support staff
5) equipment to support electronic communication.

Table 4.1 summarises the ways in which the pilots defined the way in which they met the objective of providing support to social workers. Not all posts were funded by remodelling monies, as most authorities chose to subsidise particular aspects of the work.

It is worth noting that the pilots used some of the funding to offer, and sometimes deliver, a range of training opportunities that would otherwise not have occurred. In many cases it was specifically to support the work that was being offered by the pilots – as with Triple P training in Westminster and solution-focused training in Rochdale and Shropshire – but whether it was specific or more general there was agreement that it had been possible to tailor it to needs, more so than the in-house training programmes that were available.

Table 4.1 Summary of support to social workers in pilots

BANES	Pilot administrator[12], contact officers, social work assistant, senior practitioner (community-based assessment), children centre social worker.
BIRMINGHAM	Social work assistant[13] and an administrator, as well as mobile technology.
DERBYSHIRE	Pilot manager, electronic support, support workers and two administrators across two teams (North and South).
NORTH TYNESIDE	Early intervention workers and two administrators.
ROCHDALE	Administrator.
SHEFFIELD	Although there were support staff, the pilot defined the effective background support in terms of the social work consultant role. There was also a pilot manager and a service improvement manager, but they did not work exclusively on the pilot.
SHROPSHIRE	Support-plus workers, participation worker and an administrator.
SOMERSET	Family support workers and administrators; team leaders or pilot manager also provided facilitation support for group supervision; and subsequent access to additional contact workers' time.
TOWER HAMLETS	Pilot manager, mentor, support workers and administrators.
WESTMINSTER	Administrator and family support worker – this subsequently became two family support workers.
WIRRAL	Family support workers and administrators; mobile technology. Wirral also had a non-operational project team consisting of project manager, HR officer and project support officer.

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[12] All pilots had a manager but the ones included in the table were non-operational.

[13] The term 'social work assistant' is considered by some to contravene the protected status of the term 'social worker' but it was used by many of the teams and is therefore adopted in this report.

4.2 Management of the pilots

The pilots were managed and co-ordinated in a variety of ways. In some cases, such as **Westminster** and **North Tyneside**, the managers were experienced social workers who carried out the functions of strategic management and day-to-day management of staff, as well as working with clients. In **Sheffield**, where there were two managers, one had an HR background and focused on the recruitment and retention side of both the consultants and other employees; the other was a service improvement manager who was a social worker and had a role in the supervision of the consultants, matrix managing them alongside other managers, managing their workloads and ensuring consistency in the way they worked. In **Wirral** a specific project management team was established and included a dedicated pilot manager, HR officer and project support officer. Not all the other managers were engaged in their pilots full time, either because they had other management responsibilities, as in **Rochdale**, or wider responsibilities, as in **Sheffield** and **Derbyshire**.

In most cases the management model fitted the focus of the pilot, but even then no single or best practice model emerged. It was most usual to find that pilots that were team or intervention related as, for example, in **North Tyneside and Rochdale,** had experienced social workers in this role who undertook work similar to the work of staff they managed, although it was not necessarily a full-time commitment. There were exceptions. In other pilots, notably **BANES** and **Tower Hamlets**, the post holders were not social workers and had been appointed for their organisational and project management skills. In **Tower Hamlets** the pilot was based in two teams and the management arrangement was designed to provide a coherent approach. The fit between the model and the management was very evident in **BANES** where a non-social worker had been appointed as the project's administrator to take a project management approach to an authority-wide project. In this case the ideas that attracted funding had to be put into operation across the authority and included improving recruitment and retention rates for social work teams, developing projects, and establishing networks for the wider team. Having a dedicated project administrator to support the administrative team and review and modify systems and processes was considered to be a strength. It was a demanding role across a wide area but the post holder was full time, unlike the first manager of the **Derbyshire** pilot, where the demands were also considerable but the post holder's time was spread too thinly between pilot and non-pilot tasks. Although the **Wirral** pilot initially focused on specific teams, a decision was made mid-way through the pilot to roll out the co-located area and assessment team

model. As a result, the pilot management team became heavily involved in supporting the complex, authority-wide restructuring.

4.3 Professional support

Three pilots provided professional support to social workers. In **Sheffield**, the provision of professional support was at the heart of the remodelling initiative. The four social work consultant posts[14] – to work in four different teams within the authority – were established to support the development of all practitioners, but particularly newly qualified social workers (NQSWs) in the two years post-qualification in the hope that the additional support would impact on the quality of their work, their confidence and, in turn, recruitment and retention. It was also intended that this support would lead to better quality reports to court, adoption panels and child protection conferences and relieve the pressures on team managers:

> We had several agendas really. One was driving through a recruitment and retention package to improve the recruitment of our social workers. We had recruitment issues, and high vacancy rates in our region. And we feel that we wanted to be leading the agenda, in terms of how we support our new staff. How we develop staff and how we drive forward, not only locally, standards upwards but also national standards actually. We also recognised we had a large number of social workers that were NQSWs. We also recognised that we had a large number of relatively inexperienced social workers. But we also had some experienced social workers that also needed some support sometimes in practice. (Key informant from senior management in local authority where pilot was based).

A number of factors complicated the consultants' early days in post. Their recruitment had not been universally welcomed. There was discontent amongst some team managers and other staff in the service about what appeared to be a lack of clarity over the role, how it would fit into the overall structure and the extent to which it would overlap with the role of the team manager. There were two added complications. Following a number of high-profile child deaths, it was decided to conduct an audit of child protection cases across the authority; the social work consultants were asked to do this and delay starting on the work for which they had been employed. However necessary, neither the social work consultants nor team managers, who were originally supposed to complete the audit, looked upon this positively. The local authority was also reviewing all job descriptions within the service at this time and, as a result, the social work consultant role was measured as equivalent to a team leader's post rather than a social worker's post, even though they did not have responsibility for any cases.

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[14] During the spring of 2009, the authority funded four additional consultants (total of eight) to support the original four. This recruitment was due to an increased workload as a result of the additional cohort of newly qualified social workers (twice a year the authority recruits to its NQSW scheme) and the development of the Early Professional Development pathway (EPD).

> So there'd been some resistance to the post anyway, so in my view the worst possible thing they could have done was to ask us to criticise their work by doing the audit. So it was a difficult start. (A consultant)

Despite these problems their colleagues viewed the *individuals* appointed to the posts very positively:

> In practical terms, I think they've been very lucky or very good about the appointments that they've made because they've appointed very good social workers – mostly people we know and have been familiar with and rate as colleagues. (Social worker)

In time this also evolved into a more positive attitude towards the post. Over the course of the pilot, the role of the consultant changed and became more sharply defined, as the interface with line management became clearer. The consultants also assumed additional responsibility for training and development, including for those on the Early Professional Development (EPD)[15] programme. All social workers on the NQSW or EPD programmes had supervision with their team manager, as well as developmental supervision with their consultant. In the early stages of the evaluation over half the team and service managers interviewed expressed frustration at the average age and inexperience of many of the NQSWs coming into the authority. As the pilot progressed managers suggested that the skills of the newly qualified workers in their own departments had improved to the extent that they were, in some cases, better than more experienced workers.

> We're still seeing that some of the more experienced workers who haven't had that direct input, their reports haven't improved as much as the newly qualified social workers that have had the support. (Manager)

As the consultants' work to develop the skills of those new to the profession was embedded, managers came to recognise the contribution that was being made. Consultants could also be commissioned by service managers or team managers to provide targeted support to individual team members, either through one-to-one sessions or training arranged for several or all of the team, and individuals could also make a request directly. This is now viewed as a long-term initiative focused on improving the quality of practice by concentrating on the development of social workers. Key informants from inside and outside the pilot commented on the demonstrable differences being made by the consultants. For example, their role is seen to have made a difference to the way social workers work with lawyers and judges from the family court who use reports written by the NQSWs and the EPDs:

> It is actually making a positive difference to lives, I think it has added to the quality of report writing, evidence giving, and *decision-making*… and you can only assume

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[15] The Early Professional Development (EPD) project is a national initiative that enables employers to continue to support social workers who have successfully completed the NQSW year. The programme was launched in September 2009 and is open to all employers and social workers who have participated in the Newly Qualified Social Worker (NQSW) programme.

that that makes cases shorter, clearer, and ensures that the social work case is put across more clearly and sooner. (Lawyer with Childcare Prosecution Team)

It was also seen to have an impact on the way social workers are perceived by adoption panels. Panel members were said to have commented on the improvements the input from the consultants had made to reports and that these could be measured in very practical terms.

I think we've seen a big improvement in the quality of the Child's Permanence Reports that have come through, which has made a big difference to panel processes because you know if you haven't a good Child's Permanence Report, because what panels do is regulated, and one of the very basic things that they've got to make sure is that they feel they've got enough information to make a recommendation… So the improvement in the quality where we're getting the right information in, getting more analysis and we're getting clear evidence has been very helpful I think. I don't think we're getting as many cases deferred or even pulled before they're even put on the agenda where social work consultants have been involved. (Adoption panel member)

Tower Hamlets had also introduced a role, similar to the one in Sheffield, in the form of a consultant practitioner who provided a mentoring/coaching role in the FSP team. This post holder provided group and one-to-one support to NQSWs and social workers referred by their managers as requiring additional support. The recruitment process around the post had been very time consuming and, although this was aggravated by delays over the confirmation of funding, there had been little interest when the post was advertised. When the post was eventually filled, other factors intervened to make it less successful than had been hoped. In the early days social workers not been clear about the purpose of the role, particularly how it fitted with the established supervision processes. There were concerns about inferences that could be drawn about performance if social workers were referred to the mentor. Perhaps of equal importance was the assumption that social workers would have the time to engage with the project at a time when referrals into teams were soaring[16]. But when the post holder left the authority it provided an opportunity for review. The second recruitment process was informed by a clearer idea of the attitude, commitment, experience and skills required for the mentoring role. It was also decided that the pilot would engage social workers within the FSP team with mentoring right at the beginning of their career, consult with them about the specific support they required, and provide support more frequently than had been the case.

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[16] There was more than a 10 per cent rise in referrals in this period – see DfE: *Children In Need in England, (2009-10 Children in Need Census, Final)* www.education.gov.uk/rsgateway/DB/STR/d000970/index.shtml

Even when an appointment was made it took time for the post to become established and for social workers to prioritise sessions. Concerns remained about how best to provide support to meet the range of social workers' needs and how it would be possible for one person to address these. There were also those who wished to see the offer restricted to NQSWs in order to address concerns raised by experienced social workers about the variability of qualifying courses, in terms of both quality and content. But over time managers gave it more support. There was a significant improvement in the level of engagement, and by the end of the pilot there was a much greater confidence amongst those interviewed that the role was making a valuable contribution, as evidenced by this NQSW[17]:

> Well, I'd like to say that [name] has been fantastic. I think the expertise, the broadened range of knowledge and experience she brings, has been really helpful. Especially, as a newly qualified social worker, she gives us that space where it's not just when we are doing the one-to-one sessions. Again, she sits on the same floor, she's accessible and she's always had that open door thing, where you come any time, ask any question… And again, she's offered lots of guidance, lots of support.

In **BANES**, a social worker from a voluntary organisation supervised the specialist social worker (Intensive Parenting Assessment Senior Practitioner) employed by the pilot in the community-based assessment (CBA) model that was introduced. This allowed independence from the main social work team and provided the social worker with the 'emotional space' (*sic*) to be independent and able to reflect on her work. BANES also developed an approach termed 'the integrated solutions network' (ISN) to enable more senior staff from different professional backgrounds to explore ways of addressing barriers to integrated working. The pilot employed the services of a change coach to work with those involved in the ISN. A number of those attending the training sessions indicated that the coach had made it possible for participants to explore barriers to working together that had, in turn, allowed them to gain a greater understanding of each other's roles than would have been possible otherwise.

4.4 Administrative support

This section explores issues around administrative support where they were seen to be significant in relation to the remodelling pilots. So, for example, in some pilots, such as **Rochdale**, the support provided was reported to be little different from that normally available to social workers and, while it was valued, there was little feedback on its impact.

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[17] An evaluation of the mentoring role within the FSP team was conducted for Tower Hamlets – further details may be obtained from Tower Hamlets.

Social workers have long complained of the number of tasks that they are expected to perform which do not require their professional skills and get in the way of direct work with clients. By providing additional administrative support to social workers the intention was to lift this burden, entirely or in part. It was evident that this was more successful in some settings than others. All those interviewed in **North Tyneside** agreed that the flexibility of the role and the experience of the administrators had meant social workers and early intervention workers had more time to spend with clients. Administrators had dealt with clients on the telephone, when this was appropriate, prepared rooms for meetings, written up reports, drafted letters, identified funding for furniture for families and then made purchases. In the past such tasks had often fallen to social workers. The administrators also built up knowledge of families and that meant that they could often respond to immediate requests for information, and so reduce the anxieties of clients and demands on social workers. All pilot members spoke of how much they valued the support provided by the administrators in both teams; this quote focuses on one:

> She also knows [how] to find something, and she's really good at helping people through the processes. Which I think, again, for the social workers, instead of them having to work something out for themselves, [name] can work it out and then sit alongside them and say, 'this is how you do it.' So that's cut down on a lot of time-wasting, especially as we've just got a new system in and people have really struggled with it and spent hours and hours and hours on it… And she'll keep them right on things like, 'I need your stats for this month,' and also she does all of our stats, which is fantastic as well. We don't have to do that ourselves, [name] does all of that. (Key informant from pilot)

In **Westminster** the administrator was labelled 'the bureaucracy burner' and, while undertaking tasks similar to those of the administrators in North Tyneside also did some basic data entry on the authority's integrated children's recording system. However, when the post holder left it was decided that that the replacement would be a family support worker rather than an administrator. This was partly because the pilot was being incorporated into the locality team, which already had an administrator, and partly because it was decided that the social workers required more direct practice support than administrative support. It was decided that the family support worker who joined the team would not have sole responsibility for any cases. This was unlike the other family support worker in the team who was a very experienced support worker and had carried a small caseload from the beginning. The shift was generally welcomed by social workers, although some of those who had been in the team from the beginning did say they were less likely to ask the locality team administrator for help:

> As I said it was very comfortable to ask for support when you knew the person and you knew how she worked and you then knew how to make the request and it was quite informal – that made a difference and just in terms of having a different group identity now would probably have made a difference anyway. (Social worker)

While some tasks undertaken by the 'new' family support worker overlapped with those of the 'bureaucracy burner', because the nature of the remodelling team had changed to fit with the move into a locality team, the former role was identified with an earlier way of working. Generally the new arrangements were seen to work well but to have been shaped by the earlier experience. It is, perhaps, inevitable that new arrangements take time to embed and that the way roles were originally envisaged would sometimes need to be adapted.

In **Shropshire** a dedicated pilot team administrator had led to social workers spending less time on *paperwork* because they no longer had to type up contact sheets, set up 'Team Around the Child' meetings and take minutes:

> She's been able to do all those tasks which do take a lot of time to set up so that's… free[d] me up to spend more time with the families and the assessments (social worker).

In the first year some team members used the administrator more effectively than others, and it took time for some individuals to get used to allocating work rather than trying to do all their own administration. This was also the case in **Tower Hamlets**. Administrators were employed in both the Family Support and Protection (FSP) and Children Looked After (CLA) teams. By the end of the pilot there was widespread agreement that they had made a very positive contribution. Initially recruiting appropriately skilled staff had proved difficult. It had become obvious that those appointed, on temporary contracts, did not have the skills required to provide the quality of support that would make a difference to social workers. Their replacements were recruited through a graduate scheme run by the authority. The administrator appointed to the CLA project did not have a social care background and some informants thought that this had contributed to progress that was initially too slow for a time-limited project. Nevertheless, once this background had been acquired and as staff discovered how best to use the additional support, the post holder was increasingly appreciated. A similar issue was reported in relation to the FSP team administrators:

> It took them[18] a bit of time to also be very clear what their role is. Because it's an evolving process, and all the time we are reviewing what they are doing, (asking) is this the best way to use them and is this the most productive way of putting their expertise and skills to use. (Social worker)

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[18] Informant was referring to the administrator and the placement stability officer.

As well as undertaking the usual tasks – filing, organising meetings, taking minutes, data entry and booking interpreters – they were also able to offer specific support which had not previously been available. So, for example, in the FSP team, because the administrators spoke the main minority languages used in the local community, they not only acted as interpreters but were able to get to know families and be a link with social workers and other professionals.

A key lesson had been that it was worth investing time at the outset to allow a group to bond and develop a sense of how skills are best used. As was the case in other pilots this had not happened immediately. Social workers took time before they would abdicate responsibility for even the most mundane tasks that, from necessity, they had previously had to do. It was also easier to use the support when it was clear what requests could be made and social workers knew the individuals, which was made more difficult by factors such as seating arrangements in a large office and the introduction of hot desks. In the FSP team two administrators were stretched across four teams when it was thought that a real difference to lifting the burden on social workers would only be seen and sustained if each team had this level and type of support. In the CLA project the social workers based in the team where the administrator sat not surprisingly accessed her to a much greater extent than those in others teams, but she was still just one person for 24 social workers. One of the major challenges was the capacity of administrators to effect change. The positive responses in relation to the achieved changes were accompanied by a realism of what so few could be expected to achieve. The support was seen to be making a difference to social workers. It was becoming evident to managers that when staff were well supported their work improved and there was the suggestion that sickness levels fell. Although this feedback was explained as 'felt experience' without hard evidence to support it, the administrators were said to have made a difference to social workers even if it had not been consistent across all teams. Key elements of the success were identified as the appointment of more highly qualified administrators, who were then able to access training, and the appointment of someone to manage them and offer the supervision that had previously been absent.

Supervision and access to training had also contributed to the more effective use of administrators in **BANES**. Given that the focus of this pilot was on the creation of networks to support a more integrated approach to work with children and families, the nature of the administrative support required reflected this broader approach. The pilot did not fund the administrative assistant posts that already existed and, although their work overlapped with the

work of the pilot, they had not been appointed specifically to lift burdens from social workers, so it is not surprising that social workers did not notice a difference. However, as a result of an administrative review, which was informed by the pilot, the intention was for administrative staff to become more aware of specific work that particular social workers were involved in, and to be able to provide more targeted support to social workers, as well as immediate help with data entry onto the authority's ICS:

> This will replace the social workers coming back and filling it all on the computer themselves so that quite a bit of extra time that they're there battling away…some of them are really good on computers but not all of them are. (Key informant from pilot)

In **Birmingham** there was a significant impediment to the development of the team assistant's role. The intention was to view the role within the continuum of the work taking place in the team and elsewhere. However, because there was only one pay scale for administrators across the authority, and despite the fact that administrators were doing very different jobs in different settings, it proved difficult to work through the bureaucracy involved to allow the assistant to take on duties such as note-taking in review meetings. This was despite the fact that the team assistant was keen to extend her role and enjoyed being included in training sessions when appropriate. The issue of the pay level was highlighted in the early stages of the pilot:

> The role of the team assistant is an area where I think there's been a lot of learning and the potential for that role to be developed is huge. What we need to look at strategically is what that would do affordability wise. Because it's clear that it would need to be paid at a higher level, to really maximise it. So it's, 'Well okay, if you've got your team assistant doing this, what's your social work assistant doing?' And so there are some bigger issues in there. But it's certainly highlighting the potential for that team administrator to be at the heart of coordinating and controlling all the work. (Key informant from pilot)

The assistant continued to take on tasks that were not part of the role of other administrators, such as contacting parents to share information or setting up appointments with a neighbourhood office or a mental health team. The complexity of the role had grown, but too many tasks remained with social workers for the support to make a difference. As a result, the social workers interviewed failed to recognise any significant change in what they were expected to do, as some tasks were out of scope – too complex to devolve according to the authority's definition – or the assistant's time was over-committed. Nevertheless, the authority was considering replicating the role across the authority as part of a wider approach to

remodelling, despite the concerns of those involved in the pilot:

> [Name's] role has been a challenge because we've always got to balance her role, job title, pay versus what we're asking her to do and as time is going on, she's picking up more and more social work assistant roles but still being paid as a team assistant, which is not ideal. But she enjoys it; she really enjoys it, which is good and then it raises questions that if you're going to roll it out, then in respect of what you're looking for from a team assistant, it may potentially mean that your criteria in an interview have to change…there'll be a definite change in the job description and there has to be a change in their pay grades as well. (Key informant from pilot)

Wirral conducted a review of roles in both the assessment teams and Care Management Teams (CMT) teams, led by the project management team attached to the pilot. It had involved discussions with team members and a diary exercise:

> The social workers did a daily diary for three months where they included everything they did, you know, answering, everything. And that showed how much admin they were doing, how many telephone calls they were taking and how much direct work with the children. (CMT manager)

The review of roles also informed the decision to roll out the co-located model and was generally agreed to have removed some unnecessary administrative tasks from the assessment team, but the time that had been released was then filled with increased ICS activity and, although unplanned, more complex caseloads. The changes did not go entirely unchallenged and there were administrators who were reluctant to assume duties not included in the original job description.

When it worked well the administrators supported the CMT social workers by arranging meetings and taking minutes, allowing the social worker to concentrate on his or her contribution. This was reported to have increased the perceived professionalism of the CMT team, not only because meetings ran more smoothly but also issues arising from the meetings were being actioned more consistently. The introduction of an advanced administrative role – an Information Sharing Co-ordinator (ISC) – in the co-located team was also reported to have contributed to the efficient running of the office as well as the maintenance of ICS and the CAF database. The post was developed within the pilot and is now operating across the authority:

> …we started to get [a] picture of who was completing CAFs, for which age groups, what their needs were for children and young people in this area, and then because that's then

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been taken across the Wirral now there's a much better idea of that need and how many children are in that level three arena. (Area team leader)

Nevertheless, despite the successes, the reduction in the administrative burden had a differential impact on social workers, depending on the team to which they belonged. The reduction of the administrative burden was most keenly felt in the CMTs where not only had role changes occurred but administrative capacity was increased. Social workers in the assessment team did not report any reduction in their work and they attributed this to having to manage ICS alongside an increase in referrals received.

It is evident from what has been explored above that the staff in a number of pilots had to adjust to different working arrangements and the demands then made of individuals. This is further illustrated by the journey of the **Somerset** pilot. The 'model' was based on members of the team working closely and flexibly to share roles and tasks. Staff sat together, met each morning, had group supervision and worked together on cases from referral to closure or other resolution. As the pilot evolved administrative staff were relieving social workers of tasks by making transport arrangements, making telephone calls for social workers, arranging contacts, and typing up reports. But their lack of professional base and an absence of clarity over boundaries had caused some concerns:

> I suppose it's quite surprised me the amount of responsibility people in the team hold who aren't social workers. And I think that's something I'm going to have to be wary of, that I'm not delegating things that they shouldn't be doing. Because they're so willing to help, that I think it would be a possibility to take advantage of that if you were having a particularly busy da*y*. (Social worker)

> I think it's knowing what's appropriate to ask them[19] and what's not appropriate to ask them. I don't think that's been an issue yet but I think that's something that I still need to work on. (Social worker)

Staff indicated that the greater flexibility and delegation were exciting, and senior managers admitted that they were pushing the boundaries, with support staff taking on work traditionally carried out by social workers. But in the first year it did seem that insufficient attention had been paid to establishing a strategic overview of the impact this would have on roles, responsibilities and responses. Although managers had requested appropriate training it had not been possible to provide it at the level required. Nevertheless, as the model extended across the authority, it

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[19] This comment was made in relation to social work assistants as well as administrators.

was seen to be successful and staff remained positive about it despite concerns about the capacity to maintain its integrity. There was a sense that while there were more tasks that could be delegated, administrative staff were sometimes very stretched, and when this happened they had a tendency to resort to 'old' ways of working, such as taking messages rather than be more proactive in trying to help callers:

> It has, I think it's potentially it's overburdened admin and I think that's what we have to be really careful, is that admin have a lot to do as well as answer the phones. They're doing a lot more and we need to always be very much aware of that, that we're not overburdening them and I think it's an easy trap to fall into, and I would really like to see admin being paid more money for what they do because they really do keep the wheels on, they really do. (Key informant from pilot)

> Sometimes they're great and really go for it, I think, and do try. Sometimes I'm away from my desk and there are four or five emails saying 'so-and-so called, can you call them back?' and I'm like "What do they want? Did you put a case note on? Did you?" Then it stops a bit. I guess they're busy like everybody else so sometimes when a phone is ringing and it's easier just to say, 'so-and-so phoned and said can you call them back.' (Key informant from pilot)

Particularly in the first 12 months of the pilot, other professionals were reported to be reluctant to deal with administrative or support staff, preferring to deal directly with the social worker responsible for a case. Information collected from professionals during the evaluation indicated that they actually wanted some clarity about 'who did what' within each pod. This may have reduced the number of requests to deal directly with social workers. So while the administrative staff were very highly valued and seen to be integral to the operation and success of the model, social workers considered they were still spending time on tasks that they should have been able to delegate.   Although managers were encouraging them to use support more effectively, particularly in addressing pressures created by a new IT system, it still appeared to need a more strategic solution to task definition and required skills and a wider dissemination of information on this way of working to other agencies.

4.5 Other support staff

Some of the issues discussed above relating to administrative staff apply equally to those holding other support posts. But there were specific issues that are worth exploring around the roles of social work assistants[20] and other support workers. A number of pilots used assistants

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[20] Since 2005 the term 'social worker' has been a protected title and there are those who would not accept the title of social work assistant but as it was used by some pilots it is used in this report.

in a similar way to many services in the statutory and voluntary sectors across the country. However, the pilots provided a further opportunity to explore the extent to which they were able to provide effective support to social workers by allowing them to concentrate their skills where they were most needed within a context and culture of remodelling social work practice. In **Wirral**, the area and assessment teams worked closely together and a family support worker who had supported an assessment would then continue to work on the case if it came into the area team, allowing a smooth transition between the levels of need. Similarly, if a case moved up into assessment from the area team, the support worker was able to provide information to the assessment team. Senior managers recognised the positive impact of this way of working and that it had been developed in the remodelling team and was now applied across the authority. This impact was said to be particularly significant in sustaining the relationships that support workers had established with service users through previous contacts:

> …they may have a lot more information. They are passing this information onto assessment teams at the very beginning of the assessment…they then go out on visits with the assessment social worker, so it gets us across the door. (Senior manager)

The approaches adopted in **North Tyneside** and **Shropshire** were similar but had quite distinctive elements. Previously **North Tyneside** support workers had concentrated on early intervention work, usually with young children or teenagers, but it had been difficult to involve social workers before a case required a statutory response. The pilot, however, focused on preventing cases escalating to the point at which they required a statutory intervention by using experienced social workers and early intervention workers to work with the families where support was tailored to specific needs. Key informants, working with other teams in the authority, recognised that the cases that were being handled by the pilot were complex. While the expertise of the social workers at this preventative stage was fundamental in allowing these cases to stay below the threshold for a statutory intervention, the social workers themselves recognised that this was often only possible because of the intensity of work provided by support workers.

Shropshire had also focused on a similar preventative model. Two support-plus workers worked closely with the social workers on specific pieces of family support work identified through an assessment by a social worker. While there were support-plus workers in other teams across the authority, they were not given as much flexibility and contact time to work with the families. According to feedback from both team members and those working in other

agencies, the pilot had enabled social workers to engage with extremely challenging cases. While this had been helped by a number of other factors, such as reduced caseloads and closer engagement with other agencies, as in North Tyneside, the collaboration of social workers and support-plus workers was judged to have been key in allowing more intensive interventions with these families.

In some areas support staff indicated that a disproportionate amount of their time was spent arranging and supervising contact, rather than undertaking interventions with children and families. In **Somerset**, for example, the fact that there were only two support workers in each 'pod', made this a necessity. In the first year it was seen to be stopping the pilot achieving its potential because it tied up their time and meant they were not available to work with or on behalf of social workers. In an attempt to address this in the second year, the pilot team had access to two additional contact workers who worked across the four pods in the authority and this freed the support workers to be able to do other things. **BANES** had also created the role of a contact officer to increase the direct time that social workers could spend with families. They had appointed experienced people and provided additional training. It was recognised that particular skills were needed to handle the difficult situations that often arose and that if most situations could then be contained it would free social workers' time. The contact officer transported children to and from their foster placement, observed them during contact time, and provided feedback to the social worker on how the parent and child had interacted:

> And obviously someone's got to do it otherwise the children won't be able to have contact with their parents and I can't imagine how they would ever have fitted it all in. There are some that I do that have four contacts a week and I just don't know how you would manage that along with a social work workload because they seem incredibly busy all of the time. (Member of the support staff)

The role of the contact officer was viewed as invaluable. One manager indicated that the court seemed to be promoting contact more and that prior to the introduction of these posts social workers were involved in six to eight contacts each week:

> … just taking the contact away has made such a massive difference and to those that are around that can remember what it was like – and those that didn't know can't remember what it was like without it. (Manager)

Other pilots also used support staff in very specific ways. The Children Looked After (CLA) project in the pilot in **Tower Hamlets** employed a qualified social worker as a placement stability officer. The focus was on stabilising placements for children looked after and providing extra support to social workers, children and foster carers. Although the CLA pilot was spread across two teams, access to the placement stability officer had, in practice, been better in one than the other. Not only was she based there but its staffing had remained stable, and the manager of that team was involved in the pilot and was possibly in a better position to identify appropriate cases. Referrals were made mainly through a manager, although social workers were able to discuss their cases with the stability office in a semi-formal way prior to accessing her support:

> I identified cases in my team and the other pilot team where we felt that placement stability was an issue, so placements that are looking vulnerable, we would make those cases available to [name] for her support and she has supported those social workers, children and foster carers in different ways and each case will dictate what the support would be. (Manager)

Those interviewed from within and outside the pilot believed the post was contributing to social workers being able to spend more time with their clients:

> It's enabled the social workers time to spend with the young people, with the children, to work with the children, to understand the children, what their needs are….a lot of the referrals that [name] has worked on have been from my team. And that in itself, I…can tell the difference…the involvement hasn't necessarily prevented breakdown of placements but I believe that it has helped social workers and it has served its purpose in terms of freeing up the social worker, giving the social worker more time and opportunity to work with the children. (Key informant from the pilot)

One of the most significant variations in the use of support staff was in **Shropshire** where a participation worker was recruited to work directly with children and young people. Although an appointment was not made until the last 18 months of the pilot, feedback provided from pilot team members, key informants and service users was exceptionally positive. The participation worker was under 20 years of age when she took up the post and it was her first full-time job. The intention was that she would work with children and young people where social workers were in contact with their parents and carers. She listened and explained to them, she mediated on their behalf and participated in meetings which involved or related to them. For the pilot members it had provided an additional resource and resulted in social workers' time being freed, but they were also very positive about the relationships that had been built with children

and young people. This was attributed in part to her personality and age, but also to her skill in being able to communicate in ways not possible for social workers. One pilot member commented:

> There should be a participation worker in every social work team, because the role is so effective…it has enabled the young people and the children that worked with [name] to have a different view, and I think aspect, of what a social work role is. I think they've been reassured, she's brought out a lot of the concerns that they probably wouldn't be able to express to an adult, she's developed positive relationships, and she's identified recommendations to move forward.

4.6 Equipment to support electronic communication

All the pilots had relied on technology and electronic communication to support their work, but in two pilots it was integral to the remodelling processes the authorities adopted. Some of the equipment would have been readily accessible to social workers in other authorities, but this does not undermine the importance of examining its application in remodelling social work. In **Birmingham** the intention was to test if technology could improve how social workers operate. One key informant from the pilot summed this up as seeking answers to a number of questions:

> Could they be helped to be more efficient, more effective, better skilled, stay safe and be happy? So all the stuff in there was about what's the right development, how do we enable them to function more effectively by different kinds of working? What technology can they access to help them? What systems and processes can they change and challenge?

Social workers were provided with laptops so they were able to input information when away from the office, and mobile phones so service users could contact them at any time. Again the intention was to free up social workers' time by speeding up processes, regarded in the authority as notoriously slow. At the interim stage the pilot manager confirmed that it had been difficult to use the technology to its full capacity and, on top of this, possession of the equipment did draw some resentment from other teams. However, over time, others began to ask the staff for advice. The team were seen as change agents as far as practice was concerned. Other teams within children's services noticed the strategies employed by the team, such as young people making DVDs for their review meetings, and wanted to learn and emulate them.

There was a less positive outcome in **Derbyshire**. The underlying purpose of the pilot was to make social workers more accessible as they worked across a large rural area. Technology was intended to play a large part in achieving this. The pilot experienced many challenges, some of which are explored throughout this report. These included staff changes, recruitment and accommodation issues, as well as single point of entry to the social care system introduced across the authority that was considered to run counter to the principles of the pilot. However, it was the difficulties encountered with technology that seriously compromised the ability of the pilot to achieve two objectives: co-location of different professionals (in schools and health settings) and testing the boundaries of electronic working. The reluctance of other agencies to introduce the necessary software onto their systems to allow social workers to access their server had come as a surprise. But the equipment was also problematic. Half the social workers interviewed in Derbyshire had had the opportunity to test digi-pens and had issues with them, in particular the non-recognition of their handwriting:

> With me, it's a nightmare, it can't decipher hardly anything that I write, so it means I'm then looking at the e-mail it's sent me and by the time I've amended it, it would be quicker for me to just type up the case notes, so I've given up with my digital pen. (Social worker)

The pens were seen to make work rather than relieve pressure. It seemed that the complaints led to the pens being set to one side and even though some social workers recruited to the pilot later on wanted to try them out their requests were not met due to further technical difficulties. Mobile telephones were also central to a strategy based around a rural area but poor signals across the area militated against their use:

> Mobile phone signals aren't always strong in particular areas, there are flat spots, in fact this particular office, there are some parts of the office where you can't use your phone…one worker has to sit on the windowsill to use theirs, so that didn't help with the technology I have to say, that is a bit of a disadvantage, so that's a challenge. (Manager)

It is, however, worth noting that the problems were not confined to Derbyshire. In Wirral's original proposal technology was not defined as integral to the remodelling exercise but digi-pens and 3G cards were introduced to support flexible and mobile working. Social workers' experience of these tools varied. The 3G cards were useful for one social worker wishing to access the authority's system while working in a school, but use of the cards could be limited by poor signals. The 3G cards were mainly used by social workers when they escaped noisy

offices to write reports from home or quieter office locations. Overall, the flexibility provided by 3G cards was well appreciated by social workers, even if it could lead to working longer hours at home, as one interviewee explained:

> Absolutely brilliant, because in this busy office, that's the other thing with this busy office, there's no quiet room to go and type a report, type up a core assessment, and so being able to go and work either in a different office or at home has made a massive difference…It has the negative sides in that you do tend to then take more home in the evening and sit and do that (Social worker)

Digi-pens, on the other hand, attracted fairly universal criticism – as in Derbyshire – for their technical limitations, particularly those arising from software issues.

The past two decades have seen an expansion in the use of information technology in social work practice, and there is a developing literature on the role of technology on social work practice (see *Journal of Social Work*, issue 39 (4), and, particularly, Rafferty and Steyaert, 2009). It is asserted that technologies are changing practice in many ways, but there are still aspects that are generally under-researched, and the experiences gained through these pilots need to be more widely discussed. Much of the research that has emerged in recent years has focused on its use in facilitating the exchange of information between professionals. Some research has indicated the excessive amount of time that social workers spend in front of a computer rather than in contact with families (see White *et al.* 2009a and 2009b), although a national survey (see Baginsky *et al.*, 2009) did not find that social workers were spending anything like the amount of time on computers that White and colleagues had found. However, it is increasingly evident that social work has so far failed to exploit technology to its full to support practice (see Schwartz *et al.*, 2008). Observation of the pilots where the intention had been to contribute to this work indicates that there is still a considerable way to go.

4.7 Key observations on support needed to support remodelling

The aspects that emerged as crucial in providing effective support to social workers were:

- The importance of reaching an agreement on the tasks that must be undertaken by a social worker and those that may be done by other members of a team.

- The importance of experienced managers who have skills that match the overall aim of the pilot and who have the time to develop the work, identify the strengths and challenges and make any necessary adjustments.

- The need for clarity around the definition and limitations of available support; how it overlaps with other posts and structures; who may access it and how.

- The support provided must be at an appropriate level to make a difference to social workers' practice, which means monitoring how this is achieved and placing limitations on its scope or access if necessary.

- It should be expected that it will take time for support to be taken up, for it to be trusted and for it to make a difference to the ways in which social workers operate when they may have previously had to work without any or only minimal support. It also gives rise to questions about which tasks should be carried out by social workers and which can be done by others.

- The importance of identifying the skills required by staff providing support to social workers and having appropriate supervision in place for them.

- The need for further attention to be given to the technology required to support social workers in different settings.

Section 5: Multi-agency work: social work practices to allow staff to use their expertise more widely and in new ways

5.1 Background

Another objective of the remodelling initiative was to explore strategies that the pilots considered would support improved multi-agency, evidence-based social work practice, allowing staff to use their expertise more widely and in new ways. In some cases, these strategies were confined to members of the pilot team, although the authorities in which they were based were interested in using their experiences to inform wider developments. In other areas, remodelling was attempted at an authority level.

5.2 Initiatives at authority level

Sheffield's approach to remodelling was unique amongst the pilots. It focused on the development of staff and it did not involve any direct work with service users. So while it was not possible to explore how staff worked in partnership with other agencies on client- related work, there was evidence from those who worked in courts and on panels and who received reports from social workers. They confirmed that the effort of the consultants was having a positive impact on their ability to improve the experience of children and their families. The feedback from courts and panels was that the reports they received had improved in quality and that judges, in particular, were more likely to rely on their content.

In **BANES** the intention was to improve outcomes for children and their families by creating networks of professionals through locality working and to smooth the joins between universal, targeted and specialist services by establishing an integrated approach to service delivery and, in the process, improve participants' understanding of the roles of other professionals. Various processes were key, including the Integrated Solutions Network (ISN), community-based assessments (CBAs) and social workers working closely with children's centres.

The ISN was the steering group that developed the strategy for the pilot with the aim of supporting a cultural change across the authority, providing lessons to inform practice. This network was set up at the beginning of the pilot to enable senior staff from different professional backgrounds to explore ways of addressing barriers to integrated working. A change coach was employed to facilitate sessions and to work with participants in order to improve

understanding and communication between health, social care and early years, and to identify more appropriate referrals between agencies. There was agreement across professional groups involved in the network that the change coach had added value and contributed to building trust amongst different professional groups. However, there was less certainty about the extent to which this had been embedded more widely, and one of the ongoing challenges was to find a way to engage a larger number of senior leaders across professional groups. It was a bold initiative that impacted on those who had had contact with it, but it raised the question of how great an impetus would be required to produce widespread and sustainable change. There were only a few funded posts in the pilot but while the number of professionals engaged in its work was far larger, the aim could only ever have been to embark on a journey rather than reach the destination:

> But I don't think it's something that they can achieve overnight so I think it's put them on the right journey. It's created the right opportunities and it is supported by the wider integration agenda. … [But] so many times we've held our network meetings, like we've had today and even the senior managers are having to be pulled out and safeguarding is the priority and at the end of the day you know, I can totally understand that, that you do need more staff to be able to almost buffer that to enable the integration to continue. (Key informant and member of the Integrated Solutions Network)

The parenting assessment model – community-based assessments (CBAs) as an alternative to moving a family to residential provision – was developed and implemented across the authority. It was widely said by those interviewed inside and outside the pilots to be supporting, improving and extending multi-agency working, and enabling staff in other agencies to use their expertise in new ways:

> You're bringing all the organisations together and have equal responsibility for the child and family. Usually when you're a social worker, you are very used to doing things on your own but it does make all agencies accountable actually. (Social worker)

The CBA model was presented to the local magistrates' court and to the Family Justice Council, and there were plans to disseminate it across a wider network of magistrates:

> We couldn't have done this a year ago. We couldn't have said exactly where we were going and what we'd achieved because what these organisations and professionals are interested in, quite rightly is, what are your outcomes? (Key informant)

The anecdotal evidence on its effectiveness was very positive, which indicates the need to conduct a robust evaluation of the initiative. But feedback from one professional again raised questions about the extent to which the model had been embedded more widely. This key informant had recently been involved with a community-based assessment but had been unaware of the overall aims, both of the model and in relation to the pilot in general:

> Well, this is the first case I've been involved in. This is a fairly new job for me and it is my second year. It is the first case where I've taken part in the assessment process and the ongoing corporate meeting. One thing I have to say is no one ever explained to me that I was involved in a community-based assessment, I just thought I was going along to corporate meetings (Key informant)

The two children's centre social workers working in **BANES** to provide early support to families offered advice to family support workers and acted as an interface between different agencies and professionals. They also had strong links into the integrated assessment panels. It was intended, in the future, to explore ways of setting up a pathway that could be used to transfer cases not meeting the threshold for a statutory service from the duty team to such a preventative service. While this was a very welcome initiative it was in its very early stages. Those involved in this work were strongly committed to the approach and to seeing it survive beyond the life of the pilot. But these two social workers covered a very wide area and, in order to support this level of intervention for each children centre, more social workers would be required.

In **Derbyshire** the intention had been to improve multi-agency working through co-location. The pilot as a whole was designed to achieve a shift in practice across the authority by addressing the problems encountered in accessing and providing services in a large rural area. The plan had been to locate social workers in health centres and schools. Recruitment, accommodation and restructuring problems had all got in the way at the beginning, as had other agencies' decreasing enthusiasm as a result of delays and apparent lack of direction coming from the pilot. It then became obvious that there would be considerable IT challenges in terms of compatibility and signal strengths, but even without those issues the momentum to achieve change had been lost. In retrospect, the increase in the number of referrals received during the lifetime of the pilot was identified as a major factor in reducing the available time for engagement with other agencies. As the pilot was drawing to a close those inside and outside the pilot concluded that only limited engagement and progress had been made towards

establishing any improvement in practice or understanding across the professional barriers. The debates that had taken place in pre-pilot days continued and focused on improving schools' understanding of thresholds and the Common Assessment Framework.

5.3 From pilot to authority

In four cases the pilot moved from being a self-contained project to one that impacted on the practice of the authority in which it was based. In **Somerset** the 'pod' structure brought together social workers and support staff into a tight team originally intended to hold 75 cases. The team worked with a range of other professionals who referred children and families into the service, including education, health, police and the locality support team. Even from the outset the team members felt that the pod structure allowed them to work more effectively with other professionals by providing a swifter response, although they encountered some reluctance to discuss cases with any member of the team who was not a social worker.

The team had disseminated information on the new way of working, but during the first year there were those who appeared not to have received the message. Earlier in the evaluation, a number of individuals in other agencies who worked closely with social workers had appeared confused by, and even distrustful of, the restructuring and did not remember being informed of the changes, even though information was distributed to a wide range of agencies. One of the key informants commented that whilst they were aware of pod working, they would have appreciated more information on the pods at the outset, so as to manage expectations more effectively. When the model was extended to all the teams in the authority there was another round of publicity. Towards the end of the evaluation there was a much greater awareness of the arrangement and some positive responses about the impact it was having. All the key informants were aware of the rationale for adopting the pod system in Somerset and clearly understood the benefits associated with pod working, as demonstrated by the following quotes from those in other agencies working with the pilot:

> So for instance if I ring up with a query about a family the social worker that has been allocated to them might not be available but somebody within that team may be and they will know some of that family history so there is hopefully somebody that you can always speak to who will know about that case.

> I think the pilot aimed to make social workers feel more supported in their role, enabling them to see cases through from start to finish and thus appreciate the risks and seriousness of each individual case. The pod system allows social workers to really 'live

the case' rather than undertaking an initial assessment [and] then losing the continuity associated with handing such a case over to the long-term team. This also offers social workers the opportunity to develop their skills across a range of cases.

However, whilst there was an improvement in the level of awareness of pod working as time progressed, all the key informants found it difficult, if not impossible, to specifically comment on the pilot team, which was now one of four pod teams that had been rolled out over the previous three years. This roll out had happened very quickly and, perhaps as a result, there was frustration amongst informants that it was difficult to ascertain which staff belonged to each pod. This was a particular difficulty for informants who were in touch with children's service departments with regards to a number of different children or families, as potentially they may have been in touch with staff from across all four pods.

Some key informants continued to be confused over the professional background/status of pod staff with whom they worked, and one commented on a lack of clarity over the tasks undertaken by social work assistants and those undertaken by social workers. Whilst they supported the idea of social work assistants and administrators taking on enhanced roles, they highlighted the need to know exactly with whom they were working on a given case, and whether this would have an impact on arriving at a decision on cases:

> I think that the social work assistants were doing more social work than traditional assistants would have done – this is positive as the team really needs to have an appropriate skill mix, but assistants should be used in addition to social workers and not instead of the professionals. In the pod, sometimes assistants are used instead of social workers and in one recent case that I was involved in, I would have really needed to speak to the social worker about *decision-making* on that case as I had big concerns about the family. (Key informant in an agency working with the pilot)

The pilot staff were aware of the problems associated with how some professionals perceived the arrangement and a continued reluctance on their part to deal with administrative or support staff. The main objective had been to embed the arrangement, and this had been achieved and was operating across the authority. Despite some reservations, those in other agencies were positive about the pod model and believed it was making it easier for them to work with social workers.

The **Wirral** pilot focused on strengthening multi-agency working by co-locating the area and assessment teams to create one point of entry into the system. This also involved transforming

area teams from 'virtual' entities into real teams located in the area that they served, and housing youth and educational social work services – regarded as core area team professionals – alongside their social work and family support colleagues. It was not without problems.   At the start of the pilot it had been intended to involve health and educational psychology in the co-location but this had not been possible. The office space was considered to be too small. The co-located office was a small, open plan, single floor room with only one private space, which was used as an office by a manager. The family support workers and youth outreach worker were used to having service users drop into their offices and this was no longer possible, while social workers also lacked space for meetings and quiet working. In addition, the different working patterns of agencies, including the amount of time spent in an office or working conventional hours, were also judged to limit the effectiveness of co-located integrated teams, as was the absence of staff from health and educational psychology. Their absence was thought to have diluted the model, and towards the end of the pilot the youth worker was no longer spending regular time in the co-located office, although he continued to attend the area team meetings where possible.

Despite these difficulties, the new arrangements were seen to be an improvement on what they had replaced. The principle benefits were improved communication and access to a broader range of expertise. In addition to co-location, the area team held quarterly area team meetings with a wide range of services that were not co-located (including staff from Connexions and Sure Start, school nurses and educational psychologists). The area team meetings served to introduce professionals to each other, establish relationships and share knowledge of local services:

> One that does stick in my mind is the presentation that the school nurses did for everybody and whereas Area Team members were pretty well up to speed with the role of the school nurse and what they did and so on, but some of the Assessment Team social workers were hearing some of that stuff for the first time and coming away and then days later saying 'Hey, I didn't realise school nurses did that' or 'did as much as that' or 'got involved here or there'. So it was really that bringing people together and developing an understanding [of] what people did in their individual roles – all that was important at the start. (Social worker)

As a result, links between the area team and school pastoral and attendance services strengthened considerably. Area team social workers ran consultations in schools within the geographical area covered by the team to strengthen links. The purpose was to provide

guidance, information and support to schools through the Common Assessment Framework (CAF) and Team Around the Child (TAC) processes, and marked improvements were reported. Prior to the creation of co-located teams, agencies tended to refer children and families to social care without considering the services that they could put in place. This had often led to inappropriate referrals and assessments that could result in no service at all being offered to the family. In some cases, area social workers had established and managed the multi-agency processes but this has now ceased to be the case and other agencies are taking on the role of lead professional. The role of the area social worker changed as agencies developed an understanding of their own responsibilities and the roles of other agencies. The links became noticeably stronger and more evident, with pastoral staff attending area team meetings and social workers operating in schools. Interviews with one pastoral team highlighted that their knowledge of processes had increased, and social workers confirmed schools now made fewer, but more appropriate, referrals. Different professionals across education and family support commented on how well supported they now were by the area team and how this had given them more confidence within their own role. They reported a better understanding of services available in their area alongside an increased ability to be able to signpost more effectively, providing examples of how this – combined with better communication and connectivity between agencies – had led to more responsive services for children and young people. Schools reported that they were now better able to put cases into CAFs without involving the assessment or duty teams. While there was an indication that, perhaps not surprisingly, some of those in schools still struggled to understand where responsibilities started and ended and improvement was not consistent across all schools, overall there had been a shift in the culture, resulting in closer working relationships and a more rounded understanding of the social worker role:

> [I] think I am more aware now of the depth that they work with a family more. I don't know what I used to think social workers did, really. I wasn't that aware because it was sort of a different world, whereas now we are part of it. (Head of pastoral support)

The co-located team became an authority-wide strategy and, as such, the established way of working for all assessment and area social work teams in Wirral.

In **Westminster** what started as the 'remodelling team' was always intended to inform the development of service delivery in the authority. During 2010, locality teams[21] were introduced across the authority. The pilot sat within one of these teams and, as well as having influenced the development of the authority-wide model, it also shaped specific aspects of the services offered. The pilot applied a different definition of co-location from that used in Wirral. In Westminster, co-location referred to the placement of social workers in three schools and a health centre, while they still maintained a position initially within the duty and assessment team and later the locality team, so there was access to social work supervision and informal support from within the team.

The intention was that social workers would play a consultative role in those other settings, carrying out both early intervention and statutory work and intervening at a much earlier stage in both identifying and addressing children's needs. Two of the social workers were based in two primary schools for two and a half days a week. For most of the pilot, one worked part-time, so this was her only responsibility, while the other worked in an assessment team for the rest of the week. The head teachers in both these schools were committed to working with other agencies to address the needs of families living in an area of high deprivation. They wanted families to have easy access to support which could stop them spiraling into crisis, and wanted a social worker to provide that support, even if sometimes it meant dealing with crises that were already in progress. In one school the head teacher had been in post for over 20 years. In her own words she 'had waited all my professional life for something like this'. Both social workers operated in similar ways, providing advice and support to parents and working to improve understanding of thresholds and appropriate referrals:

> So it's just kind of helping to understand that, for example, a woman who is doing her best to safeguard her children will probably get better support by approaching a Women's Trust and from the police and maybe from housing because there is not a social work task to be addressed by making the referrals – our thresholds are too high for that. (Social worker)

In both cases the social workers and staff in the primary schools were convinced that the pilot was making a difference to the lives of families, including those who would not normally have access to a social worker. Some were receiving a less intensive and invasive service than they

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[21] Locality teams focus on whole family needs, with the support of a range of professionals from adult and children's services in social care, health, mental health, substance misuse and domestic violence.

would have done had they been involved on a statutory basis, while others were accessing services that they would not have previously received.

A strong commitment to ensuring that all professionals in the school had responsibility for supporting families and safeguarding children was evident in both primary schools. Head teachers and staff believed that they were better able to do this because of the presence of a social worker. However, in the secondary school for, most of the life of the pilot, there appeared to be an expectation that the presence of a social worker would lift a burden from staff. Staff in the authority's remodelling team recognised that it would be harder to operate in a large secondary school than in a primary school. Nevertheless, the crux of the problem was the secondary school's expectation that the social worker would deal with all problems that arose and be the direct link into statutory services, whereas the remodelling team's view was one of facilitating engagement of other professionals and working alongside them in relation to prevention and early intervention. In a meeting held in the school, that brought together up to 15 different professionals every quarter to review progress on cases, there was a lack of clarity about the role the social worker played. The social worker saw her role as facilitating exchange between professionals and providing information on cases where she had some involvement. A senior manager in the school expected to hold the social worker to account at these meetings – by providing feedback on the progress of cases, explaining what had happened to missing e-CAFs and why other social workers had failed to make contact. Although this was not how the social worker saw her role, it undermined the credibility of the role in a public meeting. Interviews with representatives of the other agencies indicated that their awareness of the pilot varied considerably. Even those who worked most closely with the team had a very low or non-existent awareness of what the remodelling team was attempting to achieve and as the locality team model developed understanding of the remodelling team in general became even hazier.

The fact that the social worker was not always in the secondary school, both because of the part-time nature of the placement and the way the social worker herself interpreted the role, led to tensions. At the interim stage it was evident that the significant mismatch between the expectations of both parties was threatening future involvement. The social worker left (for unrelated reasons) and her replacement started enthusiastically, only to be confronted by an atmosphere in which she felt isolated. During this period she applied for another post but in the meantime she found the situation improved. Her efforts to re-engage the school began to work and by the time she left she could see the potential of the role:

And I think…actually it is really important to build relationships, and if I would have been there longer term I think I could have done that. I think it's really about just trust. And I think I've seen that within even coming back after the summer holidays that's broken down a little bit that trust, so I can see that if I was doing it longer term it would get there. But I think I found it very isolating and I didn't realise how isolating I would find it as a social worker in a school setting. But I've also learnt actually that the hard work that the teachers do, I didn't realise that they actually meet with parents and do a lot of what they do, so that's been new for me. I've got a new-found respect for the heads of house and the teachers and things. I've learnt that they really…there needs to be so much more training on child protection because they get so anxious about things and then don't do very simple things.

It is worth noting that throughout this time, and despite other difficulties, the social workers based in the school had worked closely both with a CAMHS worker funded to work preventatively with children coming from asylum-seeking families and with a worker from a service designed to support students with personal or behavioural problems. Both of these workers thought the social worker was making a valuable contribution despite the problems.

In view of what had gone before it was very surprising to find that when the final interviews in the secondary school took place the school's commitment to the pilot was overwhelming. Another social worker was now in the school and the heads of house[22] now embraced the concept and the person. It was said to be working because she had made herself part of the school:

She has located herself in the school and is part of the school. She talks to staff and pupils and she addresses concerns. She has made herself available and part of the school. She sits in the inclusion office. She has picked up difficult cases – ones which probably needed social workers but which would not have met the threshold.

It was not absolutely clear why this had not happened in the past and was happening now, but the key factor identified by schools and the pilot was the personality of the individuals placed in different settings and how they could adapt. Whereas previously the heads of house had struggled to understand the point, they now wanted a full-time social worker in the school. In their view this social worker had made it easier to implement preventative actions, because she recognised and appreciated the difficulties and then sought solutions:

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[22] The house system provides pastoral care for students.

> One parent refused to let their child have an assessment of his special needs – we had a similar situation a few years ago and it was impossible to take any action, but now the social worker has engaged with parents and she is defining their actions as neglect. She is bringing the social services perspective to bear and it is helping. (Head of house)

They also acknowledged that the engagement with this social worker had helped them to understand the role and responsibilities of children's social care and how they could best engage with it and use it most appropriately.

The same progress was not evident in the health centre. The social worker originally based in the health centre had found it very difficult to identify a specific role, although over time she established a way of working which the health visitors based there thought worked reasonably well. But the work was always challenged by the problems of inconsistencies that arose from a seriously understaffed health visiting service with high staff turnover and high stress levels. Nevertheless, at that point, there was an established team lead and two of the health visitors had been there for some time. The social worker said her role was to aid communication between the services and to support parents. It took time to build up relationships, particularly given the repeated staff changes, and it was an area where health visitors carried caseloads containing a high number of very vulnerable families. This meant that even though they needed to complete many CAFs they did not have the time to do so. The social worker had encouraged the health visitors to suggest to parents that they came directly to her and bypass the CAF process by making self-referrals that would proceed to an initial assessment. But the social worker was promoted to a senior post and left the pilot, and the staff turnover in the health centre continued, further aggravating an already difficult situation. Towards the end of the evaluation even though the social worker and the pilot manager were attending regular team meetings where cases were discussed, staff in the health centre did not think the arrangement was working because the social worker was not present in the health centre for the amount of time they wanted. This was mainly because the social worker could not link into her agency's IT system from the health centre, not because of incompatible systems but because BT had disconnected the line and it took an inordinate amount of time to diagnose the problem. The irony was that the social worker's caseload consisted almost entirely of families linked to the health centre and she was holding more setting-related cases than the social workers based in schools. The arrangement was also under review because the health visitor service was moving to universal, targeted and vulnerable teams and a targeted health team was to be based in the same children's centre as a social work team.

A considerable amount had been achieved and learned over the three years that was being used to inform the development of the locality team model, but one of the areas that had challenged the pilot was at the initial referral stage. Even if a referral came from a school it was not always possible for the social worker based there to take responsibility for it – because of workload or other factors – but neither were systems in place for assessment teams to find out if a child was attending one of the schools or attached to the health centre or to allow other agencies, such as the police, to collect information which would make the linkage a possibility at an early stage.

One of the most crucial lessons for the authority was to confirm its approach to co-location. The staff working on the pilot viewed this model of co-location as essential for social work practice if a social worker were to be based in another agency:

> And I think that's something that the remodelling project has definitely taught us that, you know, it's good to be accessible, to have…you know, to be based in a setting where people come every day and they know that they can just say, 'Oh, can I just have a word? Can I just have a minute?' But the pilot has reinforced that you have to co-locate you cannot just locate. The social worker has to be able to come back and spend time in their home team. They have to have the professional support.

Another important lesson emerged in the final contacts with the team over the importance of taking into account the personalities of social workers placed in other agencies. There was recognition that while this way of working was not for everyone and required experience, resilience and an interest that not everyone would possess, many could learn how to manage this if challenges were articulated and appropriate support was in place.

The **North Tyneside** pilot was designed to work with families who were experiencing difficulties but who had not yet reached the thresholds for an intervention, even though professionals believed that without help a referral would be required. The intention was to access these families and work with them to prevent their entry into the statutory system. When the pilot was established there was some confusion around its purpose, the referral process and the thresholds in operation. Following a considerable consultation period between the pilot and other agencies, thresholds were agreed and a clear referral process established. These consultations included their colleagues in other parts of children's services, building clear links between preventative and safeguarding services that, if ignored, could have isolated the pilot:

Effective linking of prevention and safeguarding means that the child's needs or protection can be accounted for…and I think this works really well, you know, within the whole team, even within the social work pilots… I think we identify them really well and we do a lot of work with safeguarding children's services, you know, in their closing cases they invite us to go to their meetings so that there's a lot of joined-up work and a lot of communication. (Social worker)

Professionals from other agencies – such as the education welfare service, CAMHS, education psychology and youth offending team – regularly attended team meetings, which provided an opportunity to work through new referrals, allocate new cases and tap into the expertise and knowledge of other professionals, who themselves were able to identify appropriate interventions. Those who attended commented on the benefits that attached to these meetings, particularly the way they contributed towards breaking down a number of professional barriers. Pilot members and some key informants felt that this could simply be due to having had the time to work together face to face and establish and maintain relationships which led to more effective ways of working. Communication between the professionals who attended the meetings and the pilot team members was universally judged to be very strong and exceptionally effective which, in turn, made a significant contribution to eliminating duplicated work. Those working in schools, particularly, had seen a significant improvement in information sharing. They all commented on how much better it was now and how willing the pilot had always been to share information, which in turn had encouraged schools to do likewise with a direct improvement in the support provided to families.

The pilot staff spent a great deal of time building up relationships with both primary and secondary schools in the area, and focused their efforts at improving the relationship between teachers, school professionals and social workers. The team members were allocated specific schools with which to work and they spent time raising the profile of the pilot and exploring schools' expectations of the service, specifically in relation to referrals and the CAF process. Subsequently, far more referrals were made to the pilot team with CAFs completed. Although some schools engaged more readily than others, perceptions of social workers and the available support had improved drastically:

The team guided me through the processes of being effective when completing a common assessment framework…they have supported us in signposting, access to other agencies, for example, the team have worked very closely with members of staff in the local authority on key projects. So when I've had an e-safety bullying issue that has

actually happened in the community at weekends, they have identified someone who I could speak to in the local authority to come in. And as a result I've got a project happening where I've got the officer from the local authority coming in to work with staff and pupils on e-safety training. And that was a direct referral signposted from the area team. (Teacher)

One way in which the team raised awareness of the work and made themselves known was through attending as many community events as possible. Health professionals, GPs and CAMHS became more involved over time, as did children's centres. Originally there were concerns amongst some staff in children's centres that the pilot would interfere too much with the preventative work they undertook. The staff from the pilot dealt with this very sensitively and worked with the staff to explore whether they should have been holding some of the cases and in most instances it emerged that they should not have been. This translated into staff from both settings working jointly on cases and running parenting courses. But joint working was not confined to children's centres and was seen by pilot members and other agencies to be a major contribution made by the pilot:

We're in very close working relationships with all the professionals from schools, public health, and voluntary services, so people are aware that we're out there. And we're getting involved in things I would not have had time to think about in social services. …it's about looking at being able to identify holistically the needs of the family rather than specifically asking for a nursery placement, for example. So we can identify that this is not about the child really asking for a nursery, this is difficulties within the family, and putting the appropriate support in and offering the support, we are able to identify, they're not coming at a point of crisis. (Social worker)

North Tyneside's proposal to become a remodelling pilot made it clear that while two of the four areas in the authority would be included in the pilot the intention was to implement a similar model, without the same level of support, in the other two areas. Although the non-pilot areas were not included in the evaluation, it is understood that this has happened and that all areas will maintain the work in the future.

5.4 Pilots focused on specific service users or individual teams

The pilots discussed in this section are those that were restricted to a specific area or user group. In the case of **Shropshire** there was a clear overlap with some of the pilots discussed above that had a wider impact on the authority. However, Shropshire is included in this section

because the pilot was based in two of the authority's five multi-agency teams (MATs)[23]. The two MATs were in different parts of the authority, with the intention of allowing social workers to work more intensively with families which would normally have been referred to the safeguarding team. The pilot also focused on providing increased consultative services, to schools in particular, in an attempt to address the professional barriers that were said to have historically existed between education and social work. Smaller caseloads enabled social workers to spend more time in schools. Both professional groups viewed this as a significant achievement that had produced positive outcomes, not least a reduction in the number of inappropriate referrals but also a far higher level of engagement:

> They [social workers] are much more aware of ... before, they would have just known a school; now they know people within the school. They now know how that school operates… They know who to go to for information, because they are meeting with them regularly. And schools are contributing to the assessments undertaken by the pilot staff. There's a lot of joint working, and even joint visiting as well. (Pilot member)

The value and importance of building these relationships should not be underestimated, but it takes time to establish trust. One social worker from the pilot highlighted that 'engaging with schools has actually proved very difficult' due to the historical differences and deeply entrenched ways of working of both agencies, and a lack of understanding on the part of schools of the role of social workers within the pilot. Much of the success was attributed to experienced social workers having had the time to spend building up a strong working relationship and breaking down barriers, the nature of which had been recognised but not always understood. This was said to have produced a clearer understanding of, and renewed commitment to, multi-agency work. Team around the child meetings were reported to have worked much more effectively because social workers were able to spend time gathering the necessary evidence to inform decisions:

> We've got more time, we're able to communicate far more effectively and explain things to other agencies, and the feedback that we get has been very good. (Pilot member)

A number of key informants referred to occasions when they had worked jointly and very successfully on cases. For example, when a girl had refused to go to school the participation worker worked with her while the support-plus worker worked with her parents to get to the

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[23] http://shropshire.gov.uk/isa.nsf/open/102CE1CEF57BC8F08025781C003DD584

heart of the issues on both sides, and it was overseen by an experienced social worker who, under other circumstances, would not have been available for this type of work.

But the impact was not confined to schools. Because those working in the pilot had time to engage other professionals, as well as spend more time working directly with families, it heightened the awareness of what could be achieved. For example, one member of the team had just returned from a police station where she overheard a police officer, unaware of the team member's presence, identify a case that she thought might be appropriately referred to the remodelling team. The view was that this had only happened because of the time that had been available to explore the role and purpose of the pilot with other agencies.

The **Birmingham** pilot was one of the client-specific projects that was funded. The intention was to improve the speed and quality of assessment and decision-making about placing young people into care to avoid, wherever possible, taking them into care. A key feature of the work was the co-location of the team with those from the looked-after children's education service, a drug and alcohol advisory service and CAMHS. Professionals from these agencies spent part of each week working in the team office, and attended team meetings to provide advice on individual children and young people. However, despite the emphasis on co-location, the feedback from team members was that there was only minimal emphasis placed on partnership working and a far more significant focus was on permanency planning and achieving a shift in practice amongst those working in social care. Co-location was intended to speed up decision-making: if any intervention were to be needed, the multi-agency team members were then able to provide the necessary support as quickly as possible. One of the things that had been identified at local authority level was that engagement with schools was generally weak: social workers reported that it took too long to retrieve information and schools reported that they were then excluded very quickly.

Teachers who had been involved with the team reported better consultation and quicker decision-making because the co-located team member was able respond to teachers' concerns and questions informed, not only by his own background in education but also by a growing knowledge of the system within which social workers operate and knowledge and experience of whom to contact to provide help and services. However, although the co-located workers had gained this deeper understanding and were able to provide a link with their home agencies, there was very little evidence of how the service had impacted on multi-agency work.

In **Rochdale** – another project devoted to working with children and young people in care or on the edge of care – one of the strategies had been to develop closer relationships with staff in residential children's homes. Despite repeated attempts by the evaluators to obtain the contact details of the residential homes, they were not made available so it was not possible to gather information directly from the homes. According to team members, relationships had improved with staff in the homes as social workers were able to make regular visits. The team members also reported that as a result of carrying fewer cases they had been able to develop closer working relationships with other agencies, including the youth offending team, schools and CAMHs. This, in turn, had sometimes allowed the identification of children at risk at an earlier stage.

Similarly, in **Tower Hamlets** the emphasis was almost exclusively focused on changing social work practice to improve the experience for social workers and their clients. It was generally acknowledged that there would be very little impact on multi-agency working. Nevertheless, the placement stability social worker and the administrators were identified as making a positive contribution to how agencies worked together and, although there is no external evidence to collaborate the statements, they are worth noting. The placement stability social worker was said by one social worker to counter the confrontational atmosphere that sometimes developed between social workers and other professionals around children going into or remaining in care. She was said to act as a 'mediator' and bring an objective view to discussions, which in the opinion of the informant had made people take a step back and reconsider issues and approaches. Another social worker commented on the impact of administrators on core group meetings in allowing social workers to concentrate on the discussion and engage with other professionals present rather than attempt to chair and take minutes.

5.5 Key observations on the impact of remodelling pilots on multi-agency work

The work described in this section gives rise to two questions: the tasks that need to be carried out by social workers and those that can be done by others; and then the appropriate supervision and support required to allow others to do so. There was evidence that social workers' time could be released to allow them to spend more time with children and families but there was also an indication that other agencies and possibly service users would find the transition confusing and even unacceptable.

It is worth noting that much of what follows is already well known but the experience of the pilots provides further evidence of the challenges and some indication of how these may be addressed:

- Changing cultures in agencies has long been recognised as the key to unlocking resistance to multi-agency working (see Baginsky, 2007). Where it was possible for pilots to explore the facilitators and barriers to working together and put in place structures to support the work they were able to engage in, this worked more effectively.
- Training and support to work with other agencies must be in place. Some arrangements require individuals to be located in another agency, where the culture and values may not coincide with those of their profession. Not everyone will find this easy and they will need appropriate support and, if necessary, be offered the opportunity towork from their own agency or be deployed in some other way.
- For multi-agency work to be effective and sustainable it must have the support of senior managers.
- All the agencies engaged in multi-agency work need:
  □ a shared understanding of the purpose, scope and limitations of what is being attempted and the opportunities to engage in collaborative approaches to decision-making – in line with the recommendations of Kearney *et al.* (2003) in relation to agencies working with families with alcohol and mental health problems
  □ a willingness to work across professional boundaries and solve identified problems around the boundaries between professions and organisations, *and* to provide appropriate training and support
  □ transparent arrangements in relation to accountability and management.
- The resources – both workforce and other – to support multi-agency work must reflect the size, nature, cost and complexity of the activity, and must include dedicated resource to establish and monitor arrangements across agencies.
- Staff at all levels and in all participating agencies need to be aware of the arrangements to support multi-agency working and how to access them.
- Arrangements such as office and meeting space need to take account of the range of ways of working and of interacting with clients to reflect the preferences of different professionals.

Section 6: Making a positive difference to children, young people and families

6.1 Background

All the pilots were funded because they had the potential to make a positive difference to children and families. Systematic collection of data on families' outcomes was not required. Some local authorities collected feedback from service users but this did not have the necessary level of independence to inform this report. In some areas the primary focus of the pilots was to make a difference to the way in which professionals worked together and it was not considered appropriate to expect service users to have the necessary level of awareness to comment. Unfortunately, the problems created by the delays and changes around gaining ethical approval at a local level described in Section 2 did adversely affect the evaluation team's ability to engage with service users – children, young people and families. However, in four areas it was possible for the evaluation team to collect feedback directly from service users and where this was possible it is reported below.

6.2 Pilots focused on remodelling social work practice

Some pilots, such as **Sheffield** and **Tower Hamlets**, were directly targeted at supporting and improving social work practice. Other professionals and agencies, including lawyers and court staff, believed that this was achieved. For example, an improvement in the quality of reports was said to have enabled courts and panels to make more informed (and even speedier) decisions and that was considered to be better for children and families, but no evidence from or about specific families was made available to the evaluation team. In **Sheffield** one manager referred to the most recent complaints report that showed a significant reduction in the number of complaints being made against children and specialist services. She attributed this to a major shift in approach across the authority, of which the remodelling pilot played a part:

> And I think that's just one indicator of a number of tools that you can actually see that they're starting to get some dividends being paid off there. So I think that's been really positive. It's now how you take it forward, embed it and keep it high on people's agendas there as well.

Similarly, in **Somerset**, where the remodelling exercise was closely linked to reshaping the way a social work team operated, staff indicated that they believed the pilot had made a difference to

service users. Staff thought that assessments were now more holistic and timely. Although it was difficult for them to provide tangible examples, they thought that as both service users, other agencies and other professionals would be able to get a timely response even if their social worker was not available, this would make a considerable difference.

The experiences in **Derbyshire** and **Birmingham** were different. In **Derbyshire**, where an additional office was opened to increase access, it was thought that some service users would be receiving a service they would not previously have received. As a result, some cases *might* be prevented from escalating to child protection. But given the many problems encountered by this pilot, any improvement in service was attributed to increased capacity rather than a specific intervention. In **Birmingham**, where the pilot was concerned with looked after children, the authority was seeking to make the whole service more evidence-based and more focused on child outcomes rather than service delivery targets. Even at the end of the evaluation it was difficult to say whether they were achieving this. The team was collecting evidence about the changes they were making, but it was acknowledged that it would be difficult to confirm whether the pilot had made a difference to outcomes for children and young people.

6.3 Pilots designed to increase contact directly with families

This section illustrates the areas where, from the original work plans submitted by the pilots, it might be expected that there would be a direct difference to families and children. There were examples from these pilots to indicate that improved communication and connectivity between professionals, facilitated and supported by projects, led to more responsive and effective services for children, young people and families.

6.3.1 Early intervention

A number of pilots were attempting to improve outcomes for children and families by intervening at an earlier stage than would previously have been possible, with the intention of being able to avoid a statutory intervention. In most cases these families would not previously have received any service at the point where they now came into contact with these pilots, and they would possibly have been off the radar of social workers until a problem escalated to a point of unacceptable risk and harm to children. Occasionally, the statutory route proved inevitable for some when initial contacts indicated a level of risk that required an immediate statutory investigation.

A number of pilots moved social workers closer to other services, either through co-location or by attaching them to other services. These moves were almost always welcomed by other agencies and judged to be providing more opportunities for early identification of families' needs and appropriate provision. In **North Tyneside**, for example, all those interviewed (pilot members, key informants and service users) reported that the pilot had undoubtedly made a difference to service users. The projects were based in the local communities, and the fact that team members were visible and spent a significant amount of their time working directly with service users succeeded in making the pilot increasingly accessible. Previously, nearly all the social workers had worked in child protection services and they commented on the volume of paperwork that this entailed and the consequences for the time they then had available to spend working with children and their families. They explained how they worked in a completely different way in the pilot, where there was more client contact time and the opportunity to do what they believed they had been trained to do:

> We haven't been bogged down with that ICS IT system, we've got far more time on [our] hands to actually go and out to the direct work which is hugely beneficial to the families and the children we work with. A lot of families in the past complained at the statutory service that you know, the social worker is never in, they're always in court or they're busy doing reports, um, well we don't have that. So a number of times on this team, a family has been in a crisis situation and I've been able to literally go and spend the best part of a day with them. We can see it through rather than just kind of sticking a plaster over it and just hope for the best until the next time that something happens. We've got more time to prevent those situations arising again, which is really positive. (Social worker)

Families told the pilot and evaluation teams that they felt that little or no stigma attached to being in contact with these social workers. The number of self-referrals increased significantly since the pilot started, including those made on the recommendation of a friend or family member who had already benefited from contact. This was seen by those who knew the area well to represent a significant shift within a community where a very negative perception of social workers had developed and where there had been a pervasive fear that any contact might lead to children being removed from their families.

Similarly, pilot members, key informants from other agencies and service users all commented on the impact that the **Shropshire** pilot had had on preventing cases reaching crisis point. Examples were provided where, without the intervention of the pilot, a family would have been

referred to the child protection team. Instead, the pilot enabled social workers to engage with families at a very early stage to look at appropriate resources to address specific needs. Key informants also felt that the pilot was very successful in working with families who were known to children's services and where almost a waiting game was played out until their needs were such as to warrant an initial assessment. Social workers in the pilot carried reduced caseloads and were able to work more flexibly than colleagues and, as a result, carried out more intensive and focused assessments or interventions. Not surprisingly, those working in other agencies considered the support and quality of evidence emerging from the pilot was significantly better than the information and support that was usually provided:

> It has made a huge difference because I know that, for example, we had a student the other day that, a situation was, kind of, blown out of proportion, but also that student was very, very vulnerable. And [participation worker] turned up with another key worker and so there was the three of us supporting this one student, and that to me was, we were telling the student, 'You've got people here to help,' and they're the ones at the end of the day that matter. And I think it meant the world to that student, to know that people were there to listen to her and to help as they have done. (Teacher)

Service users also confirmed that they had not received this quality of support before and that without it they believed that their subsequent experiences would have been far more negative.

Parents also provided feedback on the support that they received from the **Westminster** pilot. Their contact was through their children's primary schools. In some cases they had had previous contact with social workers and two said they had then been left 'stinging' and 'disappointed'. They came into contact with social workers from the pilot when they then approached the schools over a concern around their child's behaviour or family circumstances. Some went on to access a Triple P parenting course run by the pilot and valued that experience, not least because of additional access to a social worker over a period. Others sought help over a marital or housing problem and, although in one case it led to a statutory investigation, in hindsight all thought their lives were better because of the contact. One head teacher also provided her overview on the type of problem where she knew she needed skilled intervention:

> But things that trigger our concern here and for a moment let's just concentrate on the children...those don't happen overnight and we may think, we'll get the parents in and do some *early intervention* around parenting. I mean yes we do work and we have a nursery and we do work with Sure Start, which, actually, I think in this area has been a

success. But that child has experienced five, six, seven, eight, nine years of inappropriate parenting. In that respect it's certainly not early intervention with families … with parents who approach [names social worker] or who will approach me or whatever, I suppose there might be a clear-cut early intervention if there's an issue around benefit, housing or whatever before the family becomes really, really stressed, so you reduce stress very quickly … well hopefully very quickly. So that's early intervention ... I think. But the other kind of really difficult things which have grown up over the years for a variety of factors and we have here a fair number of families where the parents, and in some cases the children, have experienced horrific things, they're asylum seekers or whatever, um … and there's an awful lot to unpack actually.

Even in these extreme cases she had seen improvements.

Although it took much longer to establish the Westminster pilot's work in the secondary school (see Section 5), by the end of the evaluation school staff thought it was making a significant contribution. This is just one of several recent cases that they described:

There was [a] student who was a school refuser. She said she was being bullied and she started self-harming. The social worker spoke with the girl and found out that she had very low esteem, did not like herself, and she had lost a lot of weight drastically, but a great deal more going on. The girl had become very sexually active as she wanted to become pregnant. She also claimed to have gone to a hotel with a man who had then raped her, although it was not clear if it was rape. The social worker was able to bring a lot to that case because of what she already knew. All professionals were able to have an early strategy meeting. Hopefully, now we can be able to support the girl in a way we could never have done before. The right people are now on board and can help her. She has subsequently taken an overdose and [the] social worker has given her so much support. In the past the girl had been seen by [a] counsellor … and we also referred her to [names local service] but she did not want to see people there. [Queried when engaged with social worker? Type of situations?] Self-harming may indicate that there is a child protection issue so it is appropriate to engage early and see if there is underlying issues. In this authority thresholds for child protection are so high but even though this is a massive child protection issue it would not have been looked at in that way. At initial stage the threshold would have been too high whereas because the social worker is in the school they were able to 'go under' the threshold. Issues emerged which would not have been discovered without the social worker being here. (Head of house)

As discussed in Section 5, members of the **Wirral** area team supported pastoral staff by holding consultations and acting as a source of information. The guidance given to one particular pastoral team helped provide them with the skills and confidence to work more closely with families. A home–school liaison officer recognised a transformation in her own engagement with parents during the course of the pilot and, when considering if the pilot had made a difference to service users, pointed to the better than expected attendance rate for the school:

> Definitely, definitely. I mean our whole school attendance last year was 93.3%... Now that is above the target that was set by school governors. I can't, although [I] work in attendance, I can't take the credit for that on my own. Now I know there's other people within [the] pastoral team that helps support, to get pupils into school and improve attendance. But I strongly believe that my relationships and on some of the cases that the family support workers were working with some of the students and referrals I made, that their input on that has definitely contributed. (Home–school liaison officer)

In **BANES** a social work assistant was responsible for specific direct work with children under the age of 11. It was recognised that this work, albeit on a small scale, impacted positively on the lives of those involved. The following is the story of one such family, which was provided by the assistant who was directly involved in this work:

The importance of understanding the family situation

One of the families that I have worked with the mum and dad have now separated, two younger children live with mum, and the older child lives with the paternal grandmother. The relationship between the older daughter and mum was kind of breaking down. They weren't really getting along very well. Mum was finding it quite difficult to cope with the two younger boys. Some concerns over how she was managing their behaviour and, obviously, mum's always wanted the older daughter to return home.

Opportunities to work with the whole family

So, my work, there has been seeing the girl at school on a one-to-one basis about her wishes and feelings, what she would like to change, how we might be able to change those things. And then also doing family sessions with: sometimes with mum and just the two younger children. Other times just mum and the girl, and other times, all four of them together, doing things like cooking or making picnics, Easter egg hunts, painting, drawing, and kind of throughout encouraging mum to give positive praise – things like that and encouraging her with better behaviour management techniques.

The reward – achieving positive outcomes for all

And also the relationship between mum and the daughter has really improved. They g*et* along much better, having more contact. She is still very much happier with the arrangement where she is living but kind of overall, the kind of relationships have been improved. Seeing mum's parenting is greatly calmer and sort of more kind of engaged in her children.

What makes the difference – the benefits of a long-term direct approach

I think, once again, just being able to kind of ensure that a long-term direct approach was being taken and that actual kind of work is being carried out, while being assessed all at the same time, if that makes sense, rather than speaking to the family and advising them of what they could do, kind of actually being able to implement all those plans and seeing them followed through and kind of encourage them.

6.3.2 Improved services through specific interventions

Pilots also developed specific services or ways of delivering services that were intended to provide more effective interventions for children and their families. In **BANES** the community-based assessment (CBA) framework involved collaboration between adult and children's services, alongside a separate parenting assessment by a skilled social work practitioner. The rationale for the CBA model was developed to counter the commonly held assumption amongst lawyers that a professional employed by the local authority could not be considered an expert:

> So the community-based assessment model was drawn up very much to try and look at a local initiative that could provide, as far as I was concerned and others, local experts… So we hoped we could do this more in a prevention capacity and, to be fair, we've actually drawn on a range of different circumstances, some where there are issues of neglect pre-proceedings, some pre-public law outline, some in proceedings. (Manager)

The role of the specialist social worker within the CBA model was to co-ordinate the process from start to finish and to present the assessment to the court. The fact that someone from the voluntary sector provided supervision for the specialist social worker was considered to be a strong feature of the model, in that it created an independence and distance from the local authority. The decision to apply for a community-based assessment was either made within children's services or it was requested at the initial application to the court. Once a review was received, a CBA planning meeting was held to identify the areas of work that were required and

commissioning letters were then sent to the various agencies involved. Dates for review meetings and completion were set at the first planning meeting. Each of the interviewees involved in the CBA model expressed strong support for the approach and believed it was serving families much better than the system it replaced. One interviewee suggested that if the system had not been in place then the family in question might well have been sent to a residential unit for an assessment, whereas they were able to remain in their own home and work with specialists who identified and provided the necessary long-term support.

In addition to the positive comments of staff involved in the CBA model, both service users interviewed identified a number of key benefits for families. These are summarised in the following points:

- community-based and accessible for families
- helping to rebuild trust in social workers
- improving engagement with positive outcomes for families
- effective in delivering difficult messages when needed.

One of them also admitted that before becoming involved with the specialist social worker she had not trusted social workers in general whereas it now felt 'like there is someone more on my side'.

In both **Shropshire** and **Rochdale** the pilots adopted solution-focused methods. In **Shropshire** all pilot team members were trained in solution-focused methods and all pilot members felt that it provided them with an opportunity to access a new and effective skill set that enabled them to engage and work with families in ways not previously possible. They also received training in the Family Assessment Model [24]. This was said to have provided a 'toolbox' of strategies that they could use to work with challenging families, tailoring packages of support to each situation rather than fall back on the limited responses they had previously used. It also enabled them to make the most of the core assessment process and had provided skills needed to complete extremely detailed assessments:

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[24] This provides a systematic and evidence-based approach for observing, describing and assessing family life, relationships, parenting and the impact of family history. See www.childandfamilytraining.org.uk

> I think what that did was enabled us to really use the core assessment to its full advantage really, to get a really holistic view of families using this specific model which is very, very specific, very in depth, and I think that helped in terms of looking at evidence-based social work and using a lot of the research within the core assessments and having time to be able to do that, so backing up what we're seeing and what we're assessing within families to try and achieve better outcomes really and move things on much quicker (Social worker).

However, they were also able to spend considerably more time with families when they were conducting assessments because they had significantly fewer cases than social workers in other teams. They were able to observe families in a variety of different settings, rather than just in the home. As a result, pilot members considered that outcomes for families were being improved. There were concerns that social workers with higher caseloads would find the approach challenging. They recognised that they had been afforded greater flexibility, allowing them to be more responsive to the needs of families and provide a more effective service:

> …as part of that process, it's using the solution focus, but it's also using the other tools that we have and in which we've been trained whilst we've been in the remodelling pilot so I think for me that whole idea about assessing families is much more, we're getting a much more holistic view. We've got more time to perhaps visit other agencies rather than it being… I know in the past it's been a very quick phone call or it's been sending out perhaps letters asking for information. We can actually perhaps either use the TAC process or we can actually visit other practitioners that are involved with that family to get a real good sense because we've had the time to be able to do that. (Social worker)

In **Rochdale,** where the focus was on improved services for those in care and on the edge of entering care, as well as those who had recently returned home, the social workers in the pilot team were also trained in solution-focused techniques and methods. These methods were designed to support engagement with and support to young people and their families, as long as they were willing to work with the social worker. In some circumstances the approach was considered to have been particularly effective in changing behaviour and improving outcomes. The effectiveness of the approach depended on trust between families and social workers, and the pilot members were confident that these methods had helped prevent children entering care and had supported those already there:

> She'd not attended mainstream school for, I think, two and a half years. She had refused to go to school and refused to engage with anybody. She was in a children's home, creating mayhem, basically and the courts were looking at a secure unit. That's where her behaviour was. And by using solution focus and by doing things at her pace, she's setting me tasks like, 'Right, I'll see you, but it'll have to be seven o'clock on Saturday evening,' because she thought, well, she won't do that, and I did. (Social worker)

But they also reported that part of the success, as in Shropshire, came down to the time available to spend with clients and to reflect and act flexibly:

> We have … we have more time to spend with the families … the young person that was in the secure unit had a social worker but due to her massive caseload he was only able to see her occasionally. I've been able to go in two, three times a week to see him, you know, providing my caseload permits, but if we have to we work late. We've had that flexibility. (Social worker)

> I think one of the biggest things for me is … that I have time to reflect and I have time to look at what I've done, what worked, what didn't work, and absorb that and build on that. (Social worker)

Although solution-focused methods were considered to be a strength, the initial pitch had described the approach almost as a 'holy grail' and the reality was considered to be far more complex. By the end of the pilot social workers said they had embedded the training into the ways in which they worked and had also come to recognise when it was and was not an appropriate approach to adopt. The team was spending more direct time with young people compared with social workers who would have been responsible for them in residential care prior to the pilot. But the time had also been used for what they described as intuitive and 'old-fashioned' social work:

> I know that most social workers won't have had time due to their high caseloads to go out, take them to school or to take them to medical appointments or to take them to buy school uniforms, things like that which we have done and we've liaised with their family members, we've involved family members in practically everything, even going out to visit family members whereas I'm sure other social workers wouldn't have had that time to do that. (Social worker)

The amount of direct work that social workers undertook was a key feature and strength of the pilot. All social workers in the team were directly contactable by young people and their families and this had been well received. They also reported undertaking far more complex cases than ever envisaged. In many instances the team was not providing short interventions as originally intended but were involved for several months or even years. Such prolonged, consistent involvement was believed to have a positive impact on outcomes; having the time to engage families was having positive results in keeping young people out of care:

> Personally I requested that I stayed with him rather than going downstairs to the LAC team because it took that long to build up the relationship with the family, which obviously

helped the situation, but I wanted to keep hold of him, remain his social worker, I think for an extra eight months. (Social worker)

Nine times out of ten if we don't go out on a visit it could break down and they could end up being accommodated, so if we don't go out that's what's going to happen, but if we do, which we do, we've prevented so many from being accommodated. So it's essential that we are proactive in getting out there. (Social worker)

Historically group work has been a feature of social work practice (see, for example, Schwartz and Zalba, 1971). However, in recent years this way of working has not been as prevalent. The Integrated Solutions initiative developed in **BANES** provided the capacity and the motivation to look creatively at meeting the needs of groups of children in the community. Primarily this was intended to achieve better outcomes whilst also being more cost effective and providing greater job satisfaction for staff. A range of different groups were organised, including a group for those described as 'angry boys', and a separate group for similarly described girls. The groups ran for around ten weeks and were facilitated by one of the integrated solutions social workers and another professional. The aim was to work with the young people to help them express their feelings. Parents were also involved in the groups, so that both parent and child could work together to help and support the young person:

We decided to target that group and I, alongside a drama therapist, worked at ... looked at setting up the group. Then we set up a group for ten weeks and every week the drama therapist took the children, the girls, into a room and worked on their feelings and how to express their feelings, and I stayed with the parents in another room and we looked at how we ... how the parents could support their children when they were feeling angry and had emotional issues. It worked very well doing the two groups. (Integrated solutions social worker)

Referrals were received from a variety of sources, including schools and parent support advisors, as well as self-referrals. Social workers and others commented on the enthusiasm with which families had engaged and on the benefits being realised. Feedback from service users to the evaluators indicated that the groups provided a place to learn new ways of coping:

It was very successful. We got really good feedback and they wanted the group to continue, actually, and said that it was a good opportunity for them, the parents, to speak to one another to gain support when their children are experiencing similar issues and the children enjoyed working with the drama therapist. It was a place for them to talk and to learn ways of coping with stress and feelings, and they did it in more constructive ways and looked at what was going on at home, whether it made them angry. (Integrated solutions social worker)

6.4 Key observations on differences for children, young people and families

The pilots initiated different ways of working with children and their families, many of which were judged by professionals and service users to have had a positive impact. There were five factors that contributed to this, sometimes in isolation but usually in combination:

- **Time**: In pilots where there was an emphasis on early or more intensive intervention, social workers carried far fewer cases than colleagues in front line or other teams. Given that any relationships need time and attention to develop, social workers needed the opportunity to use their skills and experience to engage with service users and, in turn, children and their families appreciated and benefited from the contact and support.

- **Skill:** One of the features of the early intervention work observed in the pilots was the use of experienced social workers in dealing with cases that would not normally cross the threshold to trigger such a contact. The evidence from the pilots confirms that the skills to assess and manage complex and inter-connecting risks, based on evidence that is then used to form a professional judgement, are required if early intervention with higher risk families is to have any meaning.

- **Flexibility:** The opportunity to rethink the way things were done, either in relation to supporting staff or families, enabled support to be tailored to need, which meant that those in need of the most intensive support could receive it.

- **Access:** A number of pilots were designed to bring social workers closer to those who would benefit from a service, whether in a rural location, a school or other setting, or communities. The intention was to improve access to services, either by attempting to overcome geographical isolation or change perceptions by social workers coming out of area teams (or similar) into other settings where they were more visible and approachable. While there was less success in achieving the former, there was evidence that children and families benefited from professionals and services that were based in a location with which they were familiar, rather than in an environment that they found challenging and even hostile.

- **Trust:** The extent to which service users trusted those working in the pilot is related to the factors above but it is also worth recognising it in its own right. Smith (2001) argued that trust is central to social work but had been marginalised in a system dominated by managerialism and targets. In a number of pilots social workers were trusted to use their skills to improve outcomes in ways that they had not been able to in front line teams where

they reported they had felt de-professionalised and deskilled. Families also reported developing trust in social workers where there had previously been suspicion, mistrust and avoidance.

Section 7: Has remodelling of social work happened?

7.1 Remodelling defined and redefined

There was considerable diversity of views on whether pilots had met the expectation of 'remodelling social work'. This is not surprising given the breadth of expectations and the diversity of practice embodied in the pilots. The fact that this diversity existed made it apparent from an early stage that it would not be possible to construct a template for 'remodelling social work' based on the experience of the pilots. The objectives for the pilots were to:

- explore processes that will support innovative social work practice that allows staff to use their expertise more widely
- free social worker time to enable more direct work with vulnerable children, young people and their families, leading to improved outcomes for service users
- provide effective background support for social work staff to enable the above.

There is a question of whether the aim had been to remodel delivery or remodel organisations. There were pilots that had a stronger focus on the interface with clients and those that were designed to reshape the way social workers are supported; and there were those that straddled the two.

System change takes a long time, and demonstrating the impacts from systems change takes even longer. It certainly could not be expected to be observed in a three-year period. In this section the intention is to identify the factors that contributed to any remodelling of social practice and/or delivery, as well as to consider the views of those in the pilots on whether they considered remodelling had taken place. Once again, it is important to remember that these were pilots. The lessons learned from them should inform future planning and delivery. Even where little or no remodelling has been said to have happened, there may be lessons to be taken from the experiences.

7.2 Was remodelling attempted? It depends how it was defined

In two instances the authorities were nervous about claiming that they had attempted anything as ambitious as 'remodelling', but the reluctance appeared to hinge on a specific definition of the process. In **Sheffield** many of those interviewed stated that the consultants could not have

remodelled practice as the pilot members had no direct contact with, or responsibility for, the children and young people/service users. Their input was directed at those who had recently entered the profession. While they regarded the contribution as a valuable asset, it was part of a wider strategy to remodel children's services. But given that the decision had been made to include such work within the definition of remodelling at the outset, it seems appropriate and important to include the pilot. The initiative focused on improving the quality of practice by concentrating on the development of social workers. Feedback from inside and outside the pilot on the demonstrable differences being made by the consultants indicated that the work should take a place in any remodelling toolkit.

Staff said that an important lesson had been learnt about the importance of consulting with all staff before beginning pilots of this sort. They also thought that more should have been done to explain the rationale that underpinned the suggested changes and that it was a learning process that would require changes to be applied as the pilot evolved. The consultants had to learn how to adapt to different teams, but they also learnt that they had specialisms that could be used more widely in the training and development of staff. The knowledge gained from setting up a pilot and recruiting to a new post was shared with colleagues in human resources.

In **Tower Hamlets** the work in the two projects that comprised the pilot had also never been viewed in terms of making a contribution to longer-term remodelling. Rather they were seen to be enhancing good practice, as well as providing a short-term injection of capacity and the opportunity to test new ways of working. Yet the lessons that emerged on the appropriate use and scope of administrative support and mentoring demonstrated the potential to support practice even if they had so far only been able to make minimal contribution:

> We have freed up their time but social workers have not been using this time to spend more time with children and young people. Our support has made a start in breaking the ice. Two people are not enough – it needs to happen on a larger scale. (Administrator)

Some informants believed that the true test would be if the work were reflected when an administrative restructure took place. This had been in the pipeline for many years and was still subject to funding decisions, as were the posts that had been created to serve the pilot.

7.3 Authorities intending to remodel

In contrast to Tower Hamlets, seven authorities – **BANES, Wirral, Somerset, Westminster, North Tyneside, Shropshire and Derbyshire** – all intended to use their pilots to inform restructuring that they were undertaking or planning to undertake.

In four cases this achieved a reasonable level of success. The model conceived in the **Wirral** pilot, of a co-located area and assessment teams as a single point of entry into children's services, was established across the authority. Those who were interviewed in the co-located team thought that remodelling had occurred to some degree, but again there was some uncertainty about what the term 'remodelling' meant:

> 'Remodelling', it's quite a strong word, isn't it? I'd rather use the word 'changed', it's changed the way we hopefully provide a service. (Area team social worker)

There were a few who doubted that very much had, in fact, changed and that any achievements could be sustained in the present financial climate of restraint and cutbacks. But there was a wider concern that the increasing number of referrals meant that, as child protection cases had to be prioritised, it threatened the ability of the team to maintain a serious focus on preventative work.

In **Somerset** the 'pod' model was very quickly extended to another team and then across the authority. This may well account for the fact that the majority of staff with prior experience of working within either the traditional assessment or long-term care teams indicated that the pilot had remodelled social work and that they were now working in a completely different way than they had done previously:

> Has it remodelled social work or is it a new way of working? I think it's probably a bit of both. It's definitely a new way of working… I think it has made the way we work different. Yes, that kind of social worker sat, you can almost picture them, can't you, with a desktop, the files on their desk and that's their responsibility until they've had supervision, until they're told otherwise and it's really ... that feeling has gone, I think. (Manager)

Some staff felt that the pod system was a return to a previous way of working, and that this was no bad thing:

> I think it has genuinely remodelled. Would some people say we tried this ten years ago? I don't know. But from my experience and since I've been qualified, I think it's genuinely remodelled how we approach things and how we work with families. (Social worker)

Even some key informants from other agencies believed the pilot had led to a genuine remodelling of practice and, by adopting a team approach, had produced a more sustainable way of working which the local authority were considering applying to other services.

The model adopted by the **Westminster** pilot influenced, rather than provided, a template for the restructuring that took place. Three locality teams were introduced across the authority, with the pilot located within the northwest team covering the area of highest deprivation. Locality teams focused on children in need cases with a clear emphasis on prevention. They are multidisciplinary, made up of education welfare officers and parenting workers, with health visitors and school nurses joining the teams in the near future. They have adopted many of the features of the Westminster pilot, including some co-location, a focus on direct work, integrated working and early identification of needs and risk.

At the outset, social workers – funded for half their time by the pilot – had spent that time in schools or the health centre and they were in a duty and assessment team for the rest of the week. The work in duty or assessment would dominate and too often they were pulled away from the remodelling pilot, making it hard for them to prioritise that work. Once the pilot moved into the locality team this did not happen to the same extent, as there was less of a demarcation between a remodelling case and a locality case. Not only has the pilot impacted on the development of the locality team but also on the way in which social workers will be embedded in agencies in the future. The linkage with health visitors will be through a children's centre rather than a health centre, but social workers will remain in schools. It was decided that it would not be possible to extend the intensity of the support available to the three schools during the project to every school. One plan to attach a social worker to three schools, spending time in each, was abandoned because of fears that it would not provide the support needed for schools with a very high level of need and that in the long term this would have a negative effect. Instead, a plan was agreed which would extend the service to another high need school immediately and review provision in the near future. There were concerns that by only locating social workers in schools and a childrens centre, opportunities to connect in a similar way with community mental health teams, for example, were being lost. But it was evident that as a result of the remodelling pilot senior managers in the authority were convinced that Westminster's model of co-location – with social workers spending time both in another agency and in their 'own' agency – was the correct one.

The staff in the pilot in **North Tyneside** worked with families who were experiencing difficulties but not meeting the threshold for a service. They did this by placing very experienced social workers, able to assess and work with risk, in the communities they served. The model was based around community engagement and improving access to social workers. The majority of those interviewed felt that the pilot had remodelled social work. Attitudes towards social workers had changed, evidenced not only by those working in the pilot but also by feedback from service users. Families were referring themselves to the service and professionals were now choosing to work with social workers rather than fear and be suspicious of contact with them.

However, there was one professional who, while agreeing that the pilot had introduced a different way of delivering social work, challenged the idea that remodelling was happening and believed that the social workers within the pilot were only doing what social workers should be doing, that is protecting children. The question then arose about sustainability. By its very nature social workers were holding some very complex cases that under other circumstances may have been escalated to the next level of intervention. They could only do this because of the skills and experience of the teams and the time they could devote to cases. In the last year staff had witnessed an increase in both the complexity and volume of cases, and the thresholds of the referrals being made to the pilot were being tested. At the interim stage social workers reported that they were spending less time inputting data into administrative systems, but this changed over the life of the pilot. The complexity of cases created administrative burdens on team members. So, for example, the teams were completing notes on the Integrated Children's System (ICS) to smooth transitions as cases moved up the level of need:

> …because we've started to get families that were much more complicated and had a much higher tier, and a lot of them were going into safeguarding, we have to be able to share our recording with safeguarding and the only way we could share it with them was by using the same system as them. (Senior manager)

The fear was that if the trend continued some direct work with schools and health professionals would have to be sacrificed to enable the team to continue to work with families in the way that they had been doing.

In three authorities the pilot had not yet been adopted across their authorities and, in some cases, never would be. The proposal submitted by **BANES w**as one of the most ambitious.

The authority's vision was to create opportunities to enhance the interface between universal, targeted and specialist services, and to create networks through locality working. One of the drivers to become a pilot had been concern over retaining and supporting social workers, and initially the pilot had difficulty in recruiting experienced social workers to fill specialist posts.

Many staff, particularly managers, considered that the pilot was remodelling social work, and were proud of the fact they were trying to involve as many staff and teams as possible, rather than confining the pilot to a single team or project. By implementing multiple strands and improving current systems the authority was attempting to ensure that change would be sustainable after the funding ceased. It is, perhaps, inevitable that there would be differential understanding and awareness of this project across the authority. The majority of social workers and other staff (non-managers) interviewed did not appear to have a clear idea about the different strands that made up the pilot and/or about the resources that were (or were not) provided as part of the pilot. In relation to the extent to which the pilot had met the expectation of remodelling social work, most of the interviewees acknowledged that whilst the pilot had provide additional opportunities for social workers and contributed to a process of change, the culture within which social workers operated posed a key challenge. The challenge was to enable professionals to embrace new ways of working. Restructuring and sickness had meant that there were times when their additional capacity had to be deployed to front line practice and ways had to be found to manage competing priorities.

But there were changes that had happened amongst practitioners which had wider significance and which might outlive the pilot:

> And we have created conversations that would not have otherwise happened about early intervention. What do we mean by early intervention? What is our understanding about the optimum time to help families? How do we deal with the too little, too late? It's all those things um that I think have had the biggest impact um and are already showing. Because I now have my managers coming in, initiating that conversation with me rather than the other way around. (Assessment and family support manager)

And there were indications that the pilot might have had a positive impact on recruitment and retention of social workers more generally, by making **BANES** a more attractive place to work. The number of applicants applying for jobs in the authority rose. There was also enthusiasm about disseminating the learning and approach of the pilot more widely, and there were enquiries from other authorities regarding the work of the contact officers. The community-

based assessment model was presented to the local Magistrates Court and to the Family Justice Council and there were plans to present it to local magistrates. But there were still concerns that the work needed further time to embed and, with the demands and financial constraints impacting on social care, it could not be assumed that the work that had started would be continued. The learning from the pilot was intended to inform the Lean Review[25] and that there would then be an opportunity to apply lessons learned from the pilot in the future.

The purpose of **Shropshire's** pilot was to base social workers in two multi-agency teams to enable the teams to complete more complex work than they would normally have been able to undertake. All pilot members and key informants believed that the pilot had provided those working in and with the pilot with an opportunity to work in ways that most social workers are no longer able to do. They had been relieved of pressures arising from high caseloads and timescales around assessments. However, while caseloads continued to be protected during the life of the pilot, the number and intensity of cases soared over the lifetime of the pilot. But views on whether the pilot had remodelled social work were mixed. There was a feeling that although more could have been done to disseminate the practice developed in the pilot and while three years was a generous allocation for a pilot, even more time was needed to build on the positive work that had taken place so far. The pilot aimed to improve the quality and quantity of work with other agencies and professionals. The amount of work and time this requires could not be underestimated and some concluded that success would have required much greater capacity than that which was provided. There was a feeling that if the pilot had remodelled social work within the authority then the learning would have been evident in the restructure, which it was not. As a result of this restructure social workers will no longer be based in MATs.

In **Derbyshire**, however, the sheer number of obstacles encountered meant that nothing that could be termed 'remodelling' had occurred. From the outset there were problems around accommodation, recruitment and extended sick leave, compounded by the introduction of a council-wide, single-status initiative, high turnover amongst management and equipment that

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[25] 'Lean' is a widely accepted approach to improve customer experience and eliminate waste. It seeks to improve operational performance in terms of cost, quality, delivery, and staff satisfaction by focusing on the customer and eliminating waste, variability and inflexibility. A programme of lean reviews has been developed in support of the Bath and North East Somerset Council's Transformation Programme's aims of providing excellent customer service and improving efficiency. See Bath and North East Council's Corporate Plan 2008-2011
www.bathnes.gov.uk/SiteCollectionDocuments/Council%20and%20Democracy/Corporate%20Plan%20Refresh%202010-11.pdf

failed to live up to expectations. The pilot led to another office being opened in the authority to bring services closer to those living in rural areas. But the intention was that co-location and greater use of the 'team' rather than individuals on casework, supported by good technology to aid communication, would play a major role in remodelling practice and delivery. Unfortunately, too much of this did not happen or happened too late. Even where some co-location happened – with a social worker being placed in a Sure Start centre – team members queried what difference this made to how they practised:

> I'm not exactly sure … what they think we've been doing. Relationships with other agencies, be it education or health or all of them, have been excellent and we've developed them and we've got them to grow substantively over that period of time … external agencies have always known my particular threshold with my grade, with my job and the course of action to be taken should the problem exceed my limits, what would happen, and it's always happened. So there's been absolutely no change … But I've been going into these places for 11 years and so have my colleagues. (Pilot team member)

Because of the delays it was not possible to follow through the benefits that might have emerged from relocation. Some of those interviewed from education and health said that while they had been enthusiastic about the prospect, this had not translated into reality. In their view, the level of resourcing was not sufficient. The task set by the pilot was very ambitious but, as in other areas, staff had continued to be overwhelmed by the volume of referrals, which increased significantly during the lifetime of the project, and they were not able to undertake some of the development and reshaping work that had been required. So it would be difficult to argue with the conclusion of those in the Derbyshire pilot that there was nothing different about how those in the pilot work compared with teams across the authority.

7.4 Remodelling inside but not across authorities

In two authorities, **Birmingham** and **Rochdale**, the pilots were intended to test practice rather than immediately lead to cross-authority implementation. The **Birmingham** pilot aimed to improve the speed and quality of assessment and decision-making about placing young people aged 9 to 13 years into care. It experienced a number of early and later setbacks that continued to impact on the pilot. These included the length of time it took to get the bid accepted, changes at senior management level, the time needed to establish and recruit staff and, soon after the pilot was launched, the authority became the subject of an improvement notice. Even with support at a senior level, it proved difficult to keep this project on people's radar and, as a result, very few cases were referred initially and the team had to relax its restrictions on the age range for cases. The pilot's remodelling vision depended on budgets being devolved to social workers and this did not happen. Combined with constraints on funding in general, this meant that the team was not always able to see their recommended placement adopted.

The other aspects of the pilot which could be interpreted as remodelling were the blurring of roles within the team, and the co-location of other services to improve planning, particularly with respect to education. As far as co-location is concerned, the pilot placed very little emphasis on partnership working and had a greater focus on permanency planning and achieving a shift in practice amongst those working in social care. There were indications that the pilot was having some success in returning children to their homes instead of placing them into care. However, because of low caseloads carried by social workers – many of whom were newly qualified workers – the senior staff were very modest about the implications for practice given the time pilot staff were able to spend on cases compared with their colleagues. Yet it would be wrong to dismiss this experience too quickly, and the evidence that flows from it on caseloads, staff support and co-location should inform the wider lessons around remodelling. Lessons have been learned both about speeding up processes after referral and making successful interventions to make it possible for children to return or remain in the home. One of the main lessons was on the role of the administrator and how useful it is to have someone to take on basic casework, have a knowledge and understanding of cases and be an alternative (and consistent) source of information and support to service users. It is also interesting that in an authority with serious recruitment and retention issues, despite initial difficulties in recruiting to the pilot, staffing was consistent.

The staff in the pilot in **Rochdale** did not define what they were doing as remodelling the way services were delivered around looked after children. They considered they were attempting to establish a different culture by challenging what they saw as a bias in favour of residential placements. Social workers, operating under significant pressures, were said to be placing children and young people in residential care because they did not have the time to provide the level of support that would be required if they were left at home. The pilot staff were only able to undertake intensive, direct work because of their protected and reduced caseloads. Even though it operated as a distinct project and there did not appear to be any plans to expand it across the authority, funding was made available for the pilot's work to continue.

7.5 Key factors that contributed to remodelling of social work practice and/or delivery

- More successful implementation was associated with a greater clarity on what was being remodelled and how it was to be achieved.
- In those pilots where social workers did not have to comply with statutory processes, more time was available:
  a) to be in direct contact with families, sometimes with the effect that they did not have to be referred to other services as social workers could use their skills to work with them
  b) to build relationships with other agencies
  c) to access opportunities for training and development to support the work of the pilots that helped to build team cohesion
  d) for pilot staff to talk to each other about issues in ways that they had not experienced in other teams.
- For there to be a shift towards establishing a preventative service social workers must be visible and accessible to both stakeholders and the community.

Section 8: Conclusions and reflections

The 11 pilots participating in this programme tested approaches to reshaping aspects of social work practice. They began at a time of relative affluence but by the final year of the programme local authorities in England were introducing very significant cuts to their budgets. It was evident that in most areas uncertainty and concern about the capacity to continue was having an impact. During the three years of the programme there was a very significant increase in child social care referrals and in the numbers of children coming into care. It is inevitable that these factors and others impacted on the pilots, and it was evident that in some instances they led to short-term planning and/or an inability to make decisions over whether services would continue. But the challenges also spurred others to concentrate on what works and on the wider child welfare framework that includes family support and early intervention. They looked to the pilots as part of the solution by improving assessments, supporting more effective sharing of information between professionals and applying social workers' skills in direct work with children and their families. They also sought to increase the capacity in universal provision, and address families' mistrust of social workers by showing that they could provide much needed support.

Given the diversity that existed across the pilots it was always recognised that one model would not emerge. In some instances they provided examples of good and innovative practice, ranging from how to support early practitioners through to how service delivery might be reshaped across an authority. They also had to be flexible and responsive to issues that arose along the way. It is not only their experiences that provide an opportunity to learn from good practice, but also the strategies that contributed to and hindered the process of implementation. They also highlighted some of the consequences of the difficulties that exist around the definition of the unique contribution of social work and confirm that the starting point in children's services must be the social worker's judgement on the risk of significant harm, on how to reduce risks and prevent the need for entry into care.

There were challenges in setting up, delivering and sustaining some of this work and the commitment of senior managers was essential. There were also tensions when an initiative appeared to challenge established practice, but this is an expected consequence of any change programme. The evidence from evaluations conducted across the public policy arena is that effective partnerships take time to develop and so it was with this work. Nevertheless, the

impact upon the services, cultures, values and practice was considerable. Many of the pilots provided the impetus and opportunity for agencies to collaborate over particular issues and to adopt a more coherent and strategic approach in their response.

The evidence suggests that the services were well received by families. The flexibility of provision was often very different from that which they had experienced during their previous contact with social workers. There was evidence to indicate that families viewed their engagement positively and that they had come to believe social workers were making an effort to help them improve their lives. Indications are that the work done by the pilots has the potential to make a significant contribution to achieving a fundamental shift in the way traditional social work teams operate and interact with their service users.

Sections in this report dealing with the programme's objectives and remodelling conclude with the key significant factors. But it is also important to reflect on the lessons learnt from how change was achieved in the programme as a whole. Changing mainstream practice required shifts in attitudes, values and beliefs and to be successful had to happen at individual, team, departmental and organisational levels. It required:

- a high level of leadership and commitment
- clear direction
- dedicated project management resources
- stable staffing across management and teams
- a shared vision.

But change can be fundamental or incremental. Change was also influenced by other factors that were significant, and which were found in varying degrees in most pilots. They are 'sustainability' and 'tip', which support the development of a typology of 'remodelling'. Sustainability is not something decided towards the end of the funded part of a pilot but it is there from the beginning and built into the programme design and implementation. The literature on sustainability stresses the importance of the initial adoption and implementation phase, of recognising and addressing barriers and facilitators to the acceptance of the new practice and organisational factors such as leadership support, an evidence-based culture and infrastructure support. The pilots that were seen as test beds for wider change across their authorities had a head start on securing their survival, even if it would be in a reshaped form. In

North Tyneside, Somerset, Westminster and Wirral the remodelling teams were used to take the first steps towards models of service delivery that were already in embryonic form. Similarly, in Sheffield the pilot was used to support rather than introduce a two-pronged strategy to support social workers and move to a locality-based approach with multi-agency working. The fact that the pilots were used to trial or understand the dynamics of particular arrangements does not detract from the transferability of elements of their work to other areas and settings.

However, the fact that a pilot was designed as part of a cross-authority plan did not necessarily secure its integrity or survival. The Birmingham, Shropshire and Derbyshire pilots also started out in this way. In Shropshire, although staff, families and other agencies judged the pilot to have been a success, limited resources and possibly less interest from senior management after staff changes, meant the work ended when the funding ceased. Any legacy will be what staff take into their next workplace and how other agencies continue to apply what they have learned. Birmingham and Derbyshire experienced a series of setbacks. In Derbyshire, although a new office and staff survived the pilot, there was little to see of the original proposal. In Birmingham the factors that had combined to marginalise the pilot proved impossible to overcome and it too came to an end when funding dried. It is also important to recognise that at a time of significant budgetary constraints, when financial decisions are made on the basis of a complex array of considerations, it would be wrong to assume that where a model was not adopted it did not represent effective practice.

The second element of the typology was harder to define and is closely aligned with what Gladwell (2000) and others have labelled the 'tipping point'. Gladwell explored how social trends and programmes tipped from being small initiatives into being widely adopted. This idea was expanded by Shapiro (2004) to create a model where change is successfully implemented only when people have adopted the new ideas and are using the new ways of working to do their jobs. The tipping point model of organisational change compares the spread of a change with the spread of an epidemic. The rate at which a new change is adopted depends on the content of the change itself and on there being advocates and appropriate support for the change. These factors interact and either reinforce or compete with each other, as can be seen in North Tyneside, Somerset, Westminster, Wirral, Sheffield, Birmingham, Shropshire and Derbyshire which were nurtured or neglected by their authorities.

But this can also be seen to some extent in BANES where an ambitious authority-wide pilot had some notable successes and elements continued to be supported, but it was far from clear if these would remain as contained initiatives or gain momentum to spread across the authority. An indicator that it would work was the commitment shown to cultural change by using a change coach to help professionals from a range of agencies understand the existing cultures within which they worked to facilitate a shift to a new organisational culture. However, it was not apparent that the resources and support to accompany such a massive shift had been scoped or would be available.

This leaves two pilots, Rochdale and Tower Hamlets. The Rochdale pilot always appeared marginal to the authority where it was based. In that respect it was similar to Birmingham. The difference was that it provided a service that was clearly valued by managers because they took the decision to continue to provide funding. It is a small project in a relatively small authority, providing a service for a very vulnerable and excluded group. But while it has secured sustainability as a specialist service for looked after children, at least in the short term, it has not reached the tipping point where it is being adopted across the authority. In the course of the evaluation it emerged that there was little appetite in Tower Hamlets for anything that could be labelled as 'remodelling'. It was not clear if the decision to apply to be in the programme was driven by a desire to attract additional resources and capacity or if this emerged at a later date. The application was not crafted around an intention to achieve a remodelled service. So, although elements were similar to other pilots – and provided rich experiences from which others may learn – even if continuity resourcing were provided it would be hard to argue that any model was sustained or that initiatives tipped into wider organisational change.

This report was completed as Professor Munro's final report on child protection was published (Munro, 2011). There is much in the remodelling pilots which links to the issues examined in that report. The pilots provide evidence of the success attached to a team approach to cases, the importance of providing opportunities to learn from colleagues and the factors that facilitate multi-agency work and early intervention. But the strongest messages, which resonate with Munro's recommendations, are what is achievable when social workers are well supported and allowed to use their skills directly with families, and the need to provide appropriate and efficient support to enable them to do so.

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Appendix A: Interviews conducted during the evaluation period

Pilot	Pilot staff		Key informants		Service users		Overall Total	
	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2
BANES	18	12		6	-	2	**18**	**20**
Birmingham	6	6	12	5	-	-	**18**	**11**
Derbyshire	8	10	-	5	-	-	**8**	**15**
North Tyneside	13	11	8	10	-	8	**21**	**29**
Rochdale	6	5	-	-	-	-	**6**	**5**
Sheffield	10	8	10 (plus two focus groups with newly qualified social workers n = 16)	10 (plus two focus groups with newly qualified social workers n = 16)	-	-	**18***	**18***
Shropshire	8	9	7	8	-	4	**15**	**21**
Somerset	4	12	7	5	-	-	**11**	**17**
Tower Hamlets	6	33	-	-	-	-	**6**	**33**
Westminster	11	10	15	11	-	15	**26**	**36**
Wirral	7	8	6	3	-	-	**13**	**11**
Total	**97**	**124**	**65**	**53**	**0**	**29**	**160***	**216***

*NB These figure do not include focus groups with Newly Qualified Social Workers n=16.

Appendix B: Key Informant Interviews

Stage One: Key Informant Interviews

Pilot	Job title	Professional background	Number of interviews
Birmingham	Looked After Children Education Service worker	Education	1
Birmingham	HIAH worker (Drugs and Alcohol services)	Health	1
Birmingham	Operations Manager	Operations	1
Birmingham	Fostering/care home Manager	Social Care	1
Birmingham	Fostering/care home Employee	Social Care	2
Birmingham	Foster carer	Social Care	3
Birmingham	Social worker (Newly Qualified)	Social Care	1
Birmingham	Independent Reviewing Officer	Social Care	1
Birmingham	Deputy Headteacher	Education	1
North Tyneside	Social Worker - Manager	Social Care	1
North Tyneside	Educational Welfare Officer	Education / social care	2
North Tyneside	Youth team manager	Youth	1
North Tyneside	Head of Extended Schools	Education	1
North Tyneside	Headteacher - primary	Education	1
North Tyneside	Deputy Headteacher - secondary	Education	1
North Tyneside	Learning Mentor	Social care	1
Sheffield	Deputy Executive Director Children and Families	Unknown	1
Sheffield	Assistant Director	Unknown	1
Sheffield	Service Managers	Social Care	2
Sheffield	Service Manager	Third Sector and Residential Care	1
Sheffield	Team Managers	Social Care	4
Sheffield	Team Leader- Childcare Prosecution Team	Law	1
Shropshire	Child and adolescent psychiatrist	Health	1
Shropshire	Corporate Young People's Development Worker	Social Care	1
Shropshire	Head of Service Stay Safe	Social Care	1
Shropshire	Education Welfare Officer	Education	1
Shropshire	Head of Inclusion	Education	1
Shropshire	Student Support	Education	1
Shropshire	Stay Safe Service	Social Care	1
Somerset	Health Visitors	Health	2
Somerset	Children's Centre workers	Unknown	2
Somerset	Teachers	Education	3
Westminster	Headteachers	Education	2
Westminster	Deputy headteachers	Education	2
Westminster	Teachers	Education	5
Westminster	Education Welfare Officer	Education	1
Westminster	Clinical psychologist	Health	1
Westminster	Psychotherapist	Health	1
Westminster	Youth Service Manager	Youth	1
Westminster	YISP worker	Youth	1
Westminster	Drugs worker	Drug and alcohol service	1
Wirral	Education Social Worker	Education	1
Wirral	UNISON Branch Officer	Social Care	1

Wirral	Youth Outreach worker	Social Care	1
Wirral	School Nurse	Health	1
Wirral	Home School Liaison	Midwife	1
Wirral	Educational Psychologist	Psychology	1

NB Bath and North East Somerset (BANES), Derbyshire, Rochdale and Tower Hamlets had no Key Informant Interviews during phase one.

Stage Two: Key Informant Interviews

Pilot	**Job title**	**Professional background**	**Number of interviews**
BANES	Health visitor	Health	1
BANES	Children's Centre Manager	Unknown	1
BANES	Nurse for Safeguarding	Nursing	1
BANES	Psychotherapist	Health	1
BANES	Head of Early Years	Education	1
BANES	Head of Children's Services	Health	1
Birmingham	Looked After Children Education Worker	Education	1
Birmingham	HIAH worker (Drugs and Alcohol services)	Health	1
Birmingham	Operations Manager	Operational	1
Birmingham	Independent Reviewing Officer	Social Care	1
Birmingham	Deputy head & designated protection officer	Education	1
Derbyshire	Head teacher	Education	1
Derbyshire	Head teacher	Education	1
Derbyshire	Health Visitor (job share)	Health	2
Derbyshire	Sure start Manager	Operational	1
North Tyneside	Social worker - First call	Social Care	1
North Tyneside	Social worker - First call manager	Social Care	1
North Tyneside	Social worker - Safeguarding manager	Social Care	1
North Tyneside	Headteacher - primary	Education	2
North Tyneside	Deputy head teachers- secondary	Education	2
North Tyneside	Youth Worker	Unknown	1
North Tyneside	CAMHS Worker	Health	1
North Tyneside	Educational Welfare Officer	Education	1
Sheffield	Team Manager	Social Care	1
Sheffield	Service Manager	Third Sector and residential care	1
Sheffield	Assistant Service Manager	Social Care	1
Sheffield	Workforce Development manager	Residential care and workforce development	1
Sheffield	Safeguarding- Training Manager	Social Care	1
Sheffield	Adoption Team Manager	Social Care- (adoption)	1
Sheffield	Social work Consultant	Social Care	3
Sheffield	Project support	Marketing	1
Shropshire	Senior Social Worker	Social Care	1
Shropshire	Social worker	Social Care	1
Shropshire	Primary Head Teacher	Education	1
Shropshire	Deputy Headteacher - secondary	Education	1
Shropshire	Family Support Worker	Third Sector	1
Shropshire	YISP worker	Youth	1
Shropshire	Child and Adult Mental Health Services worker	Social Care	1
Shropshire	Child and Adult Mental Health Services	Health	1

	worker		
Somerset	Health Visitor	Health	1
Somerset	Children's Guardian (CAFCASS)	Social Care	1
Somerset	Inclusion Manager	Education	1
Somerset	Health Visitor	Health	1
Somerset	Case work Team Leader (LST)	Social Care	1
Westminster	Headteachers	Education	2
Westminster	Deputy Headteacher	Education	1
Westminster	Teachers	Education	3
Westminster	Special Educational Needs Coordinator	Education	2
Westminster	Education Welfare Worker	Education	1
Westminster	Youth Worker	Youth	1
Westminster	Health Visitor	Health	1
Wirral	UNISON Branch Officer	Social Care	1
Wirral	Home School Liaison	Health	1
Wirral	Head of Pastoral Support	Education	1

NB Rochdale and Tower Hamlets had no Key Informant Interviews during phase two

Appendix C Pilot Interviews

Stage One: Number of Pilot Team Interviews per Pilot

Pilot	Job title	No interviewed
BANES	Pilot Managers	7
BANES	Social Workers	7
BANES	Support Staff	2
BANES	Administrators	1
BANES	Others	1
Birmingham	Managers	2
Birmingham	Social Workers	2
Birmingham	Administrators	1
Birmingham	Others	1
Derbyshire	Managers	2
Derbyshire	Social Workers	3
Derbyshire	Support Staff	2
Derbyshire	Administrators	1
North Tyneside	Managers	2
North Tyneside	Social Workers	5
North Tyneside	Support Staff	4
North Tyneside	Administrators	2
Rochdale	Managers	1
Rochdale	Social Workers	5**
Sheffield	Managers	4*
Sheffield	Social Workers	4
Sheffield	Support Staff	1
Sheffield	Administrators	1
Shropshire	Managers	3
Shropshire	Social Workers	2
Shropshire	Support Staff	2
Shropshire	Others	1
Somerset	Managers	4
Tower Hamlets	Managers	1
Tower Hamlets	Support Staff	1
Tower Hamlets	Administrators	3
Tower Hamlets	Others	1
Westminster	Manager	3*
Westminster	Social Workers	6
Westminster	Support Staff	1
Westminster	Administrators	1
Wirral	Managers	1
Wirral	Social Workers	3
Wirral	Support Staff	2
Wirral	Administrators	1

* Same manager interviewed on a number of occasions
** One individual interviewed once as pilot social worker and again as acting pilot manager

Stage Two: Number of Pilot Team Interviews per Pilot

Pilot	Job title	No interviewed
BANES	Managers	4
BANES	Social Workers	3
BANES	Support Staff	2
BANES	Administrators	2
BANES	Others	1
Birmingham	Managers	1
Birmingham	Social Workers	2
Birmingham	Support Staff	2
Birmingham	Administrators	1
Derbyshire	Managers	1
Derbyshire	Social Workers	5
Derbyshire	Support Staff	3
Derbyshire	Administrators	1
North Tyneside	Managers	1
North Tyneside	Social Workers	4
North Tyneside	Support Staff	4
North Tyneside	Administrators	2
Sheffield	Managers	2
Sheffield	Social Workers	4
Sheffield	Support Staff	1
Sheffield	Administrators	1
Shropshire	Managers	3
Shropshire	Social Workers	2
Shropshire	Support Staff	3
Shropshire	Administrators	1
Somerset	Administrators	3
Somerset	Others	4
Somerset	Support Staff	2
Somerset	Administrators	3
Rochdale	Managers	1**
Rochdale	Social Workers	4**
Tower Hamlets	Managers	6
Tower Hamlets	Social Workers	22
Tower Hamlets	Support Staff	2
Tower Hamlets	Administrators	3
Westminster	Manager	3*
Westminster	Social Workers	5
Westminster	Support Staff	2
Wirral	Managers	2
Wirral	Social Workers	3
Wirral	Support Staff	2
Wirral	Administrators	1

*Same manager interviewed on a number of occasions
** One individual interviewed once as pilot social worker and again as acting pilot manager

Appendix D: Summary of how remodelling has met project objectives

	Intervention		
Objective	**1. Exploring processes that will support improved multi-agency, evidence-based social work practice that allows staff to use their expertise more widely and new ways.**	**2. Freeing social worker time to enable more direct work with vulnerable children, young people and their families as well as more effective assessment and planning, leading to improved outcomes for services users.**	**3. Providing effective background support to social work staff to enable the above.**
Bath and North East Somerset (BANES)	• Providing creative solutions for families at a much earlier stage.	• Contact support officers reduce the burden on social workers when arranging family contacts for the child. • Social workers spend more time working on a one-to-one basis with individual families which increases job satisfaction.	• Integrated Solutions Network group crystallised the key obstacles and barriers to improving integrated working and better outcomes for children and young people. • Formation of a career pathway model. • Project administrator takes a strategic overview to provide continuous service improvement.
Birmingham	• An integrated multi-agency team, completing early intervention and statutory work as it arises in the team. • Early Intensive Assessments (completed during the first four weeks), and a comprehensive care plan. • A focus on stability of placements, through individual delegated budgets to the social worker.	• Early Intensive Assessments (completed during the first four weeks), and a comprehensive care plan. • New roles within the team to support processes, removing administrative tasks from social workers.	• New roles within the team to support processes, removing administrative tasks from social workers.
Derbyshire	• Focusing on the core analytical role of social workers; • Enabling autonomous *decision-making* by social workers; and • Establishing closer networks with partner agencies through co-	• Providing social workers with a more generic brief; • Bringing children's social care closer to smaller communities; and • Increasing direct work with children and families.	• Testing the boundaries of electronic working.

	Intervention		
Objective	**1. Exploring processes that will support improved multi-agency, evidence-based social work practice that allows staff to use their expertise more widely and new ways.**	**2. Freeing social worker time to enable more direct work with vulnerable children, young people and their families as well as more effective assessment and planning, leading to improved outcomes for services users.**	**3. Providing effective background support to social work staff to enable the above.**
	location of services.		
North Tyneside	• Effective joining up between prevention and • Safeguarding so a child's need for protection can • Be accounted for in Tier 1 and Tier 2 services	• Additional social worker time in the team and a reduction in administrative requirements	• Additional time for administrative staff in the team
Rochdale	• Social workers and residential staff trained in solution-focused interventions • Offering brief interventions to maintain young people within the home, or within the wider family network, where it is safe to do so • Improved working relationships between social workers and staff based in residential children's homes • Improved multi-agency working	• Responding within 24 hours to accommodation requests for young people on the 'edge of care' • A speedier response to *decision-making* for young people in residential care • Spending more time with families within the home; • Substantially increased amount of direct interaction with young people and their families by reduction in caseloads.	• Effective administrative support
Sheffield	• Coaching and mentoring of social workers that are undertaking court proceedings for the first time • Undertaking the commission of team Managers to assist with complex care proceedings and practitioner performance • Development and delivery of training to disseminate best practice • Development of a quality	• Coaching and mentoring of social workers that are undertaking court proceedings for the first time • Undertaking the commission of team Managers to assist with complex care proceedings and practitioner performance • More effective use of team manager time through use of social work consultants.	• More effective use of team manager time through the use of social work consultants.

	Intervention		
Objective	**1. Exploring processes that will support improved multi-agency, evidence-based social work practice that allows staff to use their expertise more widely and new ways.**	**2. Freeing social worker time to enable more direct work with vulnerable children, young people and their families as well as more effective assessment and planning, leading to improved outcomes for services users.**	**3. Providing effective background support to social work staff to enable the above.**
	assessment framework for court processes • Liaison with local Family Court to identify mutually beneficial process • changes in line with new Public Law Outline • Running a monthly NQSW network for new social workers to support them and guide them through their first year of practice.		
Shropshire	• Senior social worker acting as a consultant social worker with particular focus on engaging with schools	• Core assessments will be undertaken in the multi-agency teams in particular situations, for example, compromised parenting	• Staff development via action learning sets and social workers and other practitioners being trained in solution focussed methods. • Differing and enhanced models of supervision and coaching across teams. • Additional staff resource.
Somerset	• Compact team structure in which shared knowledge about casework and planning is encouraged. • A team of workers supports the child or young person and their families	• There is greater opportunity for contact between families and workers. • There is greater flexibility and delegation of roles and responsibilities	• Additional roles to be undertaken by administrative staff
Tower Hamlets	• Social workers being supported by efficient systems for seeking information and liaising with partner organisations (e.g. mobile technology	• In CLA teams, where appropriate, the arranging of Family Group Conferences will transfer from social workers to well-trained administrators.	• Improvements to administrative support to further enhance the quality of service delivery.

	Intervention		
Objective	**1. Exploring processes that will support improved multi-agency, evidence-based social work practice that allows staff to use their expertise more widely and new ways.**	**2. Freeing social worker time to enable more direct work with vulnerable children, young people and their families as well as more effective assessment and planning, leading to improved outcomes for services users.**	**3. Providing effective background support to social work staff to enable the above.**
	strand); • Social workers' skills being developed through a whole team approach, as well as through individual professional development via the CLA placement stability social worker and the FSP consultant practitioner	• The recruitment of three remodelling administrators, to support social workers in the FSP and CLA teams.	
Westminster	• Integration of social workers in other settings. • A joint approach to conducting more effective assessment with schools and health visitors. • Encouraging other agencies to identify need and complete CAFs where relevant.	• Social work assistant and administrative support to reduce the administrative burden on social workers	• Support for social workers with administrative tasks
Wirral	• Develop models of multi-disciplinary working through co-location; • Children and families will receive integrated services across a range of needs co-ordinated by a lead professional.	• Aim to release the time of social care teams to concentrate on the most vulnerable children.	• Review administrative loads placed on social workers; • Provide IT support to aid social workers.

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

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