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# Reclaiming Social Work

## London Borough of Hackney Children and Young People's Services

*Part 1: Independent Evaluation*

*Part 2: Unpacking the complexity of  
frontline practice  
- an ethnographic approach*

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**April 2010**

## ***Acknowledgement***

*We would like to thank the children and families that talked to us and shared their experiences, the staff at Hackney that contributed their time and energy to our many questions, shared their thoughts and allowed us access to their worklives and to the other professionals that helped us to pursue unique approaches to understanding such complex systems.*

## **Executive Summary**

Reclaiming Social Work is an initiative which set out to achieve high quality social care for vulnerable children and families in Hackney. It has been in place for approximately two and half years and has involved extensive changes in structure and practice. Many of these changes are aimed at reducing risk in a field where adverse events have consequences that go beyond the financial or mundane into the area of human tragedy. Central to the changes at Hackney has been the creation of *Social Work Units*. In this system, social workers function within a small multi-skilled team.

We report here the findings of our independent evaluation of Reclaiming Social Work, carried out over a two year period by consultants from Human Reliability Associates and the London School of Economics.

In this evaluation, we addressed three key areas. Organisations have their own character - a synthesis of assumptions, values and historical practices - that determines performance, so we measured changes in *organisational culture*. We measured changes in *social work processes*, drawing on the evidence base on effective practices and the stated aims of the RSW initiative. Finally, we evaluated the concrete *outcomes* which are affected by culture and process, so we assessed the changes for children, for families and for the organisation itself.

To carry this out, we used survey tools, interviews, observations and data analysis. We compared Social Work Units with traditional social work practice, we compared Hackney with national indicators and we assessed the sustainability of these changes through a longitudinal study.

### ***Organisational culture***

*(pages 10 to 18)*

To assess changes in culture, we looked at whether staff were aligned with organisational goals, how the organisation learns from its practice, including errors and near-misses, at perceptions of workload, stress and how the organisation supports staff in difficult circumstances and at how easy it was for staff to keep their focus on families, rather than bureaucracy and administration.

We found significant positive differences between Social Work Units and traditional systems. The new approach supports reflective learning and skill development through its shared

approach to case management. We learned of a sense of openness and support. In our view, the most important part of cultural change has been the re-establishment of the primary focus of social work on the family.

### ***Social work processes***

*(pages 19-27)*

Set within the organisational culture are the day-to-day, practical mechanisms of social care. We found that staff working in Social Work Units had been able to adopt many of the good practices supported by literature and experience. These included better decision making, where reflective practice is encouraged and enabled and the immediate mix of skills brings new perspectives; improved interaction with families and other professionals, better consistency and continuity in care, and the reduction of constraints on practice. In Reclaiming Social Work, administration has been re-established as a legitimate supporting function and its burden on practice is significantly reduced.

We were able to compare social work practice in new social work units with that in traditional teams and in every case we found significant differences between units and old-style teams. Social work units were consistently better.

### ***Outcomes***

*(pages 28 to 47)*

Reclaiming Social Work is associated with strong comparative outcome measures as defined by the National Indicator Set. More than half the metrics from Hackney are equivalent to, and more often higher than statistical neighbours and the national average. For example, an indicator we feel is indicative of Hackney helping children and families first time around is evidence of lower rates of children becoming the subject of Child Protection Plan for a second or subsequent time. An additional critical measure of success - the number of looked after children - has shown a dramatic fall over the course of Reclaiming Social Work.

In terms of value for money, the overall cost of children's social care in Hackney has fallen by 4.97% during the course of Reclaiming Social Work. This fall is directly affected by the fall in numbers of looked after children, but also by a marked 55% fall in staff days lost to sickness, by an improvement in placement stability and by very low numbers of children in residential care.

Outcomes have also been examined with regard to multiagency working, working with courts and working with families. In each

area, we learned that the changes at Hackney had been welcomed and had led to positive benefits for other professionals and for families.

This is contained within Part 1 of this report. However, in the course of our research we felt that there was more that could be learned from the RSW model and how it affects the myriad of everyday tasks of frontline staff; the way they think and engage with the family, develop care plans, liaise with other professionals. To this end, Part 2: *Unpacking the complexity of frontline practice - an ethnographic study*, provides a more detailed study of frontline processes to gain deeper understanding how RSW mitigates risks.

### ***Key message***

Reclaiming Social Work set out to bring about substantive changes in Hackney. We have assessed the value of these changes through a study of the culture within which the changes have been made, the processes of social care and concrete outcome measures. In each of these areas we have identified significant positive changes. These changes are evidenced by strong numerical indicators, significant differences between traditional practice and new social work units, and positive changes in the underlying organisational culture. On this basis, we have concluded that Reclaiming Social Work has had a positive impact and that the results of this study support and endorse the value of the programme.



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## Part 1

### *Independent Evaluation*

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**April 2010**

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# Introduction

## Reclaiming Social Work

- 1 Reclaiming Social Work is a programme developed in the London Borough of Hackney aimed at improving services for children and families. The model stems from a recognition that social work is an especially challenging profession requiring a range of complex skills, a sound grounding in professional knowledge and an understanding of its evidence base. The programme has also emerged from a sense that the professional skill and autonomy of social workers has become degraded by managerial structures designed to improve accountability and risk management but which have materially changed the way social workers interact with service users.
  
- 2 Central to the concept of Reclaiming Social Work has been the creation of new social work “units” which consist of a consultant social worker, a social worker, a child practitioner, clinical therapist and a unit administrator. These new units are intended to have a greater children autonomy and a shared understanding of and responsibility for cases. They are expected to have the potential to provide a better and more balanced service through mitigating the risk of overdependence on single workers. Overall goals of the programme, which is ongoing, are<sup>1</sup>:
  - Improving assessment and risk management
  - Improving outcomes for families through evidence-based intervention
  - Improving understanding of the physical and emotional development of young people
  - Improving relationships with families and other professionals
  - Improving communication skills.

Reclaiming Social Work was initiated in 2007. As part of the programme, an external evaluation of the impact has been commissioned. Human Reliability Associates and the London School of Economics have been retained by the London Borough of Hackney to conduct an evaluation of the impact of Reclaiming Social Work.

## Evaluating change

- 3 Organisations are complex systems. They consist of many interacting subsystems with diffuse boundaries and varying purposes; assigning direct causal linkages between interventions and outcomes is frequently difficult. Pawson puts the problem succinctly: ‘social interventions are complex systems thrust into complex systems’<sup>2</sup>. Like the theoretical basis for Reclaiming Social Work itself, this evaluation takes a systems approach, conceptualising the children’s social care service as being a

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<sup>1</sup> Reclaim social work, social work units - an introduction to the model; Hackney children’s social care, 2007.

<sup>2</sup> (Pawson, R. 2009 Evidence-based Policy, London Sage)

complex system that is, in turn, a subset of a wider safeguarding children system. A feature of a complex system is that causation is non-linear. It is not like a machine that, once a new set of directions has been implemented, then runs like clockwork and is amenable to top-down control. As is evidenced in our findings, any innovation interacts with numerous systemic factors so that you do not find a uniform effect across the organisation. Moreover, the behaviour of other subsystems is continually influencing the social work one so that managers need good feedback loops to catch emerging problems quickly and act to mitigate them.

- 4 The way any intervention, including Reclaiming Social Work, is implemented depends on interactions between the different parts. Four clusters are generally seen as key: the individual capacities of individuals, the interpersonal relationships supporting the intervention, the institutional setting (e.g. culture), and the wider infra-structural system - political, economic and social. To try to understand and evaluate the effect of Reclaiming Social Work, we wanted to study not just 'what' was changing, with what outcomes for children and families, but gain insight into 'how' it was changing. This required collecting a range of data. Quantitative and qualitative indicators of performance, and national outcome measures were sources of what was changing but, to understand how this was being achieved, we needed to capture data about the views and beliefs of staff and service users. Reclaiming Social Work achieves change through changing the reasoning of practitioners so that their behaviour changes. Because of the importance of understanding how change in the social work sub-system was affecting the wider system, we also sought data from other subsystems, professional partners such as the court system, the family network meeting team and advocacy services. Though high-level indicators of performance such as those included in the National Indicator Set are difficult to link to short-term changes, we examined the performance of Hackney against these measures. Finally, we assessed the likely mechanism and impact of Reclaiming Social work on the financial requirements of the organisation. We used both quantitative and qualitative approaches and conducted the study over a two-year period so that we could also assess the sustainability of change.

## Reclaiming Social Work – key changes

### *Social work units*

- 5 RSW sets social work within a small multi-skilled team called a Social Work Unit (we refer to these as 'units'). These are headed by a consultant social worker (CSW) who has some managerial responsibilities and overall responsibility for cases. They also include a qualified social worker, a child practitioner, a clinician (one per two units) and an administrator known as a unit co-ordinator. Although the CSW has full responsibility for all cases, the social worker or child practitioner can take the lead on cases where appropriate. However, it is integral to this model that each family, child and young person is known to each member of the unit and direct work is undertaken by everyone as

appropriate. The unit co-ordinator plays an essential role in scheduling people's diaries, organising reviews and meetings, and freeing people's time from administrative tasks.

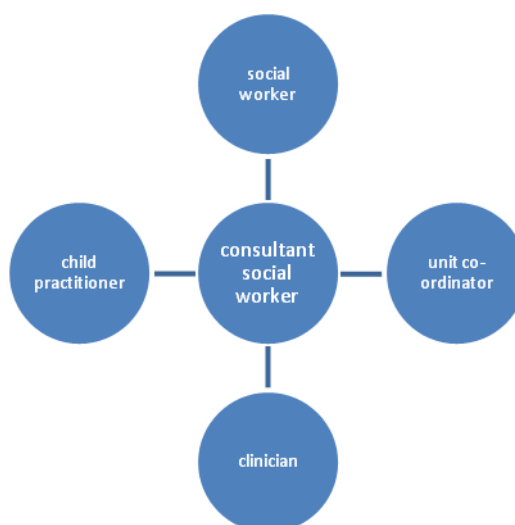


Figure 1 - structure of a Social Work Unit

- 6 Child protection workers have a duty to both maximize the child's well being and minimize any danger<sup>3</sup>. The multi-skilled nature of the social work units aims to enable good assessment of whether the child is suffering harm or is likely to suffer harm in the future *and* to manage the risk by identifying and possibly providing interventions that reduce the risk and improve the child's well-being. Providing different expertise and perspectives within the social work unit aims to enable a better assessment of risks to the child and a broader assessment of interventions. Critical reflection within the unit should help to detect and correct the common biases in reasoning such as tunnel vision, or failing to revise a flawed assessment in the light of new evidence.
- 7 Social work units aim to improve the quality of the service by improving the support available to families through early intervention, by providing therapeutic support and through direct work to develop the families' protective factors. Critically, increasing the time available for direct work with the families is expected to mitigate risk by improving the ability of the social worker to monitor the child's and the family's progress and the effectiveness of the care plan.

### **Systemic Practice**

- 8 In addition to the structural changes to the way the service is organized, Hackney advocates and provides training in using a systemic approach and social learning theory with families in order to ensure that as much work as possible is evidence based. Each consultant social work unit is expected to become familiar with systemic practice, with a range of behavioural interventions and their application to work with families. The intention here is to achieve a balance of mitigating risks to the child and improving the quality of supportive intervention:

<sup>3</sup> Munro: Effective Child Protection p59

- Enable child-centred practice
- Provide the ability to use a reflective approach to help in understanding, assessing and planning
- To achieve a balance between identifying the risks to the child and the strengths of the family
- Use systemic practice in direct work with families
- Provide early clinical intervention where appropriate.

These changes and the way they have impacted upon organizational culture, practice and performance are the subject of this evaluation.

This report is supported by a more detailed study of practice in three social work units which begins to unpack and understand frontline processes in more detail, *Doing things differently -an ethnographic study of how reclaiming social work mitigates risks to children.*

# Methodology

## Evaluation model

- 9 There are a number of theoretical approaches to impact evaluation<sup>4</sup>. In conducting this evaluation, we have adopted an approach based on Realistic Evaluation methodology<sup>5</sup>,
- 10 Realistic Evaluation methodology centres on three key elements: the context in which the changes to be measured take place, the mechanisms expected to produce the changes (or “processes”) and the outcomes which may be measured. In conducting this evaluation, we have formulated a number of “mini-hypotheses” which describe the expectations of positive change to be brought about by Reclaiming Social Work. We should point out, however, that the distinction between “processes” and “outcomes” is arbitrary. For example, many workers might view improvements in social work practices, such as more direct time with families, as valid outcomes of an intervention - quite apart from any associated changes in gross statistical measures such as those contained in the National Indicators Set.

## Context

- 11 Reclaiming Social Work was introduced into an existing organisation with its own unique history and organisational culture. The success or failure of any of the initiatives contained within Reclaiming Social Work was likely to be affected by the social context and we have attempted to build an understanding of this as part of the evaluation. We have addressed these issues using semi-structured interviews with staff and through a survey tool based on previous research into organisational culture and organisational learning<sup>6</sup>, which has been tailored specifically for Hackney. Our evaluation of context included:

- Perception of work and workload
- Sharing of experience
- Learning systems - individual, team and organisational
- Commitment to corporate goals

## Processes

- 12 Through discussion and a review of relevant literature, the research team formulated a set of processes or mechanisms which may be expected to materially affect social work practice. In particular, we believe that mechanisms for effective practice must include factors that:

- enable effective decision-making

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<sup>4</sup> Avril Blamey and Mhairi Mackenzie ; Theories of Change and Realistic Evaluation: Peas in a Pod or Apples and Oranges? 2007; 13; 439 Evaluation .

<sup>5</sup> Pawson R and Tilly N; Realistic Evaluation; Sage 1997.

<sup>6</sup> Safe today; safer tomorrow; Cross, S., Whittington, C, Miller, Z. NHS QJS 2005

- enable improved patterns of interaction with families and with other professionals
- remove constraints on good practice
- help with prioritisation
- improve consistency of care.

13 Within each of these areas we developed a number of “mini-hypotheses” to serve as a basis for evaluation. We have assessed the state of each of these within social work units and within old-style teams. The data were gathered through a survey tool designed to assess social work processes and through semi-structured interviewing with social work unit members.

## Outcomes

14 As discussed, the measurement of changes in outcomes for children as a result of organisational change is difficult. This is in part due to the difficulty in assigning causal linkages connecting outcome measures to specific interventions in a complex system - but it is also due to the heterogeneity of the populations served, the problems and difficulties they encounter and how these factors change over time. Confidence in the impact on outcomes can be strengthened by showing changes in process that both research and experience indicate have a significant impact on outcomes.

## Tools

15 We used different evaluation tools to gain multiple perspectives on the context, process and outcomes of Reclaiming Social Work as outlined below:

<i>Tool</i>	<i>Output gives a measure of...</i>
<i>Reporting and Learning Culture Survey (RLC)</i>	<i>organisational culture</i>
<i>Social Work Practice Survey</i>	<i>working practices that influence social work</i>
<i>Courts Questionnaire</i>	<i>the quality of case preparation for court</i>
<i>Family Network Questionnaire</i>	<i>how well the social worker has satisfied the requirements of the Family Network Meeting Service</i>
<i>Service User Questionnaire</i>	<i>the experience of the service user</i>
<i>Structured interviews</i>	<i>unit and team and management perspective of culture, practice and outcomes</i> <i>professionals views of social work in practice and outcomes for families</i> <i>families views on practice and outcomes</i>
<i>Ethnographic observation</i>	<i>background context of front line practice</i>

In addition to well established techniques (RLC survey, semi-structured interviews, ethnographic observation) we introduced novel approaches. The courts and family conferencing questionnaire were based on John Seddon's work on understanding service organisations as systems. They focused on whether the courts and family conferencing service, as customers of social services, were being met in a way that promoted good outcomes for children. The service user questionnaire was based heavily on the CHI Experience of Service questionnaire used in clinical settings. All were developed collaboratively with stakeholders.

- 16 In addition to assessing cultural and process changes as desirable outcomes in themselves, outcomes can also be addressed, where complex systems and causal linkages exist, through consensus and opinion. We conducted ten interviews with families (17 family members) and twelve interviews with other professionals.

## Use of qualitative data

- 17 This report follows the publication of an interim report in March 2009 which identified a significant number of positive changes in culture and process, as well as collecting constructive criticism from staff. At that point the model was associated with positive changes. As well as continuing to monitor these changes, therefore, we decided to collect qualitative data describing practice in the field that captured some of the complexity of *how* RSW was effecting changes in culture, practice and outcomes . Understanding these changes and the effects they have on working practices is especially important for social workers and managers engaged on a daily basis in this field. These data do not form part of our formal evaluation and are provided as direct, representative quotations from staff responding to questionnaires in the following format:

...reclaiming social work...

## Summary

- 18 This report provides an evaluation of qualitative and quantitative measures in culture, mechanisms and outcomes and allows comparisons to be made within Hackney and between Hackney and external workers.

## A note on terminology

*Throughout this report, we employ the term “units” to refer to the newly structured social work units and the term “old-style teams” or simply “team” to refer to the previous hierarchical structure.*

*We also use the terms “error” and “mistake” in a general sense to include errors of professional skill, understanding or intention. In the context of social work this may be an error of judgement or poor decision, poor practice, underestimation of risk, or failures associated*

*with the care plan such as putting an inappropriate plan in place, not following a plan or failing to revise a plan in light of new evidence.*



## Findings

19 In line with our evaluation model our findings are presented in three main sections: context, processes and outcomes.

We begin with a consideration of changes in context, with a focus on organisational culture - generally seen as a complex, emergent property of an organisation and one which to a large extent determines the organisation's ability to perform and to change.

We then move on to examine changes in the way social work is carried out - the mechanisms of care at Hackney - before considering other outcome measures as:

- Outcomes for families
- Outcomes as seen by other professionals and the courts
- Key numerical metrics of relevant national indicators and local performance measures which bear on the success of Reclaiming Social Work
- Financial implications of Reclaiming Social Work

## Context - organisational culture

### Background

20 Organisational culture may be thought of as the collective values and beliefs of the people in an organisation and how this translates into the way they practice. Hackney have clearly set out goals that they wish to achieve by Reclaiming Social Work, family needs taking high priority, for example, and working in a child-centred way. We therefore set out to evaluate whether the organisational culture reflects these goals and whether the frontline staff feel they are being achieved.

21 We received 66 completed cultural survey questionnaires from social work unit members and 16 from old-style teams (response rates of 57% and 13% respectively). Demographics for these responses are illustrated in figure 1 and indicate a representative cross section of professional roles. We conducted 22 exploratory interviews with staff from social work units together with one group interview with old-style teams.

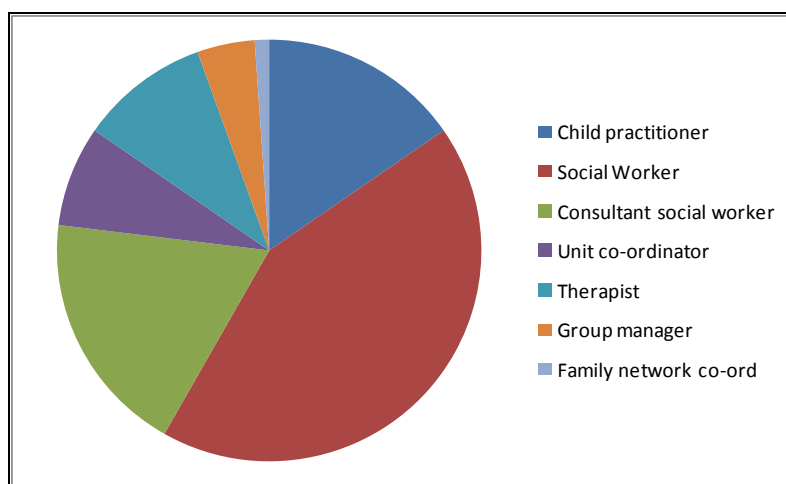


Figure 2 - demographics for organisational culture survey

A second sampling carried out a year later in 2010 provided data assessing the sustainability of cultural change, and included 59 responses from social work units (response rate of 30%). At this point, few workers remained in the traditional team structure and representative sampling in teams was therefore problematic.

22 High workload is a familiar factor in social care. A recent Social Workers' Workload Survey<sup>7</sup> looked at a range of factors that impact on frontline practice in terms of workload and pressures facing social workers. Reclaiming Social Work aims to provide a context of work that manages some of these pressures so that social workers do not become overwhelmed with work leading to poor quality of work, bad practice or high staff turnover.

23 Mistakes in the field of child protection can lead to significant human consequences and to critical attention from the public and from media.

<sup>7</sup> Baginsky et al (2009) Social Workers' Workload Survey: Messages from the Frontline. Social Work Task Force

Like other organisations, such as healthcare, where mistakes have serious consequences, social care organisations need to build an understanding of how mistakes are made, what their origins and how to avoid them in the future. In this context, the single most important factor in minimizing errors is the recognition that they may occur; without this there is no opportunity for either individual or organisational learning. It is widely recognized, both in social care<sup>8</sup> and in other sectors<sup>9</sup>, that learning may be encouraged only in organisational contexts where a just and fair approach is taken in assigning blame and where the reporting and review of mistakes is carried out in the expectation of genuine change.

24 Despite this, some organisations continue to believe that human failings are the result of malice, incompetence or inattention. In seeking to blame staff for mistakes which are the clear consequence of systemic failings, many organisations, including those in the public sector, merely suppress the openness and willingness to learn which is the starting point in reducing error and improving service. In contrast, *High Reliability Organisations*<sup>10</sup> (HROs) actively expect failure of humans and other elements of systems and emphasise continuing vigilance and attention to detail together with preparation for inevitable failures.

25 Key elements of organisational culture that improve safety include:

- Effective reporting of errors and near misses (a reporting culture)
- Fair treatment of staff which distinguishes between systemic causes of errors and individual competence (a just culture)
- Respect for the skills and abilities of front-line staff and their expertise (a flexible culture)
- The willingness to learn from mistakes, through extending good practice and implement reforms as needed (a learning culture)<sup>11</sup>.

26 In evaluating the organisational context for Reclaiming Social Work, we sought descriptions of the overall culture from social work staff in units and in old-style traditional teams, and conducted a formal survey which included achievement of corporate goals, aspects of work and workload and organisational learning. Figure 3 shows differences between units and old-style teams in total scores and details of the results of this work as they apply to individuals, teams and the organisation as a whole are presented in the following sections.

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8 Effective child protection; Eileen Munro, Sage 2008.

9 To err is human; Liam Donaldson, Department of Health 2000

<sup>10</sup> Managing the Unexpected, Weick and Sutcliffe, 200

<sup>11</sup> Donaldson, *ibid.*

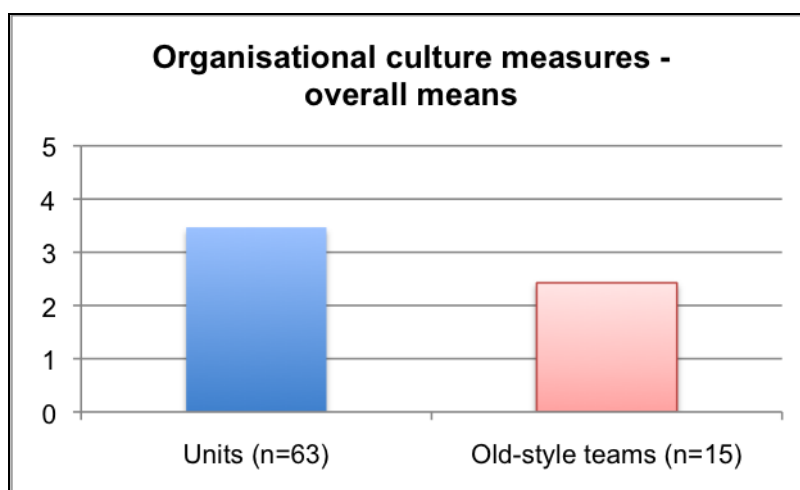


Figure 3 - organisational culture scores (score above 3 indicate favourable mean responses)

### General points

- 27 As part of our survey on organisational culture we invited respondents to submit general comments on how the organisational culture that they experienced affected their attitudes and their ability to perform. More than half of the respondents took the time to address these issues in free text responses. In general, comments from social work units were positive with regard to culture and practice, though a number of adverse elements were also highlighted.

*"I find that our culture is supportive and motivational. I usually notice that managers are more flexible and sensitive, as well as working more smoothly and with greater transparency. This is a major factor that assists the whole process of my work."*

- 28 Positive comments about the culture of units outweighed the negative comments by four to one. Issues of concern related mostly to difficulties with administrative support or the increase in caseloads.

### Corporate goals and the 7S framework

- 29 The McKinsey 7S framework<sup>12</sup>, a model developed by Tom Peters and Robert Waterman, has been applied in London Borough of Hackney as part of an improvement programme. The model is used to help corporate improvement, to examine the likely effects of future changes, to align processes and departments and to determine the optimum route in implementing proposed strategies. We assessed responses to key elements of Hackney policy and practice in child protection within the framework of *strategy, structure, systems, shared values, skills, style and staff*.
- 30 Responses indicated a good level of agreement with corporate goals and aspirations. Overall scores, from a maximum level of five, were 3.63 (units) and 3.01 (old-style teams). The difference between these two groups was significant ( $P = 0.016$ ).

<sup>12</sup> [http://www.mindtools.com/pages/article/newSTR\\_91.htm](http://www.mindtools.com/pages/article/newSTR_91.htm) for summary points

- 31 The most favourable responses occurred in statements relating to the ability of professionals to provide a service that they believe:
- Has a mix of skills in response to family needs
  - Has an organisational structure with family needs as a high priority
  - Enables professionals to spend more time with families and to work in teams which are set up to be child-centred
  - Offers therapy for families.
- 32 In all cases, responses and beliefs within social work units was more favourable than in old-style teams. Within units there is a wide range of views and suggestions for improvement.
- 33 **Overall we believe that staff in units have a high level of intelligent and critical commitment to corporate goals and a high degree of enthusiasm for the aspirations of Reclaiming Social Work.**

### *Work and workload*

- 34 The resultant stress from excessive workload can adversely affect decision-making and compromise standards of care. As well as the sheer volume of caseload, and the inherent nature of the work, perceived stress can be increased by factors such as conflicting roles and conflicting goals or loyalties. The Social Work Task Force<sup>13</sup> report on workload highlights that high workload can be a major barrier to carrying out preventative work with families, coming secondary to management of risk. It highlights the importance of having good professional and emotional support from colleagues and that the lack of good supervision (ie that allows time for reflection rather than being directed at case management) presents the real danger of unsafe practice. Some of these aspects are addressed by the social work practice survey. The organisational culture survey addressed:
- Whether the emotional and professional support was provided by colleagues,
  - Whether there was opportunity to reflect in supervision
  - Whether meeting performance targets dominated supervision
  - Whether there was stress due to high workload
  - Whether there was stress due to the needs of the family conflicting with organisational constraints
- 35 We have identified significant differences in perceptions of workload and stress between units and old-style teams. Although conflicts between needs of families and the constraints of the organisation persist throughout both teams and units, units show more favourable responses to questions relating to conflicting roles and job demands (figure 4).

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<sup>13</sup> Baginsky et al (2009) ibid

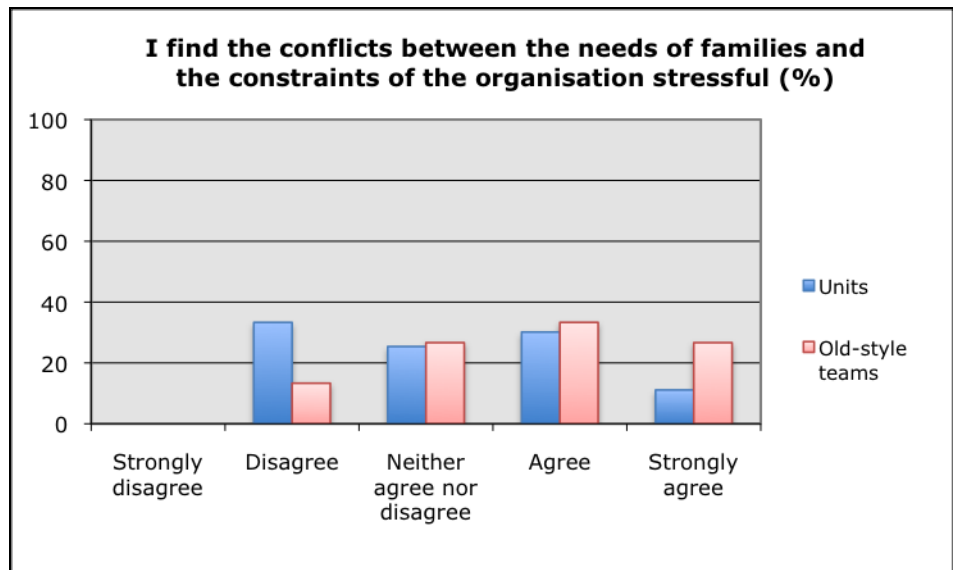


Figure 4 - stressful effect of conflicting demands

- 36 Many staff - more than 50% - still report that they are stressed by workloads even within units. Although there was no difference between staff in units or teams in terms of stress related to workload, staff in units benefit from more emotional support in stressful situations.
- 37 There is a critical difference between units and teams in the perception of work and workload. As might be expected, social work units provide more structural support when under pressure and with the emotional dimension of work, though there is good overall support within old-style teams too. More critically, in units, pressure to reduce time with families in order to meet performance targets is perceived to be lower, as is the pressure to reduce costs even when those actions would compromise care plans. These significant findings are illustrated in figures 5 and 6.

*“Our unit prioritises time with the family even though this may mean it affects their targets”*

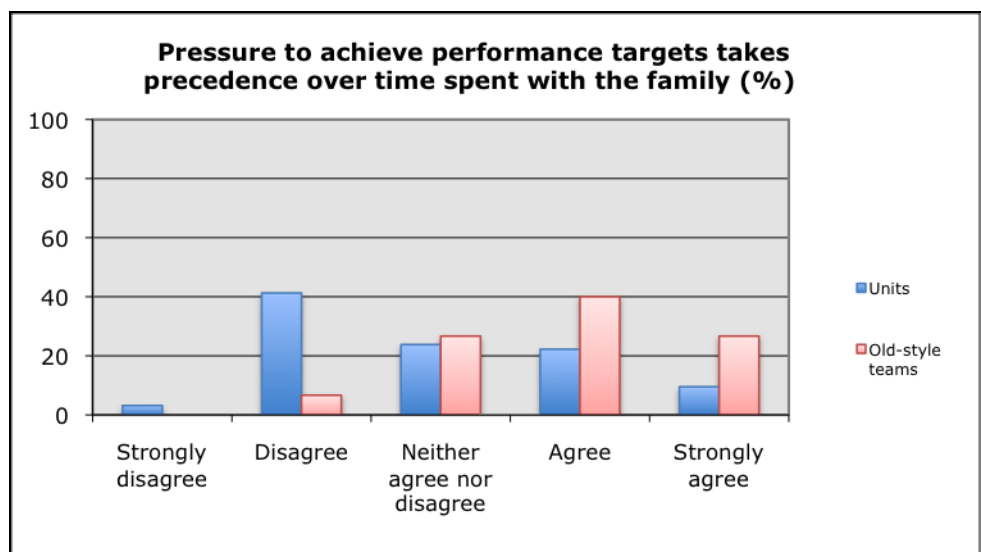


Figure 5 - targets versus time with family

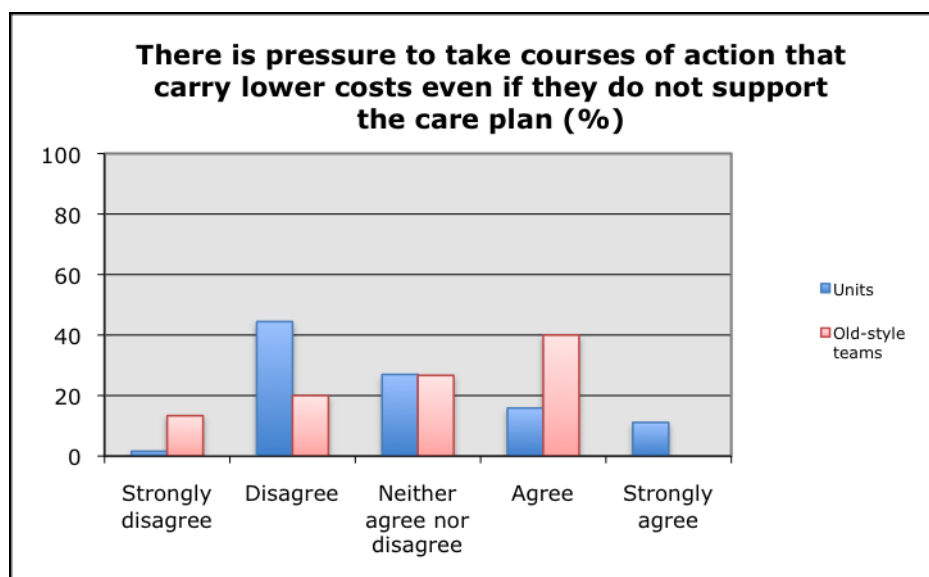


Figure 6 - cost versus care plan

- 38 Overall, factors relating to workload and stress are significantly better in social work units.

### Learning systems

- 39 The ability of individuals to learn continuously is dependent on a number of factors. The individual must begin by acknowledging that mistakes can be made by anyone and at any time; he or she must further understand that the team in which they are embedded shares that understanding. The individual practitioner must also feel some encouragement in the acquisition of new skills and knowledge - and when new information is encountered, they must be prepared to revise their views without embarrassment or blame. In social work, there is a particular need for critical reflection since quantitative approaches to risk assessment in child protection have limited accuracy and need to be complemented by reflective understanding and intuitive reasoning - two elements which go hand in hand in that they can mutually enrich effective practice<sup>14</sup>. Professionals must also be prepared to modify their practice or understanding based on feedback from service users.
- 40 Respondents in Hackney show a healthy attitude to error, in that most acknowledge that all staff are capable of making mistakes. More critically, their stated willingness to revise their views or practice is very strong with less than 10% of respondents saying that they were embarrassed to admit that they should have handled something differently. Most staff who responded to the survey felt encouraged to

<sup>14</sup> Eileen Munro, *ibid.*

acquire new skills and knowledge, with less than 20% of staff in units either disagreeing with this position or noncommittal.

- 41 Time for critical reflection is a continuing issue in a demanding environment and some staff struggle to find time for it. From interviews this appears to be directly related to increased caseloads. There is, however, a marked difference between units and old-style teams in this area. While more than 50% of respondents from old style teams do not have time for critical reflection on cases, less than 20% of staff from units feel the same ( $P < 0.001$ ). We believe this to be an important finding demonstrating a higher quality of care in social work units.

*“Our unit always makes the time for critical reflection. This can mean, though, that we get behind in other aspects of our work, especially when caseloads are high.”*

- 42 Feedback mechanisms from service users, carers and parents are less favourably described in the sample. We found that only 40% of respondents from units believed that feedback was effective in improving the way their practice. While this is a more favourable position than that in old-style teams, where less than 20% agree, the situation is not ideal.
- 43 In order for learning to take place in an organisation and for performance to improve as a consequence, the organisational culture must be just. This is not to say that where individual lack of competence is a factor it should be ignored; but rather that there is an explicit acknowledgement that mistakes can be made by even the best practitioners and that each one of these represents a learning opportunity. It is now generally accepted that mistakes rarely originate in one individual, but are multifactorial and the result of both active failures and latent failures which pre-exist in the organisation systems<sup>15</sup>. Clearly, an inappropriate tendency to apportion blame will suppress this function.
- 44 In these data, most respondents feel that management do not automatically assume that mistakes result from incompetence or lack of conscientiousness. Nevertheless, there is a persistence of some blame culture as perceived by staff. Figure 7 illustrates the range of responses to this issue and shows some differences between units and old-style teams, with units exhibiting a somewhat more positive response.

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<sup>15</sup> Managing the risks of organisational accidents; James Reason 1997



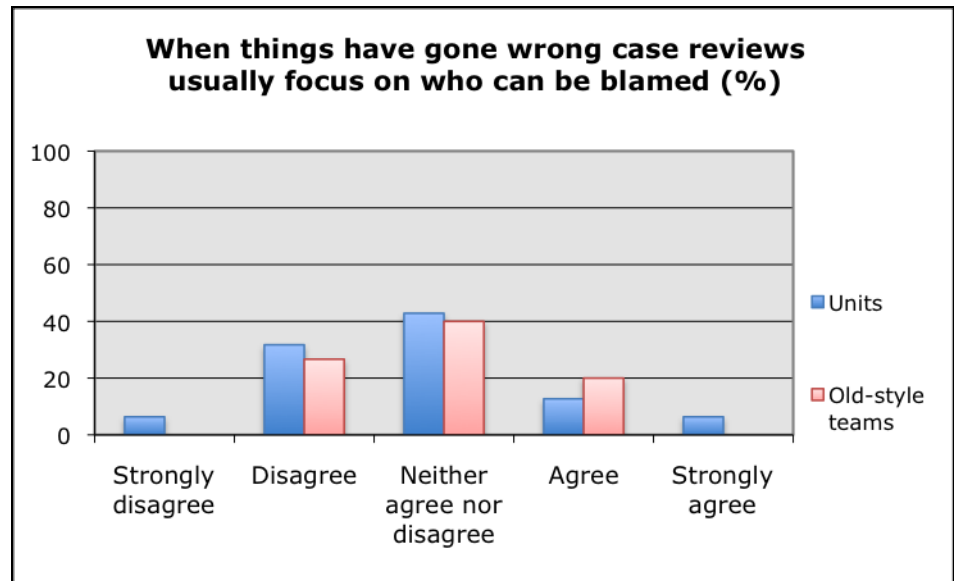
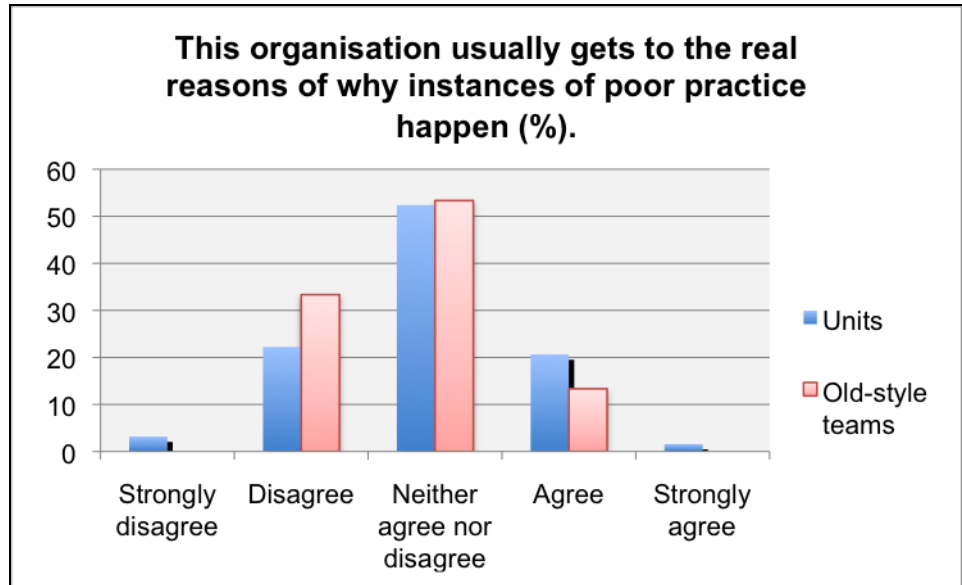


Figure 7- focus on individual blame

- 45 The response of an organisation to mistakes also affects the ability of the organisation to learn. There is some confusion in these responses as to the professional consequences of admitting to mistake: on balance most people feel that acknowledging errors will not jeopardise future prospects in the organisation, though many respondents were unsure about this issue. In our view, it is important that staff believe that errors will be treated fairly and that systemic issues will be addressed adequately before blame is assigned to individuals.
- 46 There are mixed views in these data about how the organisation learns from poor outcomes. Very few people agree that the organisation gets to the real reasons of why poor outcomes occur, and there is also a significant body of uncommitted respondents (figure 5). There is some general agreement that the organisational context is addressed when looking at poor outcomes, but again the large number of uncommitted respondents indicates some lack of confidence in the organisational response to problems.
- 47 Overall, we believe that attitudes to error, to reflective learning and to the acquisition of new skills at Hackney to be very positive. This is a significant difference between social work units and old-style teams.



*Figure 8 - confidence in reviews*

- 48 Within both units and teams, respondents feel comfortable in changing their minds in the light of new information. In child protection this is a critical factor and is to be strongly welcomed. In addition most respondents feel that they have a clear understanding of how to raise an issue of concern for discussion.
- 49 Overall, team and organisational learning shows positive indications, with units better than old-style teams. From our interviews these data are explained by the strong sense of openness and support and ability to share and discuss within some units, although this is not always the case within the larger organisational structure. Consideration should be given to strengthening the organisational response to problems and to build a confidence in the ability of systems to uncover root causes of poor outcomes.

## Mechanisms - Social work processes

- 50 In this section we consider the perceptions and working practices of staff involved in Reclaiming Social Work as well as those still working in old-style teams. We have addressed these factors, which show a wide range of views, through our social work survey tool, including free text entries, and through interviews with staff.
- 51 We received 63 completed social work practice questionnaires on social work processes from social work unit staff and 15 from old-style teams (response rates of 54% and 13% respectively). Demographics for these responses are shown in figure 9 and indicate a representative sample. Our 22 semi-structured interviews further addressed these issues.

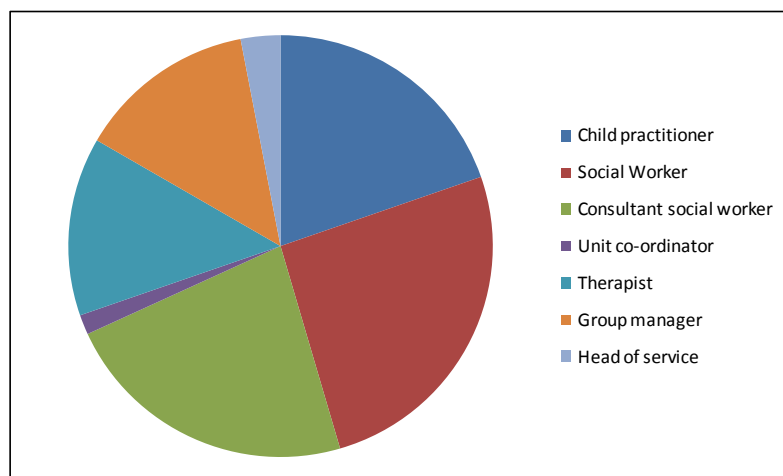


Figure 9 - demographics for social work practice survey

A second sampling carried out a year later in 2010 provided data assessing the sustainability of cultural change, and included 59 responses from social work units (response rate of 30%).

- 52 Figure 10 illustrates mean scores from the social work practice survey, extracted on a scale of 1 (very poor) to 5 (very good). Social work units score higher than old-style teams, indicating better adoption of best practices. The stronger performance of units over teams is highly significant ( $P < 0.001$ ). Key messages are described below.

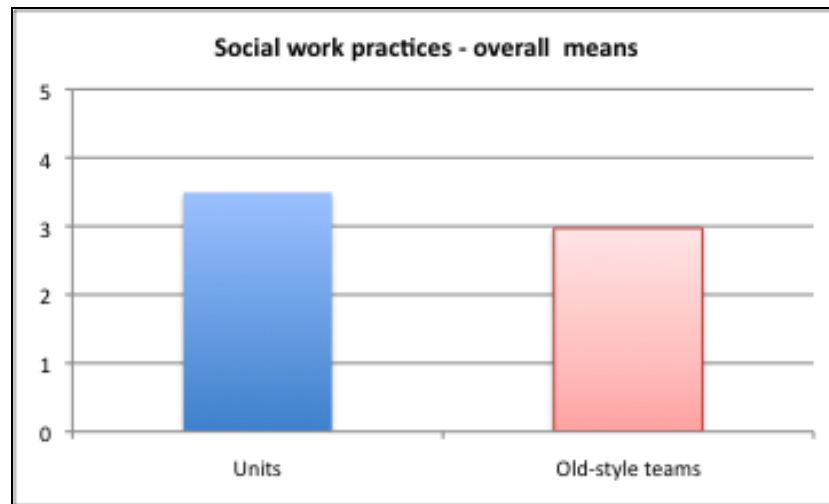


Figure 10 - social work practice scores (score above 3 indicate favourable mean responses)

53 Interviews with unit staff and outputs from the social work survey tool reveal a number of positive benefits in practice. Overall, there was a strong consensus in favour of Reclaiming Social Work with staff identifying:

- A greater opportunity for critical reflection
- An open and sharing culture within the units
- The availability of different perspectives in understanding families
- Greater creativity in exploring solutions
- Better training
- Better responsiveness to families
- Better sharing of the burdens of work and stress
- Improved administrative support and lower perception of bureaucracy
- Improved decision-making
- Rapid response to crises

54 The collaborative structure of social work units has driven most of the benefits listed above. The ability to engage in reflective practice with different perspectives, is a positive aspect which is generally valued. Most importantly, practitioners within the units can spend more time with families; it would be hard to overstate the value of this change.

55 Against this, the unit structure has some characteristics that make it less flexible than old style teams. For example, some respondents from old-style teams have pointed out that the unit structure can have the effect of decreasing the choice of clinician available to social workers since the units have a single dedicated clinician. For example, in other structures, where there is a pool of clinicians, a social worker might select a clinician whom they feel would be particularly appropriate for a case. As there are only two qualified staff available within the unit to respond to Section 47's this lack of flexibility can lead to potential workload problems.

- 56 It must also be mentioned that the unit structure itself has had some unforeseen and possibly unpredictable consequences. In constructing responsible teams of five, as opposed to single responsible professionals, we might expect variability of individual practice to be substantially reduced - and, of course, it has been to some extent. Nevertheless, we learned in observations and interviews that there is considerable variation in ethos and practice between units.
- 57 Some of the stresses of social work still exist and always will. However, there is a clear consensus that sharing these burdens in units is beneficial. At points of frustration, or when emotional support is crucially required, the unit structure has the ability to protect and nurture its members. Against this is set a different set of stressors - those that result from the close personal interaction required in unit work, and the personal and professional conflicts which may result.
- 58 A major problem in social work generally is that of administration and bureaucracy, and striking the balance between administrative reporting and actual contact with families is difficult. In social work units this has been addressed by providing administrative support through unit co-ordinators. There is no doubt that this has made a significant impact in practice and is a key factor in allowing social workers to devote more time to contact with families. We would highlight the comment of one social worker who described how in previous roles 70% of his time would be spent on administration as compared to 20% of his time in social work units. These data speak for themselves.
- 59 Looking at this in more detail, we have considered processes of social work in this research in the five key areas of:
- Decision-making
  - Interaction with families and other professionals
  - Constraints on practice
  - Meeting targets
  - Consistency of care.

Results from each of these areas are described in the following sections

### ***Factors that enable effective decision-making***

- 60 Responses in interviews and survey tools indicate that the new social work units are seen as enabling a better mix of skills, better communications and a higher degree of professional autonomy. The format of the units, including as it does clinicians and child practitioners in addition to social workers, is specifically designed to bring about an improvement in skill mix and this is affirmed by this research. More importantly, there is a strong belief within units that the mix of skills helps staff to make more informed decisions, with more than 80% of respondents in units agreeing. The organisation of units is also seen as enabling a more informed interpretation of family dynamics, brought about through the additional perspectives of clinicians and child practitioners using a reflective approach.

61 The mix of skills, however, can lead to some initial uncertainty. Interviews highlighted some confusion over the role of the clinician and of the child practitioner and there were concerns that these roles could be used more effectively. Some children’s practitioners who are following a career in social care, for example, will naturally be drawn into assuming some of the responsibility of a social worker, which can have the effect of undermining the child practitioner’s role and blurring lines of responsibility. This potential weakness can be balanced by the positive effects that role generosity can bring, such as peer support, shared understanding, responsiveness to the family, and individual professional development.

62 60% of respondents from units, compared to 20% in teams, believe that the working practice is also supportive of a planned time for critical reflection. In interviews, we learned that unit meetings have the potential to provide a solid platform for joint reflection on cases. The effectiveness of unit meetings, however, is dependent on the precise practices within the unit and there is evidence from interview and ethnographic study that some units are more successful than others in creating open collaborative environments. In some units it is common practice for some member of the team to have the responsibility for stepping back and looking at the broader picture. We believe there is considerable variability in this area and that opportunities for sharing different approaches and ways of achieving good practice between units should be created.

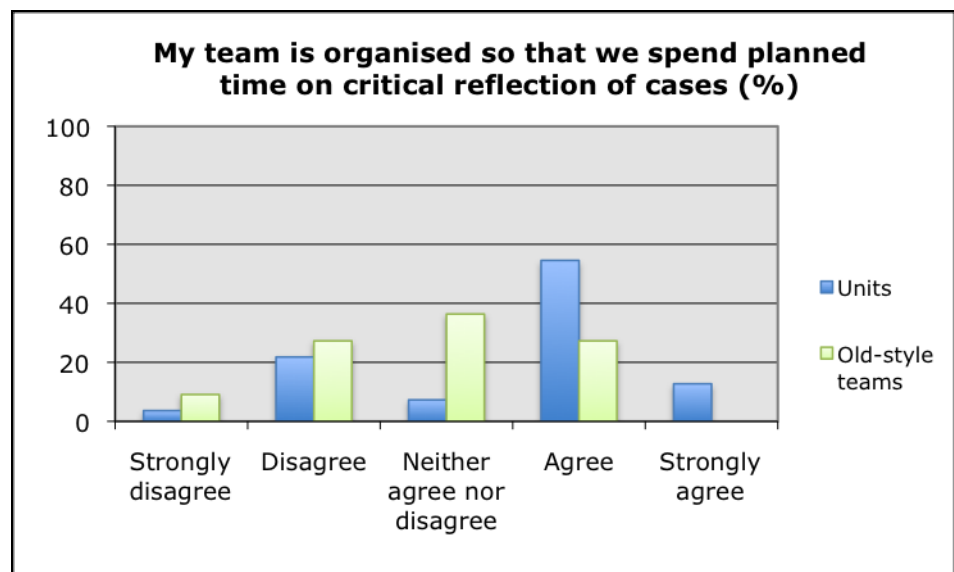


Figure 11 - explicit use of critical thinking in units

63 Respondents from units believe that they have better access to information relating to difficult cases than those from teams and report better levels of communication between staff in the service.

64 Professional autonomy within the units is seen to be much higher than within old-style teams - something that research has shown to be a key

marker of high reliability organisations<sup>16</sup>. Over 60% of staff within the units believe they have sufficient autonomy compared to less than 10% in all our teams, as illustrated below.

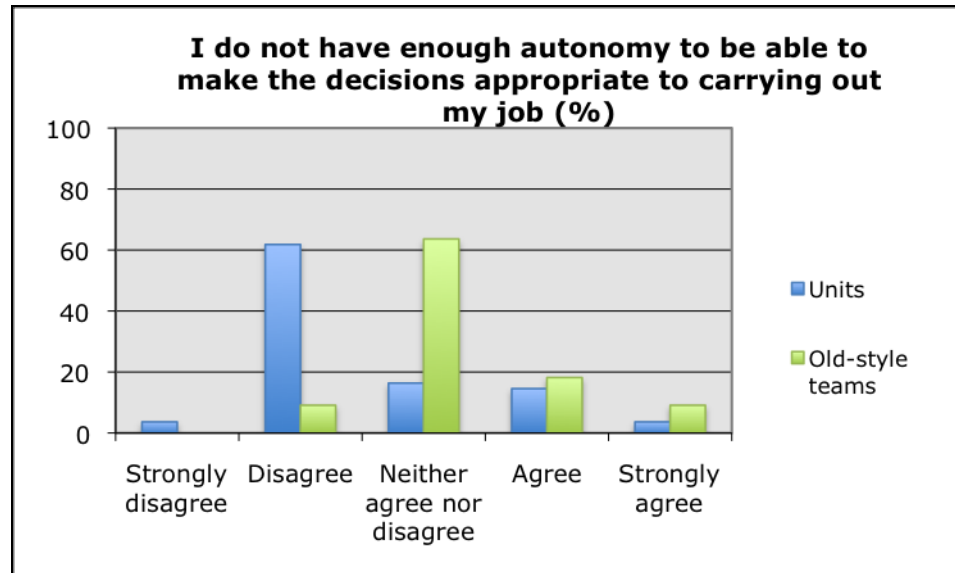


Figure 12 - professional autonomy

### Factors that improve patterns of interactions with professionals and families

- 65 Difficulties in liaising with other services concerning child protection issues are long-standing. Less than half of the respondents in both units and teams feel comfortable with this aspect of their work, although the units believed that they had better lines of communication in joint working (for example with mental health services) than teams.
- 66 In any system, having a reserve capacity for responding to crises has been shown to improve safety. Though less than 40% of respondents feel that there is flexibility to allow reserve capacity, we learned in interviews that the response patterns of units, involving a child practitioner or a clinician in addition to a social worker, were seen as beneficial in supporting families in crisis.
- 67 Staff in units believe that their units perform strongly in identifying problems and taking preventative action. The organisation of the unit is seen to enable broad assessment and early intervention:

<sup>16</sup> Weick and Sutcliffe, 2001; Managing the Unexpected

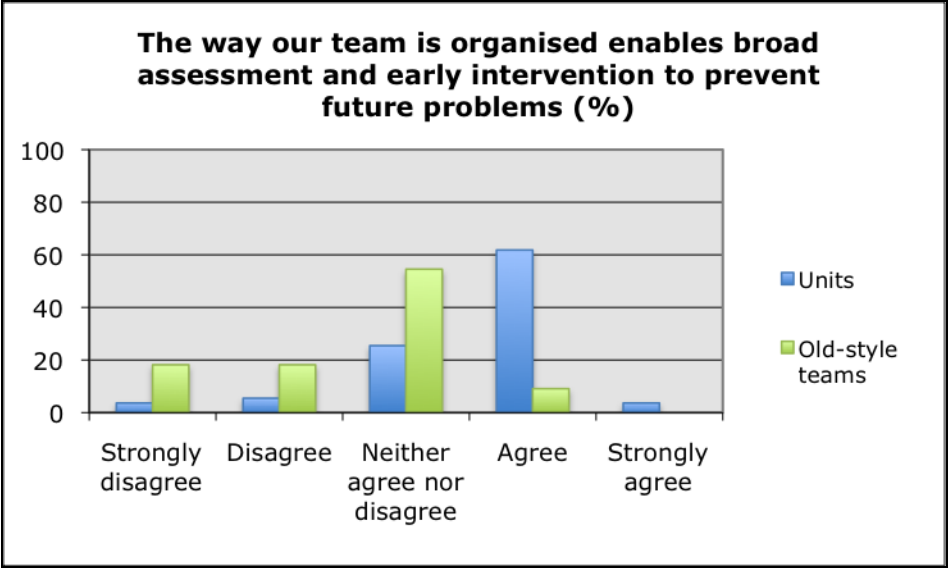


Figure 13 - unit structure and early intervention

68 There is a strong belief within units that they are highly responsive to family needs:

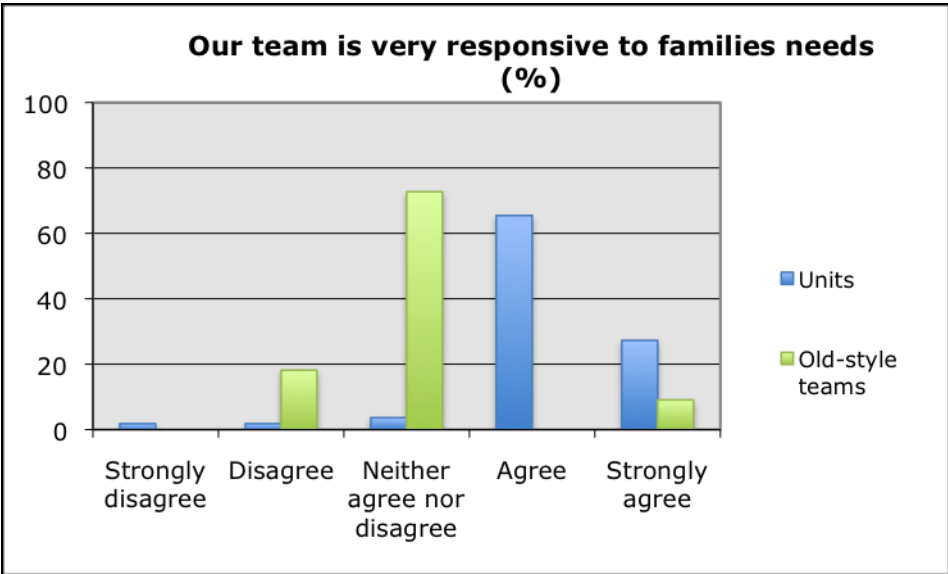


Figure 14 - responding to family needs

69 Units feel able to spend more time in direct work with the family and are confident that if a service user calls they are very likely to reach someone who is informed about their case. This sharing of caseloads between unit members enables trust to be maintained with families during difficult times and makes communications between the family and children’s social care professionals easier (figure 14).



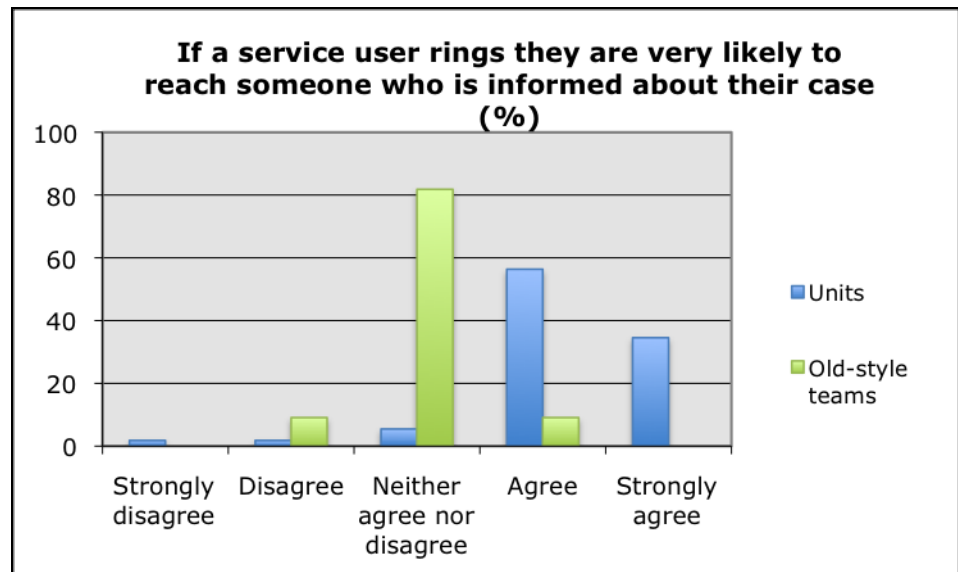


Figure 15 - response to service users

### Factors that impose constraints on practice

- 70 It is widely recognized that social work is frequently carried out in a poor physical environment, with inadequate equipment to support the job and a burden of bureaucracy or administrative tasks which can reduce contact with families and the effectiveness of professional work. A major finding in this evaluation is that the structure of social work units has made a dramatic impact on the administrative support provided to social workers. The provision of the unit co-ordinators, who are generally seen to have good support from management, means that social work units overwhelmingly believe that there is adequate administrative support in their job.

*"I am fortunate to have an excellent unit coordinator"*

*"The provision of unit coordinators has allowed us to free up time to carry out family visits and case reflection"*

- 71 Computer support is seen as inadequate by more than 30% of staff in both units and old-style teams. There has also been considerable criticism expressed in interviews and free text entries of software support and function.

*"IT support is often unavailable and we are passed to the service desk only provide support over the phone. The new Capita system runs very slowly and unreliably and can frequently grind to a halt. Machines often don't have enough working memory which further adds to the frustration."*

### Factors that influence priorities

- 72 In social work, a balance needs to be achieved between the legitimate requirements of external audit, arrived at through performance

indicators, and the daily needs of service users. Emphasis on case management in the form of action planning and meeting targets can take inappropriate weight and detract from opportunities for reflection, developing and learning in some social care organisations<sup>17</sup>. We have learned that 50% of unit staff believe that there is an appropriate focus on quality of practice when compared to focus on meeting targets. This is a better picture than that seen in old-style teams where nearly 30% of people believe that quality of practice is sacrificed in trying to meet targets. A similar pattern is seen in other responses where 40% of unit staff believe that performance indicator targets have a negative effect on social work practice compared to 60% of respondents from team.

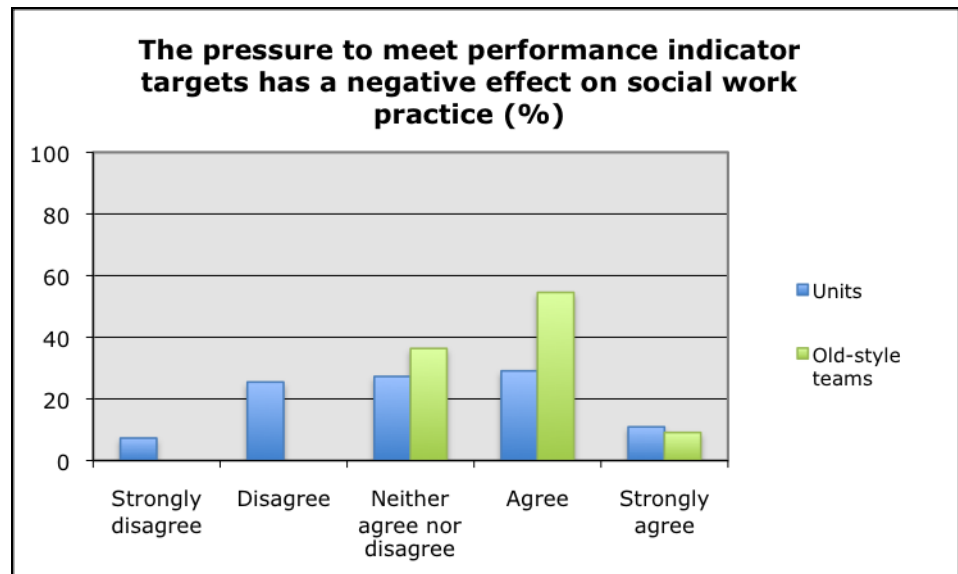


Figure 16 - pressure to achieve targets

*“On some days it’s just a challenge to collect evidence of the work that we are doing. I do not think the existing indicators are necessarily a good measure of practice. After all, anyone can fill in and file forms - but how you practice and the effectiveness of your intervention is harder to measure. Unit co-ordinators take a lot of the pressure off.”*

73 One specific example of the potentially negative interaction between targets and social work practice is an over-emphasis on keeping children within the *children in need* category in order to keep registration targets low. Only a very small number of units staff believe that this takes place in their units, but in old-style teams nearly 40% of respondents believe that this occurs.

### Factors that improve consistency of care

74 High staff turnover has a large and negative effect on the care provided for families as they are passed from one professional to another, often with a loss of information, understanding and trust. Reclaiming Social Work aims to reduce staff turnover by creating the conditions for good practice, professionalism and personal development.

<sup>17</sup> Social Workers Workload Survey (2010) Baginsky et al

- 75 We have already referred to the impact of stress on professionals in social care. In the social work survey we learned that competing demands between meeting management targets and meeting the needs of families is still a source of stress even in new social work units. In the units more than 20% of staff find competing demands stressful, though this is considerably lower than old-style teams where more than 60% of respondents agree.
  
- 76 In general, respondents feel that there is time for their supervisors to provide support. Support for the emotional aspects encountered in making assessments and decisions within the two settings, however, differs considerably with staff in units seeing this as a professional part of the job to a much higher degree (close to 70%) than in old-style teams (25%).
  
- 77 Consistency of care is enhanced by information sharing, input from senior managers and by feedback from service users. In these data we have learned that changes as a result of feedback from users is recognized by less than 20% of staff overall. Input from senior management shows better indicators, with around 60% of respondents in units believing this to be adequate. Information on good and poor practice, however, is not widely shared between different professionals.

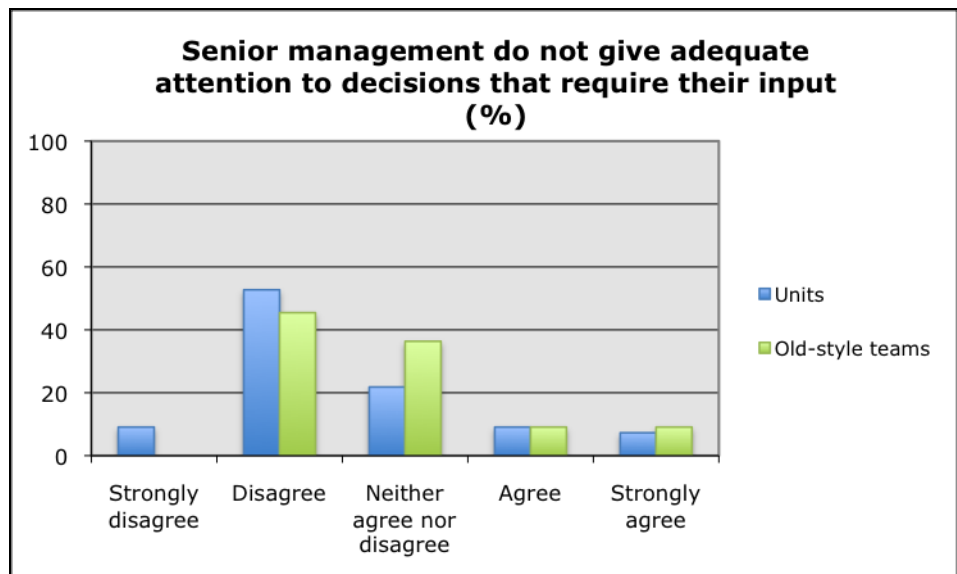


Figure 17 - input from senior management

## Outcomes

### *Working with families*

78 It is difficult both practically and ethically to contact and interview vulnerable families that are in crisis. Evidence presented here is therefore from families that are open to discussion. Our extensive efforts to gather data from families secured a very small data set that gives anecdotal examples of eleven families' experiences from their interactions with units.

79 In the interviews which we were able to conduct, respondents described communications with social work units as good in 8 out of 11 cases and relationships as good in 8 out of the 10 cases where this could be considered. Interviewees believed that there was good consistency of support and that there was a significant advantage in having different roles within the social work unit team. The different roles and different personnel seems to mean that family members have a higher chance of finding someone with whom they relate easily and from whom they feel they are able to get the support and service that they need.

80 Despite the difficulties in measuring outcomes for families, we felt it was important to provide some indication of whether Reclaiming Social Work was meeting its ultimate aim of helping children towards better outcomes, and emphasise the importance of speaking to children about how they feel about the service they receive. With the caveat that sampling is problematic and that conclusions need to be treated with caution, we found that some messages have begun to emerge:

- Everyone agreed that it was easy to get hold of their social worker - if they were not there they were comfortable talking to someone else from the unit and the social worker (SW) would get back to them quickly.
- Children felt listened to.
- They had been helped by their social worker in different ways

*Child: When I first met [SW] I thought he was a bit strange - when I got arrested and I got back home he taught me right from wrong - I appreciate that.*

81 We spoke to just one 'Looked After' child. Their experience has been considerably better with the unit than with previous social workers: she feels more listened to, that they take her concerns on board, they have helped. Another message that related directly to the unit structure was that even though one family had 'fallen out' with their CSW they maintained a good relationship with, and felt helped by, the child practitioner. They felt the child practitioner spent quality time with them and they had been helped by going to the family centre and that Hackney had helped them have contact time with their Mum and Dad.

82 Interviews conducted for the interim report suggested that there may be some confusion in the perception of family members with regard to whom they should speak to and who has the responsibility for the cases

and the care plans. The three families interviewed towards the end of the research did not show this confusion, which may indicate better communication with the family and/or the social work unit structure becoming a more established and accepted concept. These findings are supported by a recent telephone survey of parents' and carers' views in relation to their experience of the assessment process<sup>18</sup>. The most notable findings were:

- 80% of parents felt that the social worker explained to them why they were being assessed
- Practice in relation to equality and diversity is very good
- 70% believed that the social worker was excellent or good at explaining the assessment process.
- 85% of parents told us that they felt listened to by their social worker and that 75% of the time they thought that the social worker listened to their children.
- The telephone survey found room for improvement in feeding back the findings of assessments to parents.

### *Working with other professionals*

#### *Multiagency working*

- 83 Early interviews with associated professionals have revealed significant improvements as a result of the unit structure but also some challenges for other professionals in understanding the changes and how they affect multiagency working.
- 84 Overwhelmingly, associated professionals who took part in this research believed that ease of access to personnel and information has been improved. They have described how they find it easier to contact members of the unit about particular cases, how they welcome the input of clinicians with the particular perspective they bring to cases, and how they have a general sense of stronger knowledge and responsibility in the unit. However, some professionals were unclear over the roles within the unit and felt they would benefit from better understanding of the unit structure early on in their contact with social work professionals.
- 85 In responding to crises, once again the clear majority of associated professionals believe that the unit structure is beneficial. They drew attention to the unit response where a child practitioner would spend time caring for the child while a social worker might deal with other family members, or with the associated professionals. This is a clear practical example of how the child moves to a more central position when social work units respond to crises.

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<sup>18</sup> Internal Telephone Survey by Hackney quality and improvement unit (2010)

*I am REALLY liking the units, the consultant social worker is a great benefit and does lot of legwork.... even though the clinician in unit has changed it's good that others are same. I don't get passed form pillar to post, I can ring for little niggles, e.g. aren't so well dressed today - can get sorted really quickly. More likely to know what's going on as there is continuity.*

*I feel that Hackney have inspired their Social Workers. I see less of the tired, burnt-out Social Workers that used to be the norm - however I don't know whether this will last. I've had some positive feedback from families.*

### Working with the courts

86

Cases are taken to court by the local authority seeking an order to place the child under local authority care or supervision. This is carried out when there are allegations of significant harm or likely significant harm to a child that professionals consider cannot be resolved with the parent(s) on a voluntary basis. The task of the court is to establish the facts, determine the need for any additional information, decide whether the threshold for significant harm has been met, and decide on the disposal of the case. The Public Law Outline (PLO) (introduced in 2008) sets out the different stages through which cases proceed and the activities that should occur at each stage. Bringing a case to court is an important, sometimes complicated, and often lengthy process for the social worker. Evaluating the quality of case preparation for court is a useful way of identifying whether social work practice at Hackney satisfies the requirements of the legal process in a way that helps achieve good outcomes for the child. Using information regarding the PLO<sup>1920</sup> we developed a survey tool based on what the court staff need from the social worker. These questions were reviewed by magistrates and further developed in a collaborative workshop that finalised the content and format of the final survey.

87

The survey used two dimensions:

- An identification of what the court needs - as the basis for evaluating whether those needs are being adequately met by social care
- An identification of whether 'waste' appears in the system, e.g. Did a failure by social care cause the case to be adjourned.

The design of the survey focused on whether the needs of the court, as customers of social services, were being met, but with concentration on those issues that staff considered were most significant in promoting good outcomes for children. The dimensions on the survey were:

- The case is well presented

<sup>19</sup> An early process evaluation of the Public Law Outline in family courts Patricia Jessiman, Peter Keogh, Julia Brophy 2009

<sup>20</sup> [www.justice.gov.uk/guidance/careproceedings.htm](http://www.justice.gov.uk/guidance/careproceedings.htm)

- The case is well adduced (a legal term for providing evidence for a case)
- The social worker has filled in the pre-proceedings checklist appropriately
- A suitable pre-proceedings letter has been sent to the parents
- The chronology provides significant dates and events
- The summary:
  - Gives a brief background to the case
  - Provides a succinct description of the precipient events
  - Draws together the key issues
- The social worker provides:
  - A clear distinction between facts and opinions
  - Evidence that alternative reasons for the concerns have been considered
- Proceedings brought at an appropriate stage
- Delays between the case management meeting and the issues resolution hearing or need to put back the case for further information or action.

88 Thirteen responses were collected and analysed, and provide an assessment of the quality of the work and process presented by Hackney. Findings are positive in themselves, indicating strong delivery of value from Hackney to the courts, as shown in figure 16. The approach we took was unique and based on enabling organisational learning. It therefore provides a “snapshot” measure that reflects current good practice at Hackney, rather than a comparison with previous systems or with other boroughs.

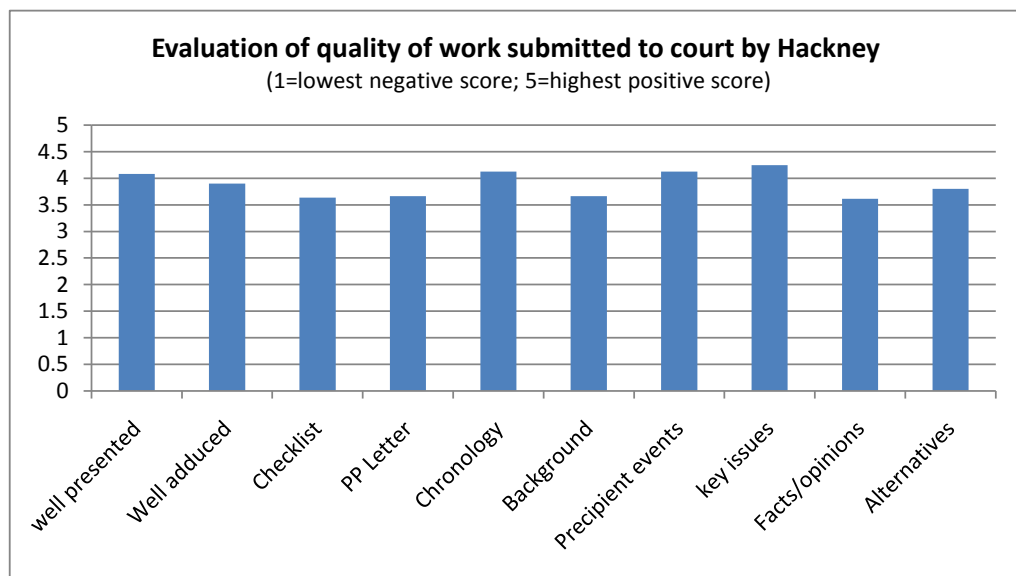


Figure 16 court view of working with Hackney

### Referrals to Family Network Meetings

89 The Family Network Service follows the aims of the National Organisation of Family Conferencing to empower families in decision making and planning, with a view to:

- Making sure that the child or young person will live in a safe environment.
- Providing an opportunity for the family to develop solutions to their current problems, drawing on their knowledge and experience to decide on a family network care plan for the child.
- Give support and advocacy for the child and family members.
- To enhance partnership working between the Local Authority and families

Hackney Children and Young People's Services aim for Family Network Meetings (FNM) to be a critical tool in stabilising situations and providing permanent solutions for children and young people in the community. Following a referral from team social worker or unit, the FNM co-ordinator organises and facilitates a meeting with family network members that aims to find solutions to keep the child within the family network and to draw up a family network care plan. This is an important contact point for service users and a useful guide as to how Reclaiming Social Work is influencing outcomes for children.

The dimensions surveyed were:

- The paperwork is fully completed. Having the right information first time is important to the effectiveness of the service as it is expected to operate a rapid response.
- The information provided is comprehensive enough for a good understanding of the relevant background and the current situation.
- There is a focus on desired outcomes for the child
- The SW/ child practitioner has a reasonable engagement with the family
- The FNM was an appropriate forum for achieving a good outcome for the child

We also sought feedback on whether there were unnecessary delays, whether a feasible care plan is created for the family and whether the co-ordinator perceives that the family has been helped.

90 Cases referred to FNM service were assessed by FNM co-ordinators immediately after each FNM meeting over a six month period (a total of 44 surveys). Results are shown below in Figure 17



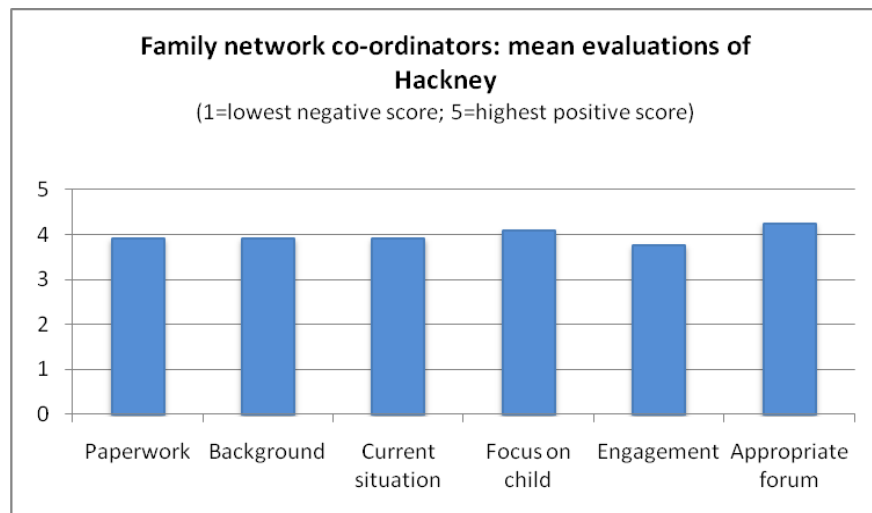


Figure 17 – evaluations from Family Network Co-ordinators

91 The sample contained 8 surveys that evaluated referrals from teams and 36 from units. This sample is too small to show any quantitative difference between the two organisational styles. Looking at the sample as a whole it sends a positive message to Hackney children’s social care about the quality of documentation that accompanies referral and quality of social work in terms of understanding and engaging with the child and family. In addition:

- In only 13% of cases had there been any postponement and this was usually due to circumstances outside of the control of the social worker (i.e. to meet the needs of family members rather than poor preparation by the social worker).
- In 39 of the 41 applicable cases, feasible care plans were achieved (95%).
- In 41 of the 43 applicable cases, the FNM co-ordinator considered that the family had been helped (95%).

92 Feedback from the FNM service backs up the quantitative data - they have seen a ‘huge improvement’ since the introduction of Reclaiming Social Work. This encompasses the dimensions above and relates not just to workers having the reasoning skills to prepare the paperwork in a way that gives the FNM co-ordinator a clear understanding of the history and current situation with a clear focus on the child, but also to workers having the relationship skills in the difficult task of bringing the family to the meeting in a frame of mind that they participate constructively and benefit from the service. Another significant change relates to the last question in any FNM meeting. This is ‘what can social services and/or community agencies do to support the family network care plan’. Under traditional teams, this would often require recourse to outside agencies which often leads to delays while the referral is processed. Under units, the FNM service sees that there is often support already in place or readily available from within the unit, for example, by the therapist or the child practitioner and they see an appreciation from families of the wraparound care and quick resources.

## Interactions with Advocacy Services

- 93 VOICE is an advocacy service that has had a contract with Hackney Children and Young People's Services that dates back to before the Reclaiming Social Work initiative. It therefore has a clear picture of social work practice before and after Reclaiming Social Work and also in a range of London boroughs that it can compare with Hackney. Typically young people contact VOICE when they feel they need help from social services, for example because they are homeless, or because they are unhappy with the care they are getting from their social worker. They may feel, for example, they are not being listened to, or that they are unhappy with the decisions that are being made about them. They are often Looked After Children or young people leaving care. There is therefore a potential bias present in the group of children that engage with VOICE - they are likely to have complaints about the service they have received. The relationship between VOICE and Hackney SS before Reclaiming Social Work was described as 'difficult' - although this is also the case with other London boroughs. VOICE has seen very positive changes since the introduction of the Reclaiming Model:
- 94 The VOICE representative felt that the number of children contacting VOICE from Hackney Children and Young People's Services has increased although we are unable to quantify this. Although at face value this may seem a discouraging trend, the perception at VOICE is that Hackney social workers are much more proactive in informing service users about VOICE and the service it offers. The rise in numbers is therefore best understood as a positive trend and an indication of the development of a learning organisation. Respondents at VOICE felt that there is now more of a 'listening culture' within Hackney. This means that that when VOICE contacts a social worker about one of their cases they are more willing to:
- Engage with VOICE
  - Listen to the child again and try to understand their worries
  - Revisit their assessment and explore different options
  - Explain the reasons for their assessment and decisions.
- 95 There is a much quicker response from units than was previously the case. It was reported, for example, that when a message is left for a social worker they *do* return the call. In previous experience this was not commonplace, in fact there was often a feeling that their input was being 'blocked'. The perception at VOICE is that the named person is easy to reach and the small size of the units promotes good communication both internally at Hackney and with external professionals. Not only are responses more timely, they are also more thorough. Social workers seem to have a good understanding of the case and have already explored different options for the young person. This was highlighted with an example in which VOICE referred to a solicitor. It was demonstrated that Hackney had already explored every avenue open to the young person in reaching their decisions.
- 96 Outcomes for children are the key issue for VOICE. Previously there had been a perception that VOICE was being blocked from helping children

achieve a resolution to their problems and there were some serious concerns over the care of the children had received. Since the introduction of the Reclaiming model there has been a very positive change both to the culture within Hackney and to its working practices. In terms of direct effects this has led to;

- Young people are better informed and more enabled to contact VOICE if issues with their social worker arise
- There are a high percentage of resolutions via the helpline without needing to be passed to an advocate
- Social workers having a better understanding of the children's needs and making well-informed decisions
- Social workers willing to engage with VOICE
- Social workers being more open to revisiting their assessments and decisions.

### ***National Indicators Set***

- 97 The national indicators set we consider here is part of the set developed by central government to provide a mechanism to hold local authorities and their partners publicly accountable, to encourage partnership working by ensuring that targets are stretching but achievable, and to provide clear goals for improvement. Each of these indicators is described below and the performance of Hackney is compared to its past performance, “statistical neighbours” and the national average. Statistical neighbour models provide a method for benchmarking progress, where each local authority is compared to a number of other authorities thought to have similar characteristics; because of variation in demographics and other key factors, statistical neighbours can provide a more relevant comparison than the national average. We have also made some general comments on each element of the indicator set and shown on each figure the source of the data.
- 98 It is outside the scope of this report to fully comment on the usefulness or appropriateness of these indicators. Nevertheless, there are two critical points that must be made with relation to the national indicators. Firstly, these indicators are necessarily high-level metrics and do not describe the experience of children who come into contact with the system. This critical human experience, which forms the very heart of Children and Young People’s Services, is addressed in part 2 of this report where social work practice and the family experience is described. Secondly, these indicators are gross output measures resulting from a great many factors including the nature of the base population served by the organisation and the changing culture - organisational, economic, political and social - in which the activity takes place. Assigning direct causal linkages between indicators and changes in practice is therefore extremely difficult.
- 99 Overall, of the thirteen indicators examined for this report, Hackney has exceeded or matched the performance of its statistical neighbours in seven indicators and exceeded or matched the national average in eight.

We believe this represents a strong performance, especially bearing in mind the appropriateness of some indicators as reliable performance measures. It is, however disappointing that the output measures, against which the relative performance of organisations may be judged, are of a form that gives little information about the quality of service experienced by children and families. In this regard, measures of changes in process are of more use in conducting this evaluation.

100

There is one indicator, however, which is not part of the national indicator set, but which is of critical importance for children and families, and a central measure of the achievement of Reclaiming Social Work against its objectives: the *number of looked after children*. It is widely accepted that outcomes for children remaining with their families are better and that the costs to the local authority are lower. The change in the number of children in care is therefore a good indicator of successful social care. At Hackney, the number of looked after children has fallen by 30% during the period 2005/6 to 2008/9. These data are illustrated in figure 18 below.

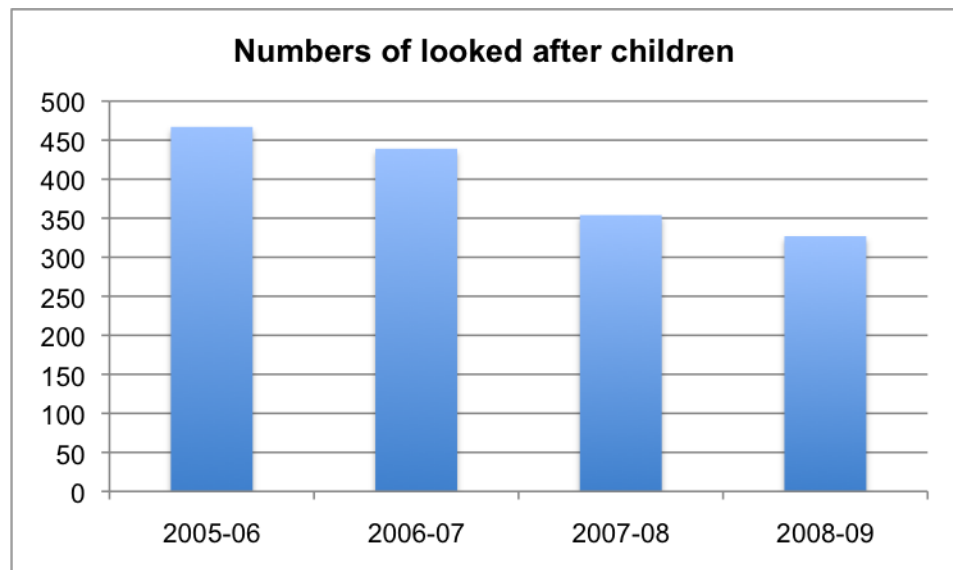


Figure 18 – number of looked after children in Hackney

101

We believe that this measure indicates increasingly positive outcomes for children and families in Hackney, that it shows genuine change over time, and that it demonstrates the achievement of one of the key goals of Reclaiming Social Work - allowing children to stay with their families. In the following section, we present data showing Hackney's performance in other indicators (period 2008/2009), but few relate so closely to improving outcomes for children.

**NI 58 -- Emotional and behavioural health of looked after children**

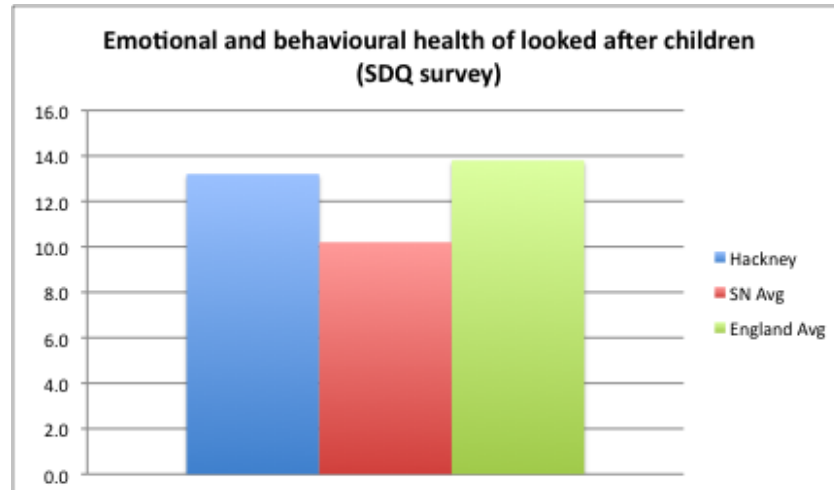


Figure 19 – NI58

102 This is seen as a fairly robust measure drawn from foster carers on an annual basis. Hackney’s score of 13.2 is higher than the statistical neighbour measure (10.2) and in line with national average of 13.8

**NI 59 -- Percentage of initial assessments for children's social care that were carried out within 7 working days of referral**

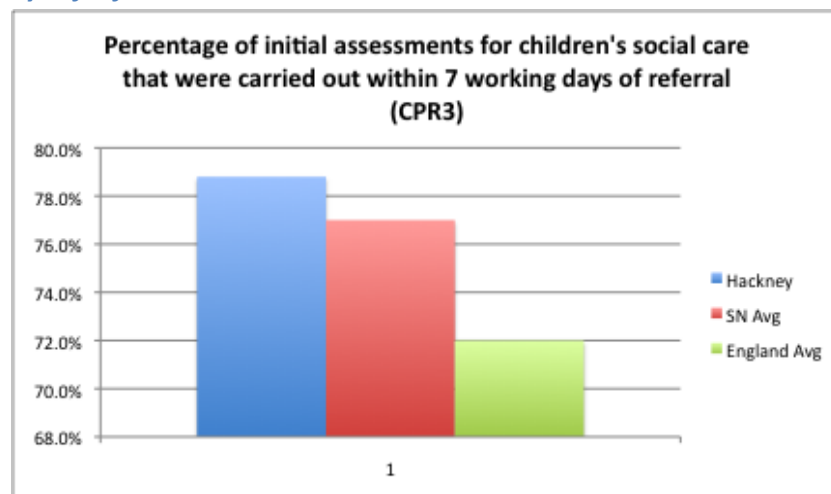


Figure 20 – NI98

103 This indicator has risen from 63% to 78% over three years and is now slightly higher than both statistical neighbours and national average. This may reflect the impact of structural change through the introduction of a First Response team in screening out cases below key thresholds.

**NI 60 -- Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement**

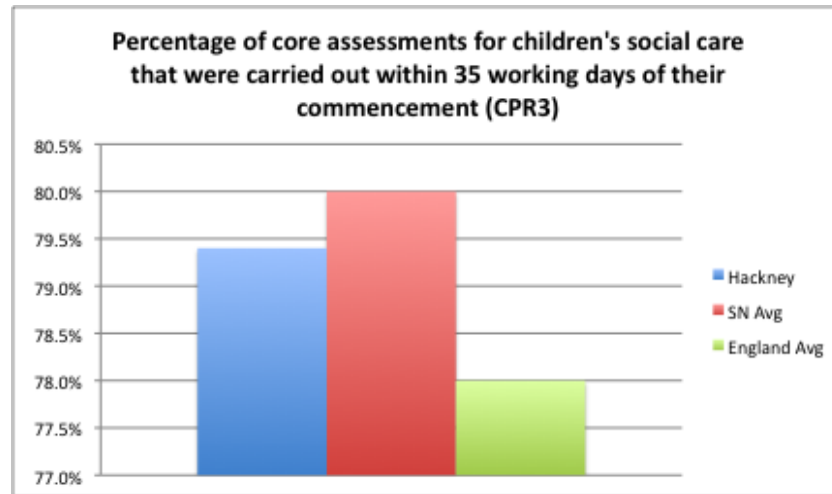


Figure 21- NI60

104 At 79.4%, Hackney is very close to the statistical neighbour measure (80%) and slightly higher than the national average (78%). It is more useful to see this, however, as a process which may not be measured meaningfully by a single point. Core assessments involve ongoing dialogue with many partnership agencies as well as the families; 35 working days has some validity as a measure, but it is more important to ensure that the process is carried out properly, with the right involvement and the right outcome, than to hit an arbitrary target. Like other measures, this one may be subject to recording difficulties in the field where attention is focused on achieving the correct outcome rather than merely recording data. 35 working days is a useful guideline to prevent drift, though it might be argued that a more useful measure of effectiveness of the assessment process would involve key questions such as “in what percentage of cases was the child spoken to alone?” or “were the findings shared with families?”

**NI 61 - Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption**

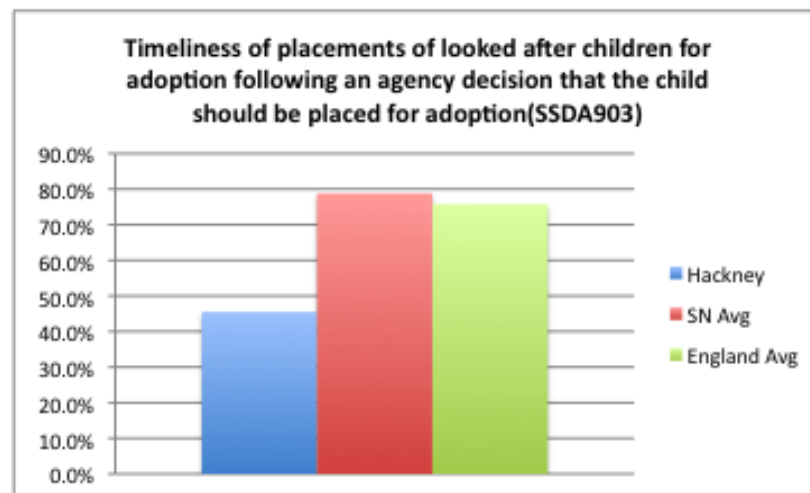


Figure 22 – NI61

105 Hackney scores 45.5% compared to 75.8% for the national average and 78.8% for neighbours. While this figure is lower than desired, one needs consider it alongside the success in finding stable placements that are ‘right first time’. As is shown in the figure 24 below, Hackney are performing well in this area. This may reflect the management attitude to provide a service that is child centred rather than being driven by the performance metrics.

NI 62 -- Stability of placements of looked after children: number of placements

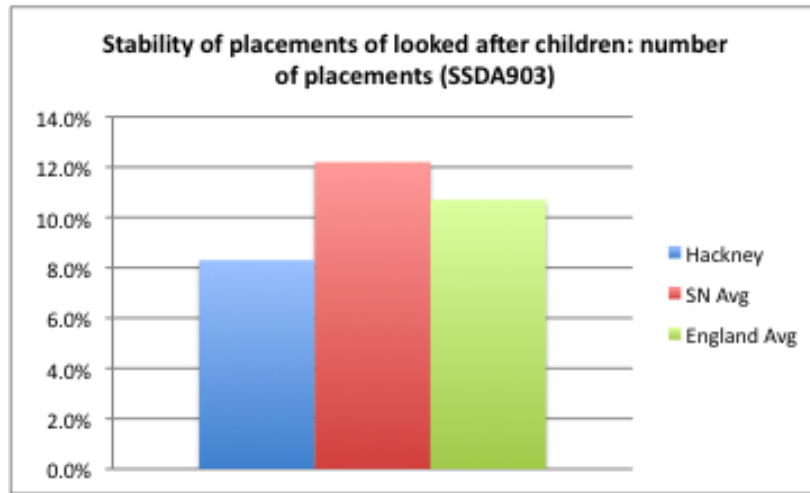


Figure 23 – NI62

106 This indicator reflects the number of successive placements for looked after children - specifically where there are three or more in a given year. Hackney score of 8.3% compares favourably with the national average of 10.7% and neighbour measures of 12.2%.

NI 63 -- Stability of placements of looked after children: length of placement

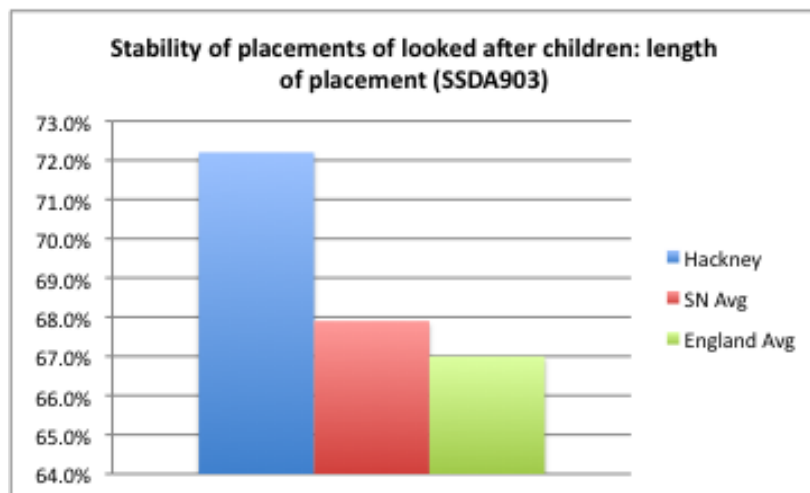


Figure 24 – NI63

107 Stability is measured as no change in placement in a two-year period. Hackney at 72.2% is above both neighbours and national average, at

67.9% and 67% respectively. These differences, though small relatively small, are frequently significant factors in the quality of a child's experience and care.

**NI 64 -- Child Protection Plans lasting two years or more**

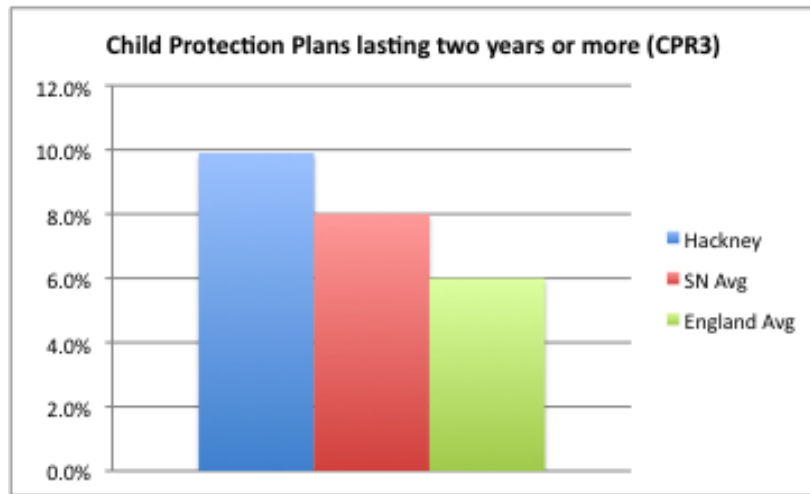


Figure 25- NI64

108 Hackney measures have shown 6.2%, 3.3%, and 10% in previous years with a current measure of 9.9% compared to statistical neighbours at 8% and a national average of 6%. This target attempts to prevent drift by ensuring that families are not being kept on a Child Protection Plan when they could be helped and moved on. However, there is an underlying assumption that family problems can all be addressed effectively within two years. In interviews, we learned that this was not the case and where there is a neglectful family it is frequently good practice to retain children on a protection plan for more than two years in order to maintain a high level of help and monitoring.

**NI 65 -- Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time**

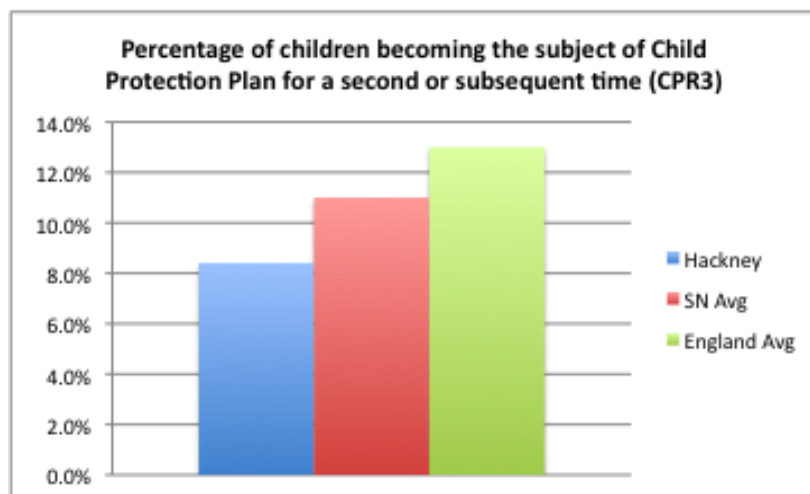
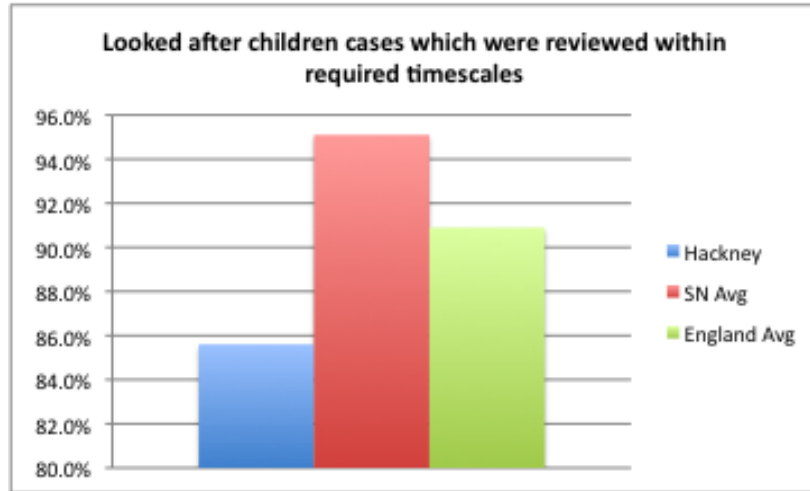


Figure 26 - NI65



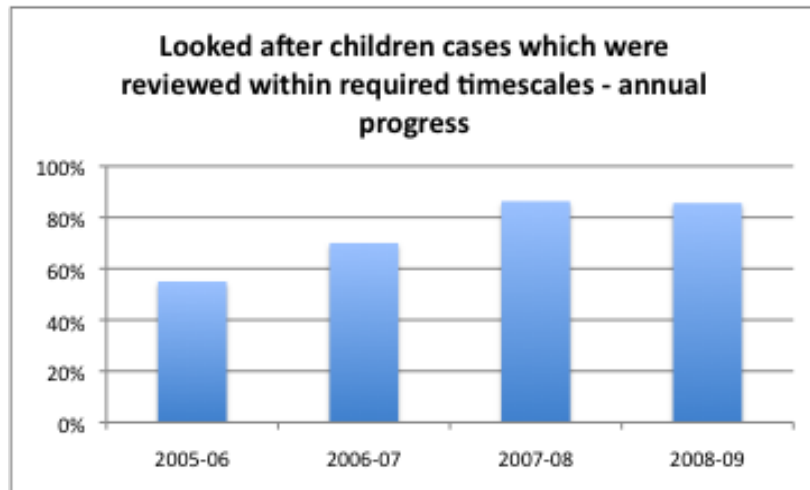
109 Hackney measures are currently low at 8.4% compared to 11% and 13% for statistical neighbours and national average. The measure gives some indication whether the initial professional involvement had a beneficial effect on the family and so a low score here is a positive sign.

*NI 66 -- Looked after children cases which were reviewed within required timescales*



*Figure 27 - NI66*

110 Hackney measures are less favourable overall when compared to statistical neighbours or the national average. However, we also note the history of this measure at Hackney. A substantial improvement has taken place over a four-year period, as shown below.



*Figure 28 - Progress on NI66*

*NI 67 -- Percentage of child protection cases which were reviewed within required timescales*

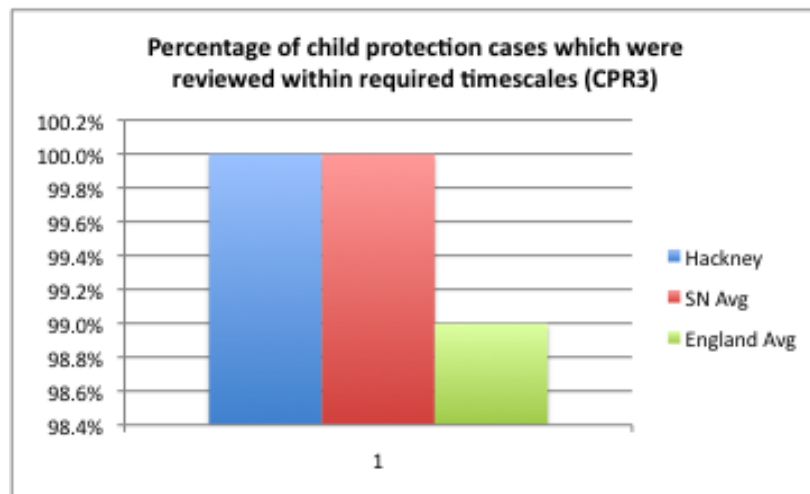


Figure 29 – NI66

Few differences are found nationally for this measure, the national average being 99% and both Hackney and statistical neighbours achieving 100%.

*NI 68 -- Percentage of referrals to children's social care going on to initial assessment*

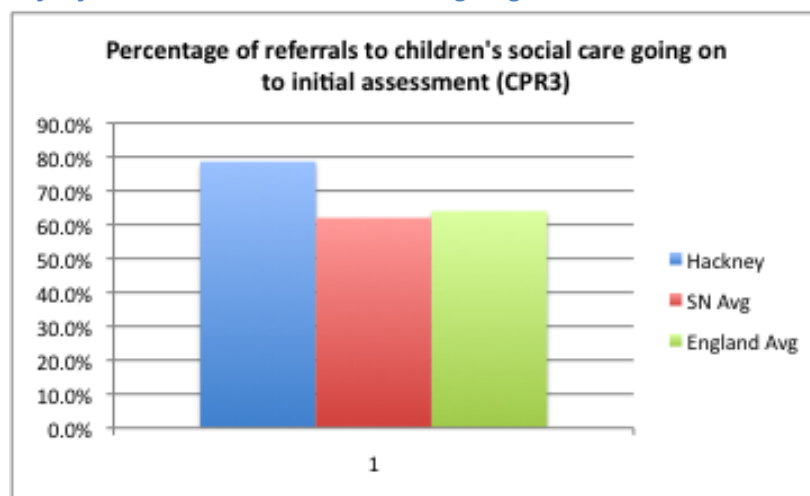
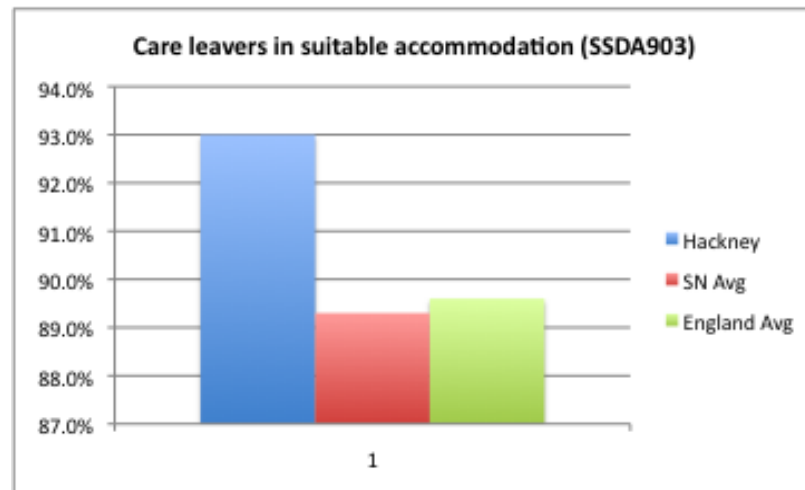


Figure 30 – NI68

111 Although this figure was 72.2% four years ago, over the past three years it has fallen to 78.6% from 93.7%. Reasons for this are difficult to disentangle (a high score, for example, may reflect good working relationships with other professionals and an increasing incidence of appropriate referrals to the service). Other factors might include the impact of First Response screening and the Reclaiming Social Work model more generally. Clarity of thresholds, as outlined in the “Hackney child well-being model” (developed with partner agencies and reinforced through staff conferences) has been cited in interviews, as has clear leadership from senior management. Low scores therefore are not reliable indicators of good performance.

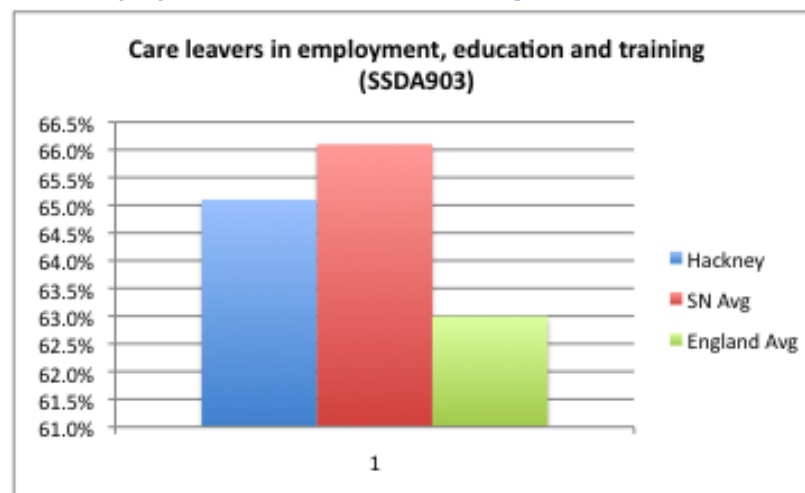
*NI 147 -- Care leavers in suitable accommodation*



*Figure 31 – NI147*

Hackney compares well to both statistical neighbours and the national average.

*NI 148 -- Care leavers in employment, education and training*



*Figure 32– NI148*

Hackney compares well to both statistical neighbours and the national average.

**112** Overall, these indicators reflect an organisation above the performance of its statistical neighbours and above the national average. Taking into account the performance of Hackney in reducing numbers of looked after children, we conclude that the Reclaiming Social Work model is associated with strong positive change in output measures.

## Value for money

- 113 Children's social care at Hackney has a gross expenditure of between £42.7m (budget 2008/09) and £44.2m (budget 2010/11). Over the past three years, since the introduction of Reclaiming Social Work, total costs have fallen by almost 5% (figures taken from gross expenditure less recharges 2008/2009 - 2010/2011), as shown in figure 15. Internal recharges relate to support costs such as ICT, legal and financial management which enable support to the frontline service providers such as Children and Young People's Services. As these are fairly fixed and differ between boroughs and councils, we have used gross expenditure less recharges to give a better reflection of the service cost; this will also provide a better like for like comparison for benchmarking purposes.

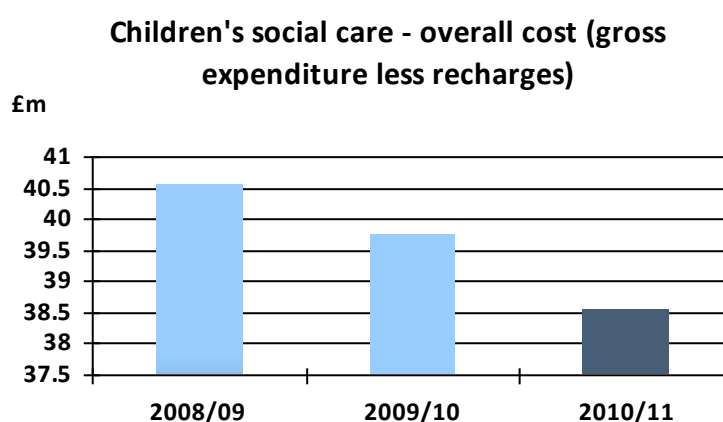


Figure 15- falling cost of Children's Social Care

- 114 Reclaiming Social Work as an organisational change has a number of financial implications. In part, these cost benefits are a result of the removal of a level of management - the team manager. This role has been replaced with the Consultant Social Worker, with both operational and financial benefits. This is clearly a complex system and it is difficult to draw firm conclusions as to causality. As part of our evaluation, we interviewed senior managers at Hackney in order to identify the likely effects of Reclaiming Social Work on finances. While a full cost benefit analysis is beyond the scope of this study, we outline below areas of expected impact and mechanism and provide some supporting data where possible.

### *Reclaiming Social Work has lower staff costs in retention and sickness*

- 115 The changes in practice, through the more open and supportive structure which is an integral part of Reclaiming Social Work, might be expected to be better for helping staff with the emotional demands of the job and for day-to-day job satisfaction. Findings from the two main surveys (social work practice and organisational culture) carried out support this view.
- 116 This is further evidenced by a significant fall in average days lost through sickness from 15.66 days in 2008/2009 to 7 days in 2009/2010.

This is a fall in days lost of more than 55%. In terms of costs, this translates to a reduction in the expenditure on agency staff to cover for staff sickness days - a saving of 54% as shown in figure 16.

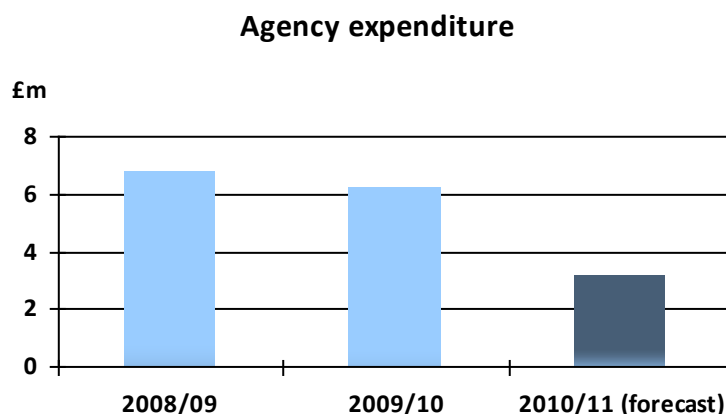


Figure 16- falling expenditure on agency staff to cover sickness days

117 Staff retention data also show favourable indicators. Data for social workers is difficult to disentangle since many structural changes took place at the beginning of Reclaiming Social Work. However, internal data shows a low number of staff changes:

- In 2010 (first quarter): No staff changes (from unit coordinators, children practitioners, social workers or consultant)
- In 2008 and 2009: 10 staff (from consultant social workers, unit coordinators and children practitioners) changes. This sample does not include social workers as there was an elevated number choosing to leave the service rather than undertake the coaching programme required by Reclaiming Social Work.

While we have no direct data relating to costs, improved staff retention has secondary effects by reducing the resources required for recruitment, such as advertising costs, management time, induction training etc.

### **Reclaiming Social Work enables families to stay together**

118 Quite apart from any argument with regard to outcomes for children, the costs to the state of taking children into care are very much higher than allowing them to remain with their families safely. At Hackney, numbers of looked after children have fallen successively:

2005/2006 - 467  
 2008/2009 - 327 a fall of 30%  
 2009/2010 - 298 a further fall of 9%.

### ***Reclaiming Social Work improves placement stability***

- 119 Multiple placements for children are costly to manage, as well as destabilising for the child. Placements stability in Hackney is very good compared to both statistical neighbours and national average, as discussed earlier. NI62, the indicator in question, measures the percentage of children with three or more placements in the year and is 8.3% in Hackney compared to 11.6% in statistical neighbours.

### ***Reclaiming Social Work is associated with low numbers of children in residential care***

- 120 Residential care is costly and Hackney's most recent Ofsted data indicates that less than 11% of looked after children are in residential placements, compared to 17% children in statistical neighbours and a national average of 15%. For 2007/08, before the introduction of RSW, residential care expenditure was £4.3 million. The reduction in the residential care expenditure fell by over 14% to below £3.7 million in 2008/09 and subsequently to £3.2 million in 2009/10 (a further drop of 14%). There is a forecast further reduction of 14% in 2010/11.
- 121 Overall, and without the benefit of a full cost/benefit analysis, total budgets for children's social care at Hackney have fallen significantly. There are strong arguments and good supporting data which indicate that this has been achieved in ways that are good for both children and workers.

## Sustaining positive change

122 We have learned that social work units perform better than old-style teams when assessed for both organisational culture and the actual practice of social work. When a new work system is introduced, however, or organisational focus is brought to bear on problem areas, it is usually expected that some positive change will occur. It is also expected that, over time, initial enthusiasm and improved performance will decline. In this study, we wished to measure the sustainability of change in Reclaiming Social Work and did so by repeating our two surveys after 18 months.

123 Both the organisational culture survey and the social work practice survey were administered at the start of the project and again after 18 months. Overall, five dimensions of performance were measured on two occasions in the organisational culture survey:

- Learning Systems
- Attitudes to blame and error
- Sharing of experience
- Work and workload
- Commitment to corporate goals

In the social work practice survey, we measured 11 dimensions of performance on two occasions:

- Organisational learning
- Stress
- Use of performance targets
- Work environment
- Organisational support systems
- Patterns of interaction with other professionals
- Communications in multiagency work
- Communications in crisis work
- Professional autonomy
- Communications overall
- Decision-making

124 In the organisational culture survey, of the five dimensions measured, three sustained their level of performance over time: *learning systems*, *attitudes to blame*, and *sharing experience*. Two factors, however, showed a small but significant change over time: the measure for *work and workload* fell from a mean of 3.16 to a mean of 2.89 (P=0.006) and *commitment to corporate goals* (from 3.69 to 3.51 (P=0.03)). The first of these may reflect the heavy demands placed on social services through England in response to the rise in referrals following the high profile case of Baby P<sup>21</sup>.

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<sup>21</sup> 41 Figures released by Department for Children, Schools and Families in Sept 2010 showed that the number of children becoming subjects of protection plans in England rose from 34,000 in the year ending 31 March 2008 to 37,900 in 2009.

- 125 In the social worker practices survey only a single measure shows significant change over time - *use of performance targets*, which fell from a mean 3.24 to a mean of 2.97 ( $p=0.04$ ). All the other measures maintained their level of performance.
- 126 In our view, these findings indicate that the changes in attitudes, culture and practice introduced by Reclaiming Social Work, which are significantly more favourable than those found in traditional practice, are relatively robust and sustainable. This is especially the case for the critical measures of social work practice, of a thorough assessment, critical reflection to pick up on gaps or mistakes in the assessment, and being able to respond in a variety of ways that match families' needs.



# Conclusions

## Summary

- 127 Reclaiming Social work set out to achieve greater reliability in delivering safe, high quality care to service users. To bring this about, a structural change in the way care was delivered was initiated and developed over time. This had two key components: the introduction of a First Response section (see part 2 of this report) which effectively triages cases prior to passing them to Access and Assessment, and the creation of the social work unit itself with its multi-skilled team at the heart of child protection.
- 128 These changes address aspects of risk. A critical risk in this area is that of overload - where a section or team of workers becomes so stretched by their responsibilities and the throughput of work required that the fundamental quality of work, and its reliability, suffers. In the field of social work this can have tragic human consequences. Prior to Reclaiming Social Work, referrals in to the system were handled by a single individual worker; given the volume of referrals experienced at Hackney, it would be expected that significant overload would occur at this point. As we describe more fully in part two of this report, the structural changes carried out at Hackney have remedied this situation and significantly reduced risk.
- 129 The multi-skilled aspect of social work, embodied in social work units, is a further mitigation of risk. The structure of the units is designed to prevent tunnel vision and ensure that cases and their risks are considered from several angles. It is our view that these structural changes have significant bearing on the risk and the resilience of the system, and follow established good practice in other safety critical sectors.
- 130 In conducting this evaluation we examined outcomes, processes and organisational context. In terms of outcomes, Reclaiming Social Work is associated with good comparative outcome measures as defined by the National Indicator Set. More than half the metrics from Hackney are equivalent to, and more often higher than, both statistical neighbours and the national average. Furthermore, a critical measure of success - the number of looked after children - has shown a dramatic fall over the course of Reclaiming Social Work. This single measure illustrates at once the achievement of corporate goals, positive outcomes for children and their families and a significant impact on value for money.
- 131 The overall cost of children's social care in Hackney has fallen by 4.97% during the course of Reclaiming Social Work. This fall is directly affected by the fall in numbers of looked after children, but also by a marked 55% fall in staff days lost to sickness, by placement stability and by low numbers of children in residential care.

- 132 Outcomes have also been examined with regard to multiagency working, working with courts and working with families. In each area, we learned that the changes at Hackney had been welcomed and had led to positive benefits for other professionals and for families. Partnership agencies and the courts, both of which could be seen as “customers” of Hackney, described better communications, better reliability in contact and personnel, and strong, reliable delivery of the information required. Families described reliability in contact, a sense of being listened to, informed and of having difficult matters explained to them carefully. Though the sampling in these areas was necessarily small, we learned that the positive responses were consistent.
- 133 We examined the processes of social work through interviews, observations and specially developed survey instruments. This part of the evaluation was based on a framework of good practice emerging from literature and expert opinion and centred on decision-making, interaction with families, constraints on practice, the use of targets and achieving consistency in care. We were able to compare social work practice in new social work units with that in traditional teams and in every case we found significant differences between units and old-style teams. Social work units were consistently better.
- 134 In terms of context we looked at the alignment of staff with the changing organisational goals and systems, at learning systems and the underlying culture that supports organisational growth in knowledge, and at workload and stress. Once again we are able to compare performance in units with that in the-old style teams and once again we found significant positive differences between units and teams. A significant part of this cultural change has been the re-establishment of the focus of social work on the family, as opposed to on the administration and bureaucracy in which the work is embedded. In Reclaiming Social Work, administration has become more of a legitimate supporting function rather than a burden to practice.
- 135 Positive changes in social work process and organizational culture have been maintained over the period of this evaluation. Small negative changes were observed in commitment to corporate goals, workload perception and use of targets; all other dimensions in the surveys were sustained.
- 136 None of the above is intended to convey the view that Hackney no longer faces challenges in this area. We heard constructive criticisms of Reclaiming Social Work and we learned of persistent difficulties in caseload management. Nevertheless, we would conclude that this programme is achieving significant success.

## Evaluation

- 137 Reclaiming Social Work set out to bring about substantive changes in Hackney. We have assessed the value of these changes through a study of the culture within which the changes have been made, the processes influencing outcomes and outcome measures. In each of these three

areas we have identified significant positive changes. These changes are evidenced by strong numerical indicators, significant differences between traditional practice and new social work units, and positive changes in the underlying organisational culture. We conclude that Reclaiming Social Work has been successful and that the results of this study support and endorse the value of the programme.

# Reflections

## A systems approach to safety

138 As described, a systems approach forms the theoretical basis for Reclaiming Social Work. In this case, the systems approach involved in redesign of the process through the development of social work units and the introduction of a first response team. The internal operations of social work units were not closely specified, however, in a conscious attempt to allow different approaches to flourish and be tested through practical application. A full systems approach should in the future capture and apply learning and best practices as they develop in the micro-systems which are social work units. It is important to understand what is meant by “systems”; all too often this term is taken to mean “policies” or “procedures” - whereas a systems approach encompasses much more than this. The systems that determine performance are many and include procedures and processes or and procedural support; human factors as they apply to individuals, teams and leadership; and the working environment and the loads placed upon it; and the equipment or artefacts that are used to accomplish the tasks. In this context, systems would also include less tangible elements such as organisational culture.

139 At Hackney, a great deal of emphasis was placed on recruiting social workers of high caliber and supporting staff with training. These are aspects of a systems approach change, but one in which there is a heavy reliance on the practices and personal qualities of key individuals. However, over-reliance on individual members of staff is notoriously vulnerable and is often not sustained through periods of organisational change or pressure. A full systems approach would go beyond these individual factors and capture best practices so that they can be shared and applied widely. This is not to say that there are single best ways to accomplish particular tasks but it is to say that where excellence is found it should be systematized and shared.

## The learning organisation

140 The way that an organisation learns from things that go wrong it is a useful indicator of organisational maturity. Westrum<sup>22</sup> has characterized organisations using a taxonomy based upon their response to problems and errors. Organisations can be *pathological*, where knowledge error is not welcomed and errors are not used as learning opportunities; *bureaucratic*, where systems have begun to use errors in learning but in a passive way; or *generative* where information about risk is actively sought and acted upon. Central to the building of a safe, learning organisation is its underlying culture. In this evaluation, we have learned

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<sup>22</sup> Westrum, R, Cultures with requisite imagination, in Wise, Hopkins and Stager: Verification and Validation of Complex Systems; Springer 1992.

that Hackney has many of the building blocks in place - it is accepted by staff that error is normal and that mistakes can be made by anyone; and there is growing trust in fairness and the ability of the organisation to identify the systems factors that give rise to poor outcomes. Learning systems, however, cannot rely on word of mouth or on the assumption of an open culture: they also require the development and implementation of recognized, formal routes for raising concerns (reporting systems) and learning from adverse events (incident analysis). More fundamentally, the organisation must wholeheartedly adopt a model which is used to understand how things go wrong. This model should explicitly recognize the contribution of contextual risk factors to adverse events and be based predominantly on an understanding of systems factors rather than a tendency to blame individual failings. Under the present circumstances, and with the adverse media attention on high-profile events in children's social care, this will continue to be difficult. The development of formal systems for learning and their transparent application, however, may be especially important at this time.

## Developing resilience

141 Some organisations, including the so-called High Reliability Organisations, have gone further in building safety than the reactive learning from adverse events. They have recognized that failure, whether individual or systems failure, represents an inability to deal with complexity. Resilient organisations, on the other hand, are able to adapt to and absorb variations, disturbances, disruption and surprises<sup>23</sup>. This resilience has been characterized by a number of manifestations at various layers of granularity in an organisation<sup>24</sup>. Some of these manifestations have been identified in Reclaiming Social Work - to the great credit of those involved. At the finest level of granularity, for example, a resilience manifestation is the ability to reflect; individuals working in HROs are often seen to have an awareness of potential failures at all times. At Hackney, the role of critical reflection is well understood and specifically applied at critical points such as weekly unit meetings.

142 Resilience manifestations in small teams include buffering and shadowing, where team design and workload are flexible in their response to disturbance and where team roles are mirrored or replicated in part. Once again, the unit structure at Hackney exhibits some of these qualities. Finally, at the level of organisational operations, the key manifestation of resilience is in recovery from error. It is our view that the open structure of social work units and their support by senior management should enable systematic recovery from error and at the same time protect the organisation from its most serious consequences; the future development of RSW should make an explicit attempt to plan for disturbances and surprises.

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<sup>23</sup> Resilience engineering – concepts and precepts, Hollnagel, Woods and Leveson, Ashgate 2006.

<sup>24</sup> Resilience Markers for Safer Systems and Organisations ; Jonathan Back, Dominic Furniss, Michael Hildebrandt, and Ann Blandford; 27th International Conference on Computer Safety, Reliability and Security, 2008

End of part 1



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## Part 2

### *Unpacking the complexity of frontline practice*

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## Introduction

- 1 The Hackney Senior Management Team implemented Reclaiming Social Work (RSW) in response to the belief that, to some extent, social work as a profession has lost its way, lacks confidence, expertise and gravitas, and is over-bureaucratised<sup>25</sup>. Part 1 of this report demonstrates the success that they have had in redressing these failures and substantively improving the culture of the organisation, social work practices and outcomes for children and families. However, in the course of our research we felt that there was more that could be learned from the RSW model and how it affects the myriad of everyday tasks of frontline staff; the way they think and engage with the family, develop care plans, liaise with other professionals. Understanding what good social work itself looks like is a fundamental starting point in evaluating whether organisational change is having good or poor outcomes. It requires developing an understanding of the mechanisms contributing to the quality of practice and the barriers and obstacles that cause poor practice in a way that is both technically effective and ethically sound. Debate about what constitutes social work is ongoing and studies have found that social workers can find it difficult to describe what they do, decisions they have made<sup>26</sup> and the 'social work task'<sup>27</sup>. Part 2 of this report is therefore an attempt to unpack the complexity of the how RSW has improved frontline practice in comparison to traditional social work, as evidenced from the academic literature and the experience of social workers.
- 2 This introduction gives a brief overview of the service, the changes that Reclaiming Social Work made and how these aim to mitigate risk and improve quality of service for children and families. The methodology section gives detail on the interviews and analysis methods used to construct a detailed picture of what social work looks like in social work units.
- 3 We then present detailed narrative accounts of what the literature has to say about different aspects of practice. We compare this with what practitioners tell us they are able to carry out social work tasks under RSW and how this impacts upon the children and families to reach some conclusions about the quality of practice in Hackney.

## Overview of the service

- 4 Referrals come into the service either via self-referral, from the public or a relative, or via another agency. Since the implementation of Reclaiming Social Work, the way in which referrals are taken and dealt with has been radically changed. This initial contact point for service users has been recognised as an important stage where the quality of information gathering and decision making has significant implications for how cases are subsequently dealt with and the quality of service

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<sup>25</sup> The Way We Do Things Here 2008

<sup>26</sup> Goldberg and Warburton (1978) *Ends and Means in Social Work*. London: Allen and Unwin

<sup>27</sup> Cree (2003) *Becoming a Social Worker*, London: Routledge

that is offered. Hackney has introduced a new team to receive referrals called the First Response Team. First Response is the first point of contact. The staff take the referral, decide whether it meets the threshold for tier 3 service, provide immediate help where necessary and, if required, pass to access and assessment where it is taken on by a unit.

- 5 The access and assessment units then complete an initial and, if necessary, a core assessment; they work within the regulatory guidance and timescales to develop and set out safeguarding arrangements. They have a vital role in influencing later work: research shows that the quality of early contact affects the later working relationships<sup>28</sup>. The access and assessment units also aim to provide some immediate support for the child and family where required. Each case that passes through access and assessment will have an exit plan that passes it either to a unit within the Children in Need (CiN) service (for example if the child has a child protection plan), to other support services within social care or provided by other organisations within the borough, or the case is closed. The CiN service provides a monitoring and support function for the child and family to ensure that the safeguarding arrangements are working effectively. Similarly, the Looked After Children service has units that help children settle into their new home, monitor and evaluate the home situation, ensure that family and carers are supportive, and also monitor and support aspects of the child's education, health and relationships.

## Reclaiming Social Work – First Response

- 6 Initial response to a referral is important in terms of ensuring that children who are suffering, or are at risk of harm, are identified and referred with accurate information to the access and assessment units. Children who do not meet the threshold for referral are signposted to a more appropriate service. When inaccurate decisions are made, there are two serious consequences. Firstly, a child suffers harm because he or she has not been referred; secondly, a high number of children are referred who would have been better signposted to other services. Whilst this second consequence may seem innocuous, the impact upon the service is to overload social workers and reduce the time and energy available to safeguard the more vulnerable children.
- 7 Hackney senior management recognized that the access and assessment were struggling with high caseloads as a result of high number of referrals to the service. Furthermore, there were additional problems with referrals that did not meet thresholds or poor quality information being available with the referral. Under Reclaiming Social Work, radical changes to the referrals process have been implemented. The role has changed from a single person processing referrals to a team of experienced social work staff (currently 10) with a range of skills and

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<sup>28</sup> Framework for the assessment of children in need and their families. Dept of Health(2007)

with support from two unit co-ordinators, a housing officer and a social worker from the Learning Trust. The restructuring of the referrals process aimed to provide better mitigation of risk through:

- Improved assessment of risk
- those children suffering or at risk of harm are identified and referred promptly
- cases that do not meet the threshold are not referred
- and an improved quality of work through:
- Better collection of information relevant to referrals
- Better signposting to support services that can help families which do not have safeguarding issues
- Workload pressures in access and assessment due to false positive referrals is reduced and enables better quality social work practice.

## Reclaiming Social Work - Social Work Units

- 8 RSW sets social work within a small multi-skilled team called a Social Work Unit (we refer to these as 'units'). These are headed by a consultant social worker (CSW) who has some managerial responsibilities and overall responsibility for cases. They also include a qualified social worker, a child practitioner, a clinician (one per two units) and an administrator known as a unit co-ordinator. Although the CSW has full responsibility for all cases, the social worker or child practitioner can take the lead on cases where appropriate. However, it is integral to this model that each family, child and young person is known to each member of the unit and direct work is undertaken by everyone as appropriate. The unit co-ordinator plays an essential role in scheduling people's diaries, organising reviews and meetings, and freeing people's time from administrative tasks.

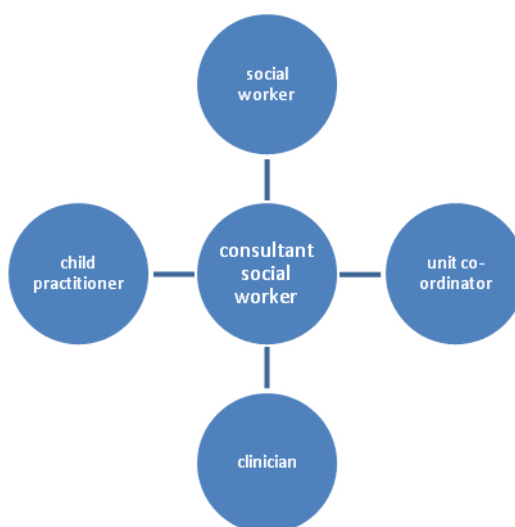


Figure 1 - structure of a Social Work Unit

- 9 Child protection workers have a duty to both maximize the child's well being and minimize any danger<sup>29</sup>. The multi-skilled nature of the social work units aims to enable good assessment of whether the child is suffering harm or is likely to suffer harm in the future *and* to manage the risk by identifying and possibly providing interventions that reduce the risk and improve the child's well-being. Providing different expertise and perspectives within the social work unit aims to enable a better assessment of risks to the child and a broader assessment of interventions. Critical reflection within the unit should help to detect and correct the common biases in reasoning such as tunnel vision, or failing to revise a flawed assessment in the light of new evidence.
- 10 Increasing the time available for direct work with the families should also mitigate risk by improving the ability of the social worker to monitor the child's and the family's progress and the effectiveness of the care plan.
- 11 The social work units aim to improve the quality of the service by improving the support available to families, both by early intervention, by providing therapeutic support and through direct work to develop the families' protective factors. Different roles and joint working should also enable a service that is very responsive to the families needs.
- 12 Embedding a clinician within the unit aims to provide a clinical perspective when assessing the family, advice on effective interventions, and to enable some early therapeutic support where appropriate.

## Reclaiming Social Work – Systemic Practice embedded in social work tasks and management

- 13 In addition to the structural changes to the way the service is organized, Hackney advocates and provides training in using a systemic approach and social learning theory in their interventions with families in order to ensure that as much work as possible is evidence based. Each consultant social work unit is expected to become familiar with systemic practice, with a range of behavioural interventions and their application to work with families. Professional development support is provided to facilitate this. The intention of setting social work tasks within a systemic framework is to achieve a balance of mitigating risks to the child and improving the quality of supportive intervention:
- Enable child-centred practice
  - Provide the ability to use a reflective approach to help in understanding, assessing and planning
  - To achieve a balance between identifying the risks to the child and the strengths of the family

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<sup>29</sup> Munro: Effective Child Protection p59

- Use systemic practice in direct work with families
- Provide early clinical intervention where appropriate

14 Part 1 of this report indicates that these goals are being achieved. This section seeks to provide qualitative descriptions of the processes involved in working with families, identifying which factors or processes are seen as key to achieving good outcomes for children and potential barriers to achieving the goals of Reclaiming Social work.

## Methodology

- 15 The changes to the referrals process were assessed qualitatively through structured interviews with the First Response team, their internal 'customers' - the access and assessment units - and with a range of people who refer to the service.
- 16 In order to provide a useful description of what social workers do and how they do it, we employed a technique called *Hierarchical Task Analysis*. This technique breaks down the overall goal into objectives, (for example how to manage a case successfully through the access and assessment process) which are then decomposed into a further level of detail. For each of the resultant tasks we then explore the ways in which the task can fail, asking what can go wrong and what influences the likelihood of this happening. In this way, the mechanisms by which RSW manages the risk of error or of adverse outcomes can be compared to a traditional model of social work as described in the literature and by practitioners' experience in previous posts. It should be noted that these were not intended as a record of the procedures that are followed, but to capture what is done, what are the potential failures and consequences, and how RSW achieves these objectives in comparison to a traditional model. An example of the format is illustrated in Appendix A.
- 17 In practice, social work tasks have a dynamic, iterative nature which reflects the progression and changing circumstances in a child's life. We found that the nature of Hierarchical Task Analysis was useful in focusing attention on the high level goals and objectives, but could be too constraining to capture the way in which changes in practice, such as critical reflection, were impacting in a holistic way. We were led by the practitioners to gain an insight into the most significant aspects of practice that they felt impact on improved outcomes for children and families with systemic practice and critical reflection emerging as strong themes throughout.
- 18 We used recent real case studies to focus attention on what had been done, how it was done and how this would have looked differently under a traditional model of social work. The criteria used for choosing case studies were that they are current and provide a representative illustration of how the unit works. In the course of discussions, other cases were frequently mentioned to illustrate points and these have been included where appropriate.
- 19 The narratives were developed through interviews with CSWs and as group exercises with three units from AA, CiN and LAC. Although these units have seen some staff changes, they are well established and show signs of an open, supportive environment where new ideas are encouraged, people feel they can challenge each other, and there is a good relationship with the clinician. It is important for those who wish to adopt a similar model to appreciate that this does not come about by chance: it relies on the intrinsic qualities of the people in the unit,

on organisational systems that support it, and a culture in which it can thrive. Towards the end of this section there will be a discussion of the how stresses and strains impact on the unit and how this in turn affects the outcomes for families.

- 20 In addition to the detailed exploration of case studies our researchers spent four days sitting in with two of the units observing general practice and unit meetings.

# ***Reclaiming Social Work - A picture of front line practice***

## **First Response**

- 21 The First Response team feels that it has several advantages over the old referrals system, including additional resources, a good mix of skills and expertise, and the professional autonomy to be creative with solutions for families whose problems do not need referral to the Access and Assessment teams.
- 22 For those cases that meet the threshold for requiring initial or core assessment, social workers in Access and Assessment units indicate that the First Response units are better at getting the right sort of information to facilitate their taking on the case and that the information is often more detailed, for instance about conversations that had already taken place with parents.
- 23 Having the time, experience and authority to make initial enquiries, to better identify cases that do not have safeguarding issues and make quick interventions has had an immediate effect on the workload imposed on other parts of the service. Reducing the number of inappropriate referrals reduces the workload of Access and Assessment units, enabling them to provide a quicker, appropriate response to cases that do meet the threshold. It also means that families who do not have safeguarding issues are not caught in the net of social services, do not unnecessarily become part of the intrusive process of core assessment and are introduced to more appropriate services that are better able to help.
- 24 Agencies that refer cases to Hackney Children and Young People's Services spoke of quicker responses, better communications (via email and phone), having more information back from First Response and a more collaborative approach to meeting the needs of the people who were referred.
- 25 People in First Response have been active in improving their links with other agencies. They feel that improved links with partnership agencies, for example by having a secondment from The Learning Trust has bridged communication barriers between social and other services, helping to meet the needs of children and families.
- 26 **There is a consensus of opinion that the referrals process has been greatly improved and impacts directly on providing better outcomes; both for families that do and those that do not meet the threshold.**



## Social Work Units – View from the Frontline

### Core practice

- 27 The research team consulted with three units from different areas of the service to help them describe their job in terms of high level objectives, producing the following similar profiles. The differences reflect the nature of the changing needs of the service user:



Figure 2 - objectives in Access and Assessment



Figure 3 - Objectives in Looked After Children



Figure 4 - Objectives in Children in Need

- 28 These structures illustrate the central role that systemic practice and critical reflection have assumed for these units. The following sections describe what frontline practice looks like for these units using case studies to highlight outcomes for real families.

### ***Understanding and Engaging with the Child and Family***

- 29 In 'The Children Plan'<sup>30</sup> there is a call for services to be 'shaped by and responsive to children, young people and families, not 'designed around professional boundaries'. This is echoed in the RSW model which aims for units to be flexible, responsive, and driven by the interests of the service users, rather than dictated by procedural or service specifications.
- 30 Research on the views of service users consistently finds that they emphasise the relational aspects of social work: they value workers who are able to develop and maintain relationships, who listen to and respect them, are accessible and reliable, and are able to view their lives as a whole rather than focus only on particular problems<sup>31, 32</sup>. Munro<sup>33</sup> cites evidence that, regardless of the intervention chosen, effective interpersonal skills can increase the likelihood of establishing rapport with service users, gaining their cooperation, and avoiding dropout<sup>34</sup>. 'Helpers who are cold, closed down, and judgmental are not

<sup>30</sup> Department for Children, Schools and Families: 2007

<sup>31</sup> Scottish Executive (2006) Changing Lives: Report of the 21st century social work review. Edinburgh: Scottish Executive.

<sup>32</sup> Beresford. (2007) The changing roles and tasks of social work from service users' perspectives: a literature informed discussion paper. London: Shaping Our Lives National User Network/General Social Care Council.

<sup>33</sup> Munro 2008: Effective Child Protection

<sup>34</sup> e.g. Patterson & Forgatch, 1985 *Therapist behavior as a determinant for client noncompliance: a paradox for the behavior modifier*. J Consult Clin Psychol. p846-51.

as likely to involve clients as collaborators as are those who are warm, supportive, and empathic’<sup>35</sup>.

31 Dale’s<sup>36</sup> qualitative study of 18 families provides some vivid illustration of parents’ good and bad experiences of working relationships. The positive findings echoed those listed from Gambrill’s study, negative comments reflected the opposite qualities of being ‘uninterested, ineffective, unsupportive, unreliable and unavailable’.

32 RSW aims to increase the consistency of care for children and support for families. For units, this means having a ‘one family, one unit’ ethos, while taking advantage of the support and experience other unit members can bring to the table. To respond holistically to families’ needs, units need to be flexible and responsive and able to spend time in direct contact with the child and family. Specific aims within the RSW model that impact on engagement with the family are:

- More time in direct work with the family,
- A clinical lens and availability of clinical support to improve understanding of the family members and the relationships workers are forming with them.
- Quicker response times to family needs
- Practice based on systemic family therapy and social learning

In the following table, we present a description of practice under RSW from frontline staff.

<i>What practice looks like under RSW</i>	
<i>Better understanding of the family</i>	The mix of skills within the unit enables the practitioners to share home visits. After the visit, ambiguities and uncertainties can be discussed. In a traditional model this may be discussed with other team members, but they are unlikely to have a deep knowledge of the family, or it will have to wait until supervision which can be very infrequent. CiN and LAC units felt this is a particularly good when families are engaged with the service over longer periods of time.
<i>The unit has time to explain to family why things are happening</i>	The unit has time to explain to family why things are happening the way they are. RSW is very inclusive of family and child focused. The family understands the basis of the plan and feel they have been part of the decision making process, they are therefore more likely

<sup>35</sup> Gambrill, 2006. Evidence-based practice and policy: Choices ahead. *Research on Social Work Practice*, Vol. 16, No 3, 338-357.

<sup>36</sup> Dale 2004

<p><i>the way they are</i></p>	<p>to sustain good behaviours.</p> <p>There is a strong message from senior management at Hackney that the service should be family centred. This message comes across not just in policy statements, but by the willingness of senior management to listen to their staff and implement change that helps them focus on the family.</p>
<p><i>'The child practitioner is very good at working creatively with children whereas this isn't the strength of some social workers'.</i></p>	<p>There is more than one person helping to monitor and support the child and other family members. The difference in roles enables tasks to be shared and different personal strengths within the unit can be exploited.</p>
<p><i>Maintaining a clear picture</i></p>	<p>Ongoing involvement with the family in terms of therapy or support and critical review by the unit with the family enables the unit to spot when things are not going as planned.</p>
<p><i>'I can make unpopular decisions'</i></p>	<p>There is a tension in traditional social work when one person is required to make difficult and often unpopular decision with a family and also keep their trust and engagement. The unit has the flexibility for one practitioner (typically the social worker or child practitioner) to remain supportive and engaged even when there are breakdowns in engagement with other unit members.</p>
<p><i>The family feels valued</i></p>	<p>A CSW highlighted how her practice is more family centred under RSW - she now always obtains consent from family to speak to other professionals - something she found was routinely forgotten when working in a traditional model - this helps strengthen the relationship with the family and enable a working relationship to be built that enables plans not just to be implemented but to be maintained. The family feel valued and that they have some control. Another CSW compared experience in a traditional model as involving much more pacifying of a family by trying to get them to hang on 'can it wait, can it wait, can it wait'.</p>

<p><i>The unit structure allows them to be very responsive.</i></p>	<p>Being able to allocate different tasks within the unit allows them to be very responsive. For instance, in the time-pressured access and assessment service, the RSW model allows for a better collection of information from partner agencies. The breadth of information collected enables a deep understanding of issues that it is felt it is not possible to gain within a traditional model of social worker simply because there are more people to divide concurrent work between.</p>
<p><i>Early intervention</i></p>	<p>Consultant social workers felt that, within RSW, support is often provided before families were at a crisis point and this was sometimes possible at early stages such as during the access and assessment phase.</p>

### ***Assessing, Planning and Making Decisions***

33 In child protection work, there can be a reluctance to make decisions and a tendency to make decisions reactively rather than as part of long term planning<sup>37</sup>. Statutory timescales aim to counteract this by prescribing deadlines. However, simply formalising a timescale for decisions does not in itself help practitioners assess and plan for the child and family. Decision making can also be subject to other biases such as; tunnel vision, attribution error and short-sightedness<sup>38</sup>. We have endeavored to bear these in mind when exploring what social work practice looks like under RSW.

34 RSW aims to respond holistically to families' needs in a way that ensures continuity for the family. The outline below shows clear evidence of:

- more time with families to enable a better understanding and better engagement,
- different perspectives, skills and experience from the multi-skilled unit brought to formulating an understanding, assessing and decision making,
- some decisions that previously were being referred to middle and senior management are made closer to the family by skilled practitioners who have a strong sense of ownership of cases,
- Support by the Joint Allocation Review Panel for quick response to more major decisions.

Once again, In the following table, we present a description of practice under RSW

<sup>37</sup> Farmer E. & Owen M. (1995) Child Protection Practice: Private Risks and Public Remedies - Decision Making, Intervention and Outcome in Child Protection Work. London HMSO

<sup>38</sup> Munro 2008 Effective Child Protection

## What practice looks like under RSW

*The CSW can make these decisions there is more immediacy and less information distorted or lost in translation.*

In access and assessment units, the CSW has the ability to make section 47 decisions and decisions about initial and core assessments. For example, they can make quick judgement that a CA is needed rather than waiting for IA. This means the process is quicker and more streamlined than the traditional model where there are delays and information is lost in translation.

*There is much clearer ownership of the case and the decisions that are made.*

In a traditional model this referral to a manager to make the decision undermines the role of the social worker, they do not gain the experience of making difficult decisions and this reduces their development of expertise and confidence.

Staff feel that the practice is less risk averse than in their previous posts and their ability to make key decisions reduces the chances of cases being allowed to drift while waiting for others to make difficult decisions.

Within RSW, decisions are made much closer to the family. Frontline staff have the authority to make decisions, they become much clearer about how to make decisions and the basis on which they are made.

*They are more able to develop and maintain an objective view of current harm and future risk*

Hackney has done a lot of work with the *Assessing Risk Tool* - a conceptual tool that highlights families' risks and strengths and encourages practitioners to keep a balanced view of both dimensions. The unit uses the tool to help them keep this balance - one person within the unit will often use the tool as a prompt to refocus attention on the strengths when the unit becomes entrenched in considering risks or vice versa.

The units have a good awareness of the emotional dimension of the work and how it can impact on one's reasoning. This makes it more likely that social workers can differentiate their personal anxiety from the risk of harm to the child. Practitioners can also acknowledge their personal response to a family member, reducing the risk of it unconsciously distorting their judgment.

*They are able to discuss and reflect*

Several people felt that in their previous experience as individual social workers in a traditional team it was very easy to get sucked into the issues facing a family

	and be very reactive. They feel that the reflective discussions within the unit meeting and the clinical lens provided by the clinician helps them to remain objective and take a proactive approach.
<i>Collective experience</i>	There are different experiences to draw upon routinely, for example one person may be very experienced in domestic violence cases and can be invaluable in leading on those cases and providing expert support for the others.
<i>Useful checkpoint that also encourages reflection</i>	Staff feel it is a safe environment to discuss cases when they are unsure about things, for instance when they have incomplete or ambiguous information. The unit makes sure there is a good understanding of the meanings and a balance between strengths and difficulties. This acts as a constant safety mechanism throughout the process of the case.
<i>Case closure</i>	All the units studied felt a collective ownership of the case and can openly discuss and resolve anxieties before case closure.
<i>Over optimism</i>	It was felt that there can be a tendency within RSW to be overoptimistic about families' capacity to change. However, this is a widespread danger in social work, perhaps even encouraged by the emphasis on partnership working in government policy and building on strengths. In RSW, more attention is given to critiquing the assessment so that the risk of over identification is explicitly acknowledged and addressed.

### ***Using the Clinician***

- 35 Hackney senior managers have stated clearly the methodological approaches they expect their staff to take, and they provide professional training to support staff. They take the view that staff should use a systemic approach and that interventions with families should be designed using social learning theory as a key way to create change. There is evidence that systemic family therapy has a number of benefits beyond its effectiveness with referred conditions, including greater acceptability to clients and families, continued improvement

after discharge<sup>39</sup>. The role of the clinician is to help the unit in clinical assessment of families and to provide clinical direction to members of the unit.

36 Within traditional models of social work it is often less qualified staff (social work assistants, family support workers etc) that undertake much of the direct work with families. This contrasts with Denmark, Germany and France where the people who work alongside children are often specifically qualified for therapeutic work<sup>40</sup>.

In the following table, we present further descriptions of practice under RSW

<i>What practice looks like under RSW</i>	
<i>Role of the clinician</i>	<p>Clinician can advise early on, give weight to referrals to mental health services, and can give the unit valuable insight into strengths and weaknesses within the family. The clinicians often help the social workers to think in a systemic, family centred way.</p>
<i>Using systemic practice to co-author change</i>	<p>Within the unit there is training, time for, and emphasis on systemic practice. This means that collectively they:</p> <ul style="list-style-type: none"> <li>• Use positive regard</li> <li>• Try to listen</li> <li>• Try to not be judgemental</li> <li>• Do activities with the child</li> </ul> <p>In long term work within LAC service this can change the focus from commenting on what the social worker feels the child or young person should do to co-authoring change with the child or young person.</p> <p>This is essential for the social worker to have a positive impact on monitoring, guiding and supporting the child or young person. It helps to establish an open dialogue between the social worker and the young person where issues are not driven underground and enables the young person to approach the social worker to seek help with problems.</p>

<sup>39</sup> Stratton, P (2005) Report On The Evidence Base Of Systemic Family Therapy. Association for Family Therapy

<sup>40</sup> European Perspectives on Social Work: Models of Education and Professional Roles 2009



<p><i>Working with the therapist</i></p>	<p>Units have found that working collaboratively with the therapist and using the language of systemic practice can provide different choices for the young person. The therapist enables the social worker to avoid becoming entrenched in a mindset that polarises the social worker and the young person.</p> <p>Our units felt that this contrasts with traditional models of social work, where there is little opportunity for the therapist and social worker to work collaboratively and strengthen each other's relationship with the child.</p>
<p><i>Clinician encourages reflective thinking</i></p>	<p>The clinician can encourage the social workers to STOP and THINK in many of their tasks. For example, before a home visit the clinician can help the social workers focus the mind to think about:</p> <ul style="list-style-type: none"> <li>• What do I want to achieve?</li> <li>• What are my hypotheses?</li> <li>• What will I need to do to notice this/ how will I notice this?</li> <li>• What sort of evidence base is there (for example if there are issues surrounding neglect perhaps think about attachment theory to make a more informed judgment)</li> <li>• How will I gather information and how will I record this (who am I writing the summary for - myself, the organisation, for others?)</li> <li>• How will I separate out observation from analysis from recommendations?</li> </ul> <p>Units feel that under a traditional model of working it is more likely that a practitioner looks for one truth and this position becomes fixed. RSW enables flexibility and the reflective consideration of different options.</p>
<p><i>Research based decisions</i></p>	<p>Units are encouraged to evidence their decisions based on research. Within the unit, intuitive feelings are explored and challenged further using objective foundations.</p>

### ***View from the frontline***

*C had been subject to a care order because of chaotic home circumstances and placed in foster care, the placement broke down and she went back to the birth family. After incidents involving drugs, gangs and a stabbing she was prosecuted for concealing evidence, received a conditional discharge and was tagged. At this point C was placed in a new foster home and supported by one of Hackney's LAC units. At the age of 14, C was pregnant with her boyfriend's child and faced very difficult decisions.*

*It took time for the social worker to build a relationship with C. At first he felt he was merely commenting on her downward spiral as her peer group had far greater influence over her life. However, their relationship started to change when the unit therapist became involved. Whilst the social worker was guiding C on boundary issues, the therapist was able to have conversations with C that were less controlling. In her relationship with the therapist, C was able to reflect on her relationship with the social worker, which in turn improved it. Together, the social worker and clinician presented a consistent and caring approach.*

*The therapist has allowed both C and the social worker to think more objectively about her options, what the risks are and how these will be managed. Within the unit discussion, C's character was reframed as "determined" rather than "stubborn". Subsequently, instead of telling her "do this, do that, do the other", they reframed the discussion in positive terms, managing to get her to think carefully about the risks and consequences of her actions in making the decision on whether to keep the baby or have it adopted. This resulted in a letter from the social work unit to C that drew on her strengths to map out her choices and how the unit might help. The risks of the options that were open to her were presented in a non-judgemental way.*

*The therapist also worked with C's older brother who felt ashamed and angry at her pregnancy. Instead of looking for retribution and leaving C feeling unsupported, the therapist helped them through their angry emotions and managed to contain these feelings so that their relationship was maintained constructively.*

*The unit have been able to make a positive difference to this girl's life, helping her through the pregnancy enabling her to understand the risks associated with the decisions she was making. She is able to talk openly with the unit about her life rather than keeping secrets from them. Previously permanently excluded from school, C is now in a long-term placement in the home of a family friend who looks after the baby while C has returned to school.*

## Multiagency working

- 37 It is a key principle of the Assessment Framework<sup>41</sup> that inter-agency collaboration is required to ensure a full understanding of what is happening and to ensure an effective service response. In the past some relationships between Hackney social workers and other professionals have been seen to be ‘fractious, competitive and mutually dismissive’<sup>42</sup>. RSW aims to improve relationships with partnership organisations in order to get better services delivered earlier and quicker to families within Hackney.

We continue our description of practice in RSW below

### What practice looks like under RSW

*Good relationships with partner organisations*

Social work research shows that workers often reject opinions that differ from theirs without fully debating and exploring why they differ, thus making it more likely that they hold on to an inaccurate assessment of the family<sup>43</sup>.

*Good shared understanding*

Professionals from partner organisations are often invited in to unit meetings. Relationships become more informal and there is better communication and sharing of information and better understanding of different professional perspectives. This helps to develop a shared understanding of family. It also gives the social worker the opportunity to explain to the family the different perspectives of different professionals - why they may hold different views. This helps the relationship between the social worker and the family.

*The professional opinion of the clinician makes engagement with mental health professionals much better*

The clinician provides an extra resource to help support family. In the experience of an access and assessment CSW, under a traditional model she would find herself locked in a cycle of making a referral to Child and Adolescent Mental Health Services (CAMHS), being required to evidence it, holding a meeting to verbally evidence it, being rejected, restarting the process at another crisis point etc. However, under RSW, referrals to CAMHS are streamlined, bureaucracy reduced and social workers find that their opinion is more highly regarded because of the input of the therapist.

<sup>41</sup> Dept of Health 2000: *Framework for the assessment of children in need and their families*

<sup>42</sup> *Reclaim Social Work: Internal document. Hackney children and young peoples services . Nov 2008*

<sup>43</sup> Munro E. (1999) ‘Common errors of reasoning in child protection work’. *Child Abuse and Neglect*, 23, 745-58

*Less reliance on outside agencies*

Although units do make extensive use of the tier 2 and voluntary services in the borough, RSW allows the unit to carry out more direct work with the family than a traditional model. Using outside agencies can be frustrating and involve long delays, lack of communications, more professionals involved with the family, lack of feedback and duplication of work.

### ***View from the frontline***

*A 12yr old girl had been missing from home for two days. When the local authority contacted her mother she had gone missing again, leaving a note saying she was going to start a new life abroad. Several days later she presented at hospital and made an allegation of rape. It was found later through an ABE interview that she had gone to meet an older male but in the end did not meet up with him. While in the park considering returning home, she was approached by a different man. She spent two nights at his house where she was repeatedly sexually abused. In the following days, she stayed in a house around the corner with another man. This second man had dropped her at the hospital after she complained of stomach pains.*

*The unit as a whole were involved with this case at some level. The child practitioner was able to go out with the young person and the police to locate the house where the abuse took place. The social worker spent time with the child and mother supporting them through the police interviews and the medical examination - this was possible as the consultant social worker took on the 'burden' of liaising with outside professionals. The consultant social worker met with the parents and child, led the strategy discussion and liaised with a multitude of other agencies such as CID, sapphire, the learning trust, safeguarding board, school, Child Exploitation and Online Protection Centre (CEOP), GP, and housing.*

*This is a good example of the breadth of the investigation possible under RSW. The unit managing this case felt that the breadth of linkage and support from outside agencies is unlikely to occur in a traditional model of social work.*

*In this case study, Mum was blaming the child inappropriately. The clinician was able to give a different perspective to the case, highlighting that the Mum's reaction was likely to be due to past experiences - this enabled the social worker to use the clinician as a sounding board for exploring her understanding of the family and of different strategies for the family. The clinician also undertook various sessions with the child and with the young person and her mother.*

### ***Consistency of Care***

38 Social work is often subject to high staff turnover<sup>44</sup> and this results in children experiencing frequent changes of social worker<sup>45</sup>. The impact

<sup>44</sup> UNISON (2008) Summary of UNISON Memorandum to Lord Laming Progress Report of Safeguarding.

<sup>45</sup> Gilbert et al SAFEGUARDING CHILDREN: The second joint Chief Inspectors' Report on Arrangements to Safeguard Children, July 2008

on service users is very destructive as trust that has been built up with a social worker is lost and service users can feel passed from pillar to post. This can be exacerbated by data being lost, social workers not understanding the case, and taking a different approach to the child's care without explaining why. Described as 'start again syndrome' this was highlighted as a recurrent problem in a recent study of serious case reviews<sup>46</sup>. Research shows several factors that are important in reducing staff turnover: administrative support<sup>47</sup>, perception of supervisor support<sup>48</sup>, support from others at work<sup>50</sup> and co-workers<sup>49</sup> above. Other predictors of social worker burnout<sup>51</sup> are excessive workload, role conflict, role ambiguity, lack of recognition and opportunity for advancement, and organizational culture.

- 39 One of the core aims of the RSW model is to improve the continuity of social care for families. The RSW model aims to provide a creative and satisfying working environment that is less prone to worker burnout through stress and overwork, which should provide better retention of staff and lower turnover.
- 40 An additional aspect to maintaining continuity and consistency for families is to improve shared knowledge about cases. The unit structure enables service users to be in contact with a core of people; if their key contact leaves the unit there are people within the unit that have a deep understanding of the case and that have a relationship with the family that will be retained.

These issues under RSW are described below.

<b>What practice looks like under RSW</b>	
<b>Reducing Turnover</b>	
<i>Less experienced staff hear different perspectives expressed as the unit has a mix of roles and experience</i>	<p>Within the unit there is a safe environment to verbalise feelings of unease with a case and then explore these in an objective way.</p> <p>Newly qualified staff feel practically and emotionally supported, gain in confidence allowing them to learn good practice</p>
<i>Staff are learning and</i>	At Hackney, because staff are allowed some flexibility

<sup>46</sup> Brandon, N et al (2008) Understanding Serious Case Reviews and their Impact - A Biennial Analysis of Serious Case Reviews 2005-07 Research Report No DCSF-RR129

<sup>47</sup> Ellett (2000). Human caring, self-efficacy beliefs, and professional organizational culture correlates of employee retention in child welfare. Baton Rouge, LA: Louisiana State University and Agricultural and Mechanical College

<sup>48</sup> Dickinson & Perry (2002) Factors influencing the retention of specially educated public child welfare workers. Evaluation Research in Child Welfare, 15(3/4), 89-103

<sup>49</sup> Nissly et al (2005) Stress, support, and workers' intentions to leave their jobs in public child welfare. Administration in Social Work, 29(1), 79-100

<sup>50</sup> Dickinson & Perry *ibid*

<sup>51</sup> [Elizabeth Brown](#) (2008) *Social Work Burnout: An Investigation of Contributing Factors*, associatedcontent.com

<i>improving their professional skills</i>	and professional autonomy, there is opportunity for them to develop their social work skills.
<i>'I'm not an island'</i>	Staff feel that they are less vulnerable to blame under RSW than in their previous experience. In addition to a more rewarding work experience for the social worker, they feel that this translates into more positive outcomes for the child as their actions are less about shielding themselves from blame and more about what is best for the child.
<i>Resolve anxieties</i>	Being in the unit they feel a collective ownership of the case and can openly discuss and resolve anxieties before case closure.
<i>'I don't think I could work any other way' (child practitioner)</i>	This child practitioner thought that a key difference under RSW was that there was more time to think and analyse and valued the feeling that she is not on her own.
<i>'our admin is fantastic and an invaluable part of the team!!!!'</i>	The administrative support from the unit co-ordinator is consistently praised across units as a relief from the burden of some of bureaucracy.
<b><i>Improving consistency and continuity through shared knowledge</i></b>	
<i>Joined up thinking</i>	<p>Knowledge of the family, of the decisions made and the thinking behind them is retained within a unit when a key member leaves. In a traditional model this knowledge would be retained by the team manager, however it is unlikely to be as detailed as that held by other unit members. Under the RSW model there is also knowledge of some cases (particularly high risk cases) by the group manager through attending unit meetings, case file audits and supervision and by the clinical manager.</p> <p>It is the view of the units and the evaluation team that this shared knowledge and shared responsibility is instrumental in both preventing drift and in preventing 'start again' syndrome.</p>

<i>Documentation</i>	Although handovers are variable in length and quality, staff often leave behind detailed notes which include their reasoning and understanding of cases for the incoming member.
<i>' I feel my families won't get lost in the system'</i>	An outgoing CSW in CiN service found the unit very supportive for the emotionally difficult task of saying goodbye to families and she was helped by the belief that her families would not get 'lost in the system' as there was still a sense of shared ownership within the unit.
<i>Calibre of staff</i>	<p>Staff feel that the high calibre of personnel is thought to impact on consistency of care by:</p> <p>Improving the recording of the understanding of the case, the risks and the strategies in place,</p> <p>Improving the clarity of thinking that has been put into the care plans;</p> <p>Positioning the family in a better place so that they are better able to cope with change and be responsive to further work,</p>

### ***Routine Tasks and Bureaucracy***

- 41 It is a common representation in today's press that social workers are tied up in paperwork and bureaucracy. Front-line social workers reported that they spent 80 to 90 per cent of their time on indirect activities, and felt that they had insufficient time for direct work with children<sup>52</sup>. In reality, social work tasks are complex and require both theoretical knowledge and expertise alongside the time to do direct work with children and families<sup>53</sup>. However, RSW has specifically developed the role of the Unit Co-ordinator with the explicit aim of reducing the administrative tasks of the practitioners within the units.

### ***What practice looks like under RSW***

<i>Record keeping</i>	The RSW model shares the burden of record keeping (this includes case notes, chronology, telephone calls, ongoing assessment, changes of contact details). The unit co-ordinator does a lot of the bureaucratic
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<sup>52</sup> Holmes et al (2009) *How social workers spend their time*. Research Report DCSF-RR087. Nottingham: DCSF

<sup>53</sup> European Perspectives on Social Work: Models of Education and Professional Roles 2009).

	<p>administrative tasks which frees up the others to do social worker tasks.</p> <p>If someone forgets something, it is usually picked up by one of the others. Outstanding tasks are brought up in the unit meeting so things do not drift or go unchecked.</p>
<i>Paper Records</i>	<p>RSW has used the expertise of frontline workers to re-design and improve key forms such as the core assessment document and the LAC independent review forms.</p>
<i>Computer Records</i>	<p>Like many other boroughs, Hackney social workers find that their computer system for keeping records (COMINO) does not help them record information in way that helps them with their tasks - either in recording or accessing information.</p> <p>There is a COMINO users group that has been set up to try to address some of the problems.</p>

***View from the frontline***

*C would often go and stay with her Grandad and there were concerns she was not adequately supervised by him. The unit worked with Grandad and looked to his strengths, in order to manage the risk associated with a lack of supervision for C when she stayed there. Because the CSW is not tied up in paperwork and bureaucracy he is able to spend more direct time with C and in critical reflection about her case.*

***Units under Pressure***

42 This section explores some of the issues that recurred throughout data-collection in both interviews and observation and that are seen to put strains on the unit and can impact adversely on the way they work and effect outcomes for children. Difficulties in assessing workload and the complexity of how this impacts upon social workers and their practice are presented in the recent ‘Social Workers’ Workload Survey<sup>54</sup>. These observations relate to social worker’s perception of workload.

<sup>54</sup> Social Workers Workload Survey (2010) Baginsky, Moriarty, Manthorpe, Stevens, MacInnes and Nagendran



## *What practice looks like under RSW*

### *Workload*

When workloads have become high, the effect, as described by some units, has been to cause a 'reversion to old style working'. This in itself indicates that they think working practices are better under the RSW model.

Staff are very frustrated when high caseloads reduce the time available:

- for direct work with families,
- to think reflectively
- for careful analysis and planning in the unit meetings.

### *Working relationships*

The units described in this section have excellent working relationships. However, new units have to develop good ways of working together. This will depend upon people's individual working styles, personalities, capabilities, values and expectations of each other.

The recruitment of excellent calibre staff has played a part in forming effective units. However, management need to find ways of identifying when working relationships are not working well and providing help and support.

### *Experience of Hackney systems*

The interim report highlighted that when new units found themselves without staff who were experienced in the systems and resources available at Hackney they were at a considerable disadvantage. Having at least one member within the unit that has previous experience helps the whole unit.

### *Peer support*

While some CSWs feel supported by their peers, there is little formal opportunity to share knowledge between units (for instance structured CSW or child practitioner forums). This is something that units have consistently highlighted as a learning experience they feel they could benefit from.

### *Staff vacancies*

There will always be people leaving and joining the service. In addition to high workload, these are some of the problems that units have faced.

*'Being CSW and SW at the same time is exhausting and unsustainable'*

*Protective factors not instilled*

There is a huge impact on the remaining unit when one person is away for a length of time, resulting in a heavy workload and people feeling very stressed.

When a child practitioner is missing from the unit for extended periods of time it was felt that the directness of work with families was reduced in the CiN service. The importance of the role of the child practitioner in improving resilience of families and managing risk was also discussed and it is thought that, without the child practitioner, cases are kept in the service longer as the protective factors that a child practitioner puts in are lost.

*Face to face handovers*

Both incoming and outgoing staff wanted the opportunity for face to face handovers, but this does not always take place. When this is not possible, staff find that they are unable to tell their families what the unit will look like when they leave, they find it more difficult to reassure the family, and they are unable to have a joint visit to introduce staff to family.

*Computer support*

Staff feel that the COMINO system actively hinders a good understanding of cases. Problems include: no chronological order - which makes it difficult to interpret the sequence of events with a case and understand the current situation and how it has developed, the way it is set up makes it difficult to find and understand family relationships, it is difficult to work out if a child is looked after or has a child protection plan, there are no warning signs such as addresses that must not be divulged, it is not clear who has worked with the family.

*Supporting documentation*

There is some useful documentation for incoming staff but this is been reliant on individual commitment to cases rather than on any handover guidance notes.

## Key Messages

- 43 Understanding what social work looks like is a fundamental starting point in evaluating whether organisational change is having good or poor outcomes. In addition to assessing the differences made by restructuring the way referrals are taken, this section has explored what practice at the front line looks like for three social work units in different areas of the service under Reclaiming Social Work and how this impacts upon children and families.
- 44 The narrative and associated case studies have been put together using a unique approach which we feel has provided great depth of understanding. Key messages from practitioners that emerge from how staff in units feel their practice is different to their previous experience and from traditional social work practice include:
- Staff feel that the opportunity to use systemic practice within their everyday tasks helps them in assessing the family, in their relationships and in direct work in a way that has a very positive influence on the service user.
  - The ability to spend time with the family and the opportunity to spend time in critical reflection are essential to carrying out good-quality work.
  - Good working relationships within the unit promote a sense of shared ownership, and open and supportive learning environment.
  - The mix of skills within the unit enables them to develop and maintain an objective view of current harm and future risk.
  - The mix of skills also helps to think creatively and explore different avenues when developing care plans.
  - Having different roles within the unit enables flexibility and better responsiveness to the families needs.
  - The different roles and mix of skills is instrumental in promoting good working relationships with partnership agencies.
  - The clinician and a child practitioner are instrumental in enabling supportive interventions.
  - The clinician can also play an important role in encouraging the critical reflection and systemic practice.
  - The unit coordinator plays an important role in reducing the administrative burden on the rest of the unit.
  - Unfortunately some of the bureaucracy is still not seen as helpful and the computer systems at Hackney appear to be a barrier to good practice.
  - Workload can be excessive when caseloads are very high and when a member of the unit is missing. Although it must be acknowledged that high workloads can be symptomatic of the demands on the service and not a direct effect of RSW, it is

important to note that staff feel that excessive workload degrades the positive effects of RSW.

- 44 Understanding the complexity of how RSW has shaped frontline practice provides the opportunity to extend this good practice and tackle any unanticipated negative effects. It is a challenge for senior management to continue to seek out the ways that good practice is being enabled and implemented and share this between different units. It is perhaps even more of a challenge to continue to actively look for the *barriers* to good practice and understand the impact of high level decisions on frontline practice in order to continue to enable their front line staff and management to achieve the goals of RSW. Actively seeking out existing or new demands that may put a strain on the service is a feature of 'resilience'<sup>55</sup> - a relatively new concept that describes systems that are able to recognise, adapt to and absorb disturbances so that it remains safe by being flexible to new demands. In the high risk, high profile environment of children's social care this is very desirable attribute to have.

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<sup>55</sup> Hollnagel and Woods (2005): Joint cognitive systems: foundations of cognitive systems engineering. Taylor and Francis, Boca Raton, FL

## ***Appendix A:***

The following hierarchical task analysis describes an example case that would be taken managed by an access and assessment unit. Figures 1 and 2 show the high level overview and a detailed excerpt from the task analysis to illustrate how task analysis starts with high level objectives and breaks these down into further detail. Table 1 takes an excerpt from the workshop to illustrate how the task analysis was used to explore and compare potential failures and outcomes for staff and families using the experience of staff that are currently in well established units, but that also have experience of social work in a more traditional organisational setting.

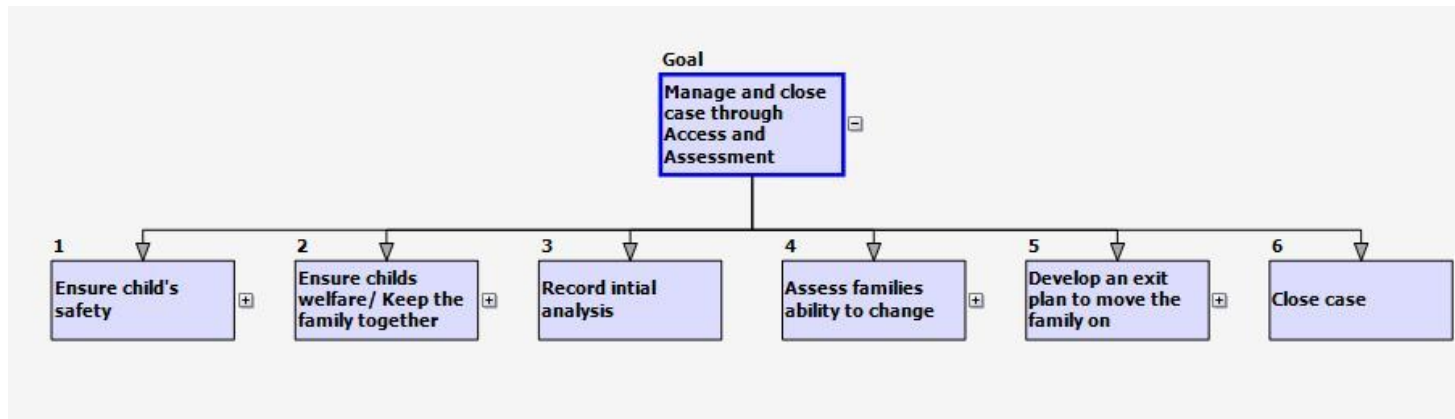


Figure 1: Exerpt from Access and Assessment Hierarchical Task Analysis showing top level breakdown

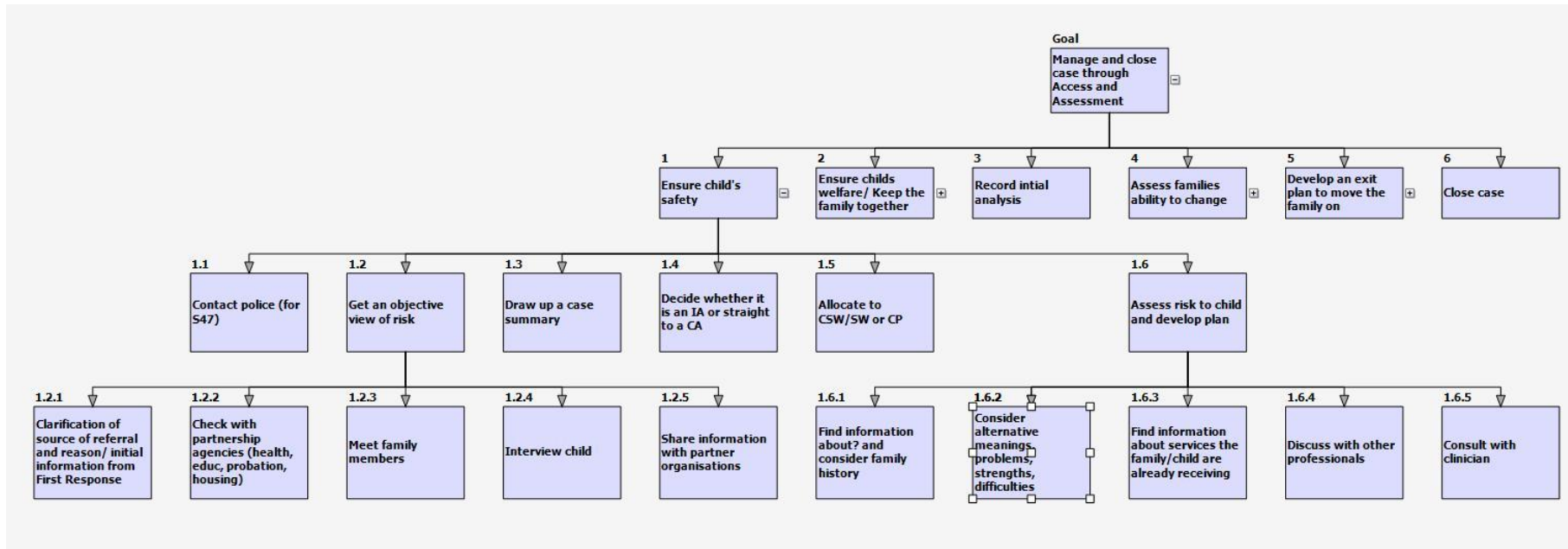


Figure 2: Excerpt from Access and Assessment Hierarchical Task Analysis showing detail

Step	Description	Potential Failures	Consequences	What are the differences between experience under traditional model with RSW	Illustrative example
1	Ensure child's safety				
1.1	Contact the police (for s47's)	Decisions not made. Poor decisions made Wait for management to respond - situation escalates, information not gathered or lost	Time delays, information and understanding lost in translation,  Conversely - timely action and good understanding strengthen the relationship between different agencies	London procedures state s47 decisions have to be taken by management - as the CSW can make these decisions there is more immediacy and less information lost in translation. This also improves relationship with the agencies. In traditional model the contact with the police requires input from the social worker's manager. This can take longer and there can be failures in communication/information. The CSW has the authority to get on with this task which means that the process is quicker and more streamlined.  Also, in a traditional model this referral to a manager to make the decision undermines the role of the SW, they do not gain the confidence or have the authority to make decisions. This can lead to cases drifting on because difficult decisions are avoided. In the unit staff have autonomy to make decisions, they become much clearer about how to make decisions and the basis on which they are made. There is much clearer ownership of the case and the decisions that are made. Reliance on someone else to make a decision can happen within the units - e.g. with a child practitioner turning to the CSW to make the decisions, however it was felt that the CSW is able to provide more timely support and encouragement to less experienced staff to encourage them to make decisions.	In the case study discussed, the child practitioner was able to go out with the young person and the police to locate the house where the abuse took place and support her through the ABE interview. There was a good relationship built with outside agencies to support the child.

Table 1: Excerpts from the Workshop exploring differences between experience under traditional models with RSW in access and assessment.



Step	Description	Potential Failures	Consequences	What are the differences between between experience under traditional model with RSW	Illustrative example
1.2.1	Clarification of source of referral and reason	Refer as S47 when not necessary  Fail to recognise as S47	Excessive workloads, poor quality social work  Child harmed	Initial information from First Response has much improved over the previous referral service. Clearer understanding of the situation and better contact details provided in more timely way.	
1.2.2	Check with partnership agencies (health, education, probation, housing)	Agency checks not carried out,  Progress case without relevant information.  Poor understanding of current situation how family has reached this point.	Unknown risks are not taken into account, child is harmed	Being able to allocate different tasks within the unit allows them to be very responsive. The Reclaiming model allows for a better collection of information from partner agencies. The breadth of information collected enables a deep understanding of issues that it is felt it is not possible to gain within a traditional model of SW.	In the case study the CSW liaised with a wide variety of agencies in parallel with the child practitioner spending time with the family.

Table 1 (cont): Excerpts from the workshop exploring differences between experience under traditional models with RSW in access and assessment.

End of part 2

