

Reclaiming Social Work Evaluation Summary

Background

Scaling and Deepening the Reclaiming Social Work Model was a partnership between a social enterprise, Morning Lane Associates (MLA), and 5 very different local authorities (Buckinghamshire, Derbyshire, Harrow, Hull and Southwark). Reclaiming Social Work (RSW) is a whole-system reform that aims to deliver systemic practice in children's services. Systemic social work practice is a relational and strengths-based approach that supports families to resolve their difficulties by exploring how they operate in relation to others and how their relationship patterns impact on children. It is delivered via small units led by a consultant social worker with clinician support, group case discussions, devolved decision-making and enhanced administrative support.

Aims and objectives

The overall aims of the project include improving risk assessment and decision-making, providing more effective help and risk management for children and families and reduced bureaucracy to free up social worker time to work with families. Keeping families together, where appropriate, is a fundamental aim of RSW.

It consisted of the following elements:

- recruitment and development of 50 consultant social workers (CSWs) (10 per local authority) to lead small multi-disciplinary teams, known as RSW units
- bureaucracy reduction to streamline administrative processes and forms, freeing up social worker time to work with families
- keeping families together by targeting teenagers on the edge of care through specialist RSW units (known as Keeping Families Together (KFT) units)
- coaching the system to support successful implementation of the 3 preceding strands and to support senior managers to embed RSW effectively

Evaluation

The study adopted a mixed methods approach and collected data in 3 strands:

- data on the process of change from the perspective of people at every level across the 5 local authorities, including interviews with 213 staff; 29 structured observations of systemic case discussions; and 325 staff surveys
- a comparison of practice, service experiences and outcomes between RSW units and service as usual involving 67 coded observations of direct practice with families; 106 research interviews with parents; 4 research interviews with children; and data from computerised records for 51 families
- case study data on KFT units, including 13 group interviews with staff; 5 observations of direct practice; 10 interviews with family members; and secondary analysis of data on 119 children and young people receiving a KFT service to provide an indication of impact on care entry and potential cost savings

Findings

There was evidence to suggest that RSW provided a better quality of children's services than normal practice. The quality of direct practice was significantly higher in RSW units, as assessed using a social work skills coding framework. Indeed, the level of direct practice skill observed within the RSW group was the highest identified in any group studied from over 500 recordings across 7 local authorities using this framework.

Evidence from the KFT units was also positive. Again, the quality of practice observed – particularly around the positive use of authority – was very high. Of the 119 children referred to the service from multiagency resource panels as at high risk of care, 79% remained at home, with only 25 children (21%) subsequently receiving some form of care. This exceeds KFT's target of keeping 50% of children at home with their families safely.

Qualitative feedback from parents about both the KFT units and RSW practice was overwhelmingly positive. Children also reported positively. Families appreciated the following features of practice:

- whole-family working, particularly where practice was empathic and strengths-based
- understanding that they were part of the solution to their family's difficulties
- workers that were skilled at respectfully exploring their situation with a view to improving fractured family relationships

What are the factors that make RSW work well?

There is little existing evidence about the factors that shape the quality of children's services. This study evaluated some of the important components of RSW and the difference they made to the quality of practice. The following 4 factors had a statistically significant impact on quality of practice:

- training in systemic practice was significantly associated with greater worker skill
- workers participating in the MLA CSW development programme (selected and trained) demonstrated very high quality practice
- the quality of group systemic case discussion had a very strong relationship with the quality of practice with families
- the presence of clinicians in group case discussions predicted both the quality of the discussion and the quality of practice with families

Recommendations

- RSW is a model for excellent social work that has been demonstrated to be deliverable in a variety of different types of local authority. Other authorities should consider it as an option for delivering high quality services that work effectively to keep families together
- Delivery of RSW to an acceptable standard is dependent on a good practice pyramid of 3 essential, interconnected elements of practice:
 - a consultant social worker who has been trained systemically
 - shared thinking and decision-making around cases via group case discussion
 - involvement from an appropriately qualified clinician
 - staff feedback suggests that enhanced administrative support to aid the smooth running of units and act as family liaison provides the foundation for the good practice pyramid.
- The degree to which RSW is delivered well in any given authority will primarily be decided by the sustained commitment and ownership of the local authority leaders

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(www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications