



Department
for Education

Focus on Practice Round 2 evaluation

Evaluation report

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Contents

List of figures	4
List of tables	5
Key Messages	8
Executive summary	9
Introduction	9
The project	9
The evaluation	9
Key findings	10
Implications and recommendations	11
1. Overview of the project	13
Project context	13
Project activities	14
Project theory of change	15
2. Overview of the evaluation	15
Follow-up evaluation questions	16
Follow-up evaluation methods	16
Changes to evaluation methods	19
Limitations of the evaluation	19
3. Key findings	20
The findings are reported in the following sections:	20
3.1. Understanding and implementation of the Systemic Practice Model (SPM)	20
(a) Philosophy	23
(b) Culture	24
(c) Behaviour	25
3.2. Quality of systemic social work practice	26
Quality of supervision	26
3.3. Impact of the Systemic Practice Model	37
(i) Outcomes for children, young people and families	37
(ii) Outcomes for staff	42
(iii) Outcomes for children’s social care services	48
Cost saving	48

Value for money analysis	48
4. Barriers to successful implementation of the Systemic Practice Model	53
5. Summary of key findings on 7 practice features and 7 outcomes	55
6. Implications and recommendations	56
Appendix 1	58
Appendix 2	60
Appendix 3	61
Appendix 4	64
Appendix 5 Quality of systemic social work practice – Evaluation research brief	74
Appendix 6 TGC Participant Profile Data	79
Appendix 7 Additional TGC Practice Analysis	83
TGC Direct practice analysis	83
References	86

List of figures

Figure 1 Rating of supervision (n=15).....	26
Figure 2 Overall rating of direct practice (n=15).....	30
Figure 3 Relationship between supervision and practice ratings.....	34
Figure 4 Percentage of re-referrals.....	38
Figure 5 Rate of children subject to a Child Protection Plan.....	39
Figure 6 CfSSW learners.....	46
Figure 7 Project Theory of Change.....	59
Figure 8 Systemic practice in supervision and direct practice.....	74
Figure 9 Correlation between relationship-building and respectful authority skills.....	84
Figure 10 Number of practice recordings scoring high (4 or 5) by skill.....	85

List of tables

Table 1 Examples of highly skilled practice by supervision domain . Error! Bookmark not defined.	
Table 2 Examples of highly skilled practice by skill	32
Table 3 Examples of thematic transfer from supervision to direct practice.....	36
Table 4 Difference-in-differences analysis – Results	49
Table 5 Outcome measures of interest.....	66
Table 6 Variables used in PSM estimation	67
Table 7 Comparable Local Authorities identified using PSM.....	68
Table 8 Difference-in-differences analysis – Results	69
Table 9 Domains of systemic group supervision	76
Table 10 Direct practice skills	77
Table 11 Data by Borough	79
Table 12 Social worker role	79
Table 13 Length of time in professional role	79
Table 14 Length of time working with participating family.....	80
Table 15 Level of systemic training.....	80
Table 16 Highest level qualification	80
Table 17 Gender of participating social workers.....	80
Table 18 Age of participating social workers	80
Table 19 Ethnicity of participating social workers	81
Table 20 Family primary need code.....	81
Table 21 Perceived level of overall risk for child.....	81
Table 22 Status of case	81
Table 23 Needs and circumstances of families	82
Table 24 Number of issues identified.....	82
Table 25 Direct practice skill rating overall and by grouping.....	83

Table 26 Distribution of ratings by skill 83

Table 27 Statistical analysis of direct practice skill ratings 84

This report presents findings from two studies: The Focus on Practice evaluation conducted by Kantar and London Economics; and Focus on Practice: Quality of Systemic Social Work Practice by Tilda Goldberg Centre for Social Work and Social Care.

Key Messages

Focus on Practice was the Department for Education funded transformation programme introduced in 3 London boroughs (London Borough of Hammersmith and Fulham, Royal Borough of Kensington and Chelsea and the London Borough of Westminster) in 2014. This programme led to the development of their Systemic Practice model for social care intervention which informs how they work with children and families to achieve positive outcomes.

In the qualitative research conducted as part of this study with families, this positive impact was expressed as a strengthening of family relationships, collaborative working with their social worker and a recognition of and belief in their own ability to effect change.

At a practice level, in supervision and in direct work with families, there was evidence of a strengths-based, systemically-informed approach and practice that was generally of a high quality. The highest quality practice featured supervision led by a clinical practitioner and there was evidence of transfer of learning from discussions in supervision to conversations with families.

For staff interviewed in the qualitative research, the way of working as advocated under the Systemic Practice Model, had fostered a culture of collaboration, respect and openness among teams and driven high job satisfaction.

The programme has had a wider positive impact on children's services as a whole through cost savings on account of a reduction in the rate of looked after children, a decline in the rate of children on Child Protection Plans and reduction in dependence on Agency social workers.

The qualitative interviews with families also reflected a transformation in their attitudes towards children's services and social workers. They expressed trust in their social worker and a willingness to work with them, which they believed was not there previously.

From the qualitative group discussions with senior, mid-level and frontline staff across the 3 boroughs, it was evident that there was consistency in their understanding of the programme and the requirements of a systemic way of working. Feedback from staff in these discussions also reflected that embedding specialists such as clinical practitioners and systemic psychotherapists within the social work teams was critical to driving a systemic way of working and bringing in fresh perspectives.

Frontline staff who participated in the qualitative groups fed back that the Systemic Practice Model involved an intensive way of working which required more time. They felt that balancing this with their caseloads and the administrative requirements of social work was one of the limitations to this approach. Additionally, their view was also that when working with external services and partners who had not adopted a systemic approach, it could lead to a mismatch in language and expectations. This would imply that educating the wider system of external partners and agencies on the systemic approach is important to drive its implementation.

Executive summary

Introduction

In 2014 the Department for Education (DfE) funded a number of projects through the Children's Social Care Innovation Programme (Innovation Programme hereafter). As part of this they funded the Focus on Practice programme in 3 London Boroughs. In 2018 Kantar's Public Division and the Tilda Goldberg Centre for Social Work and Social Care (TGC) were commissioned to conduct a follow-up evaluation of the programme.

The project

The Focus on Practice (FoP) programme, introduced in June 2014 across 3 London boroughs - London Borough of Westminster, Royal Borough of Kensington and Chelsea (RBKC) and the London Borough of Hammersmith and Fulham (LBHF) - brought systemic practice to family social work. The introduction of this programme was expected to lead to a new cultural norm for practitioners based on systemic theory, reduce the number of families who are repeat clients and reduce the number of children in care.

To implement the programme, the boroughs employed clinical practitioners and systemic psychotherapists, embarked on a programme of training for over 500 social work practitioners and senior managers and made changes to recording case notes. Other elements of the programme included investment in an observation and coaching and motivational programme, parenting programmes and Signs of Safety.

The evaluation

The Thomas Coram Research Unit and University College London (UCL) Institute of Education conducted a Round 1 evaluation in 2016 and focused on the implementation context and the impact of the systemic training and allied systems changes to social workers, team leaders and managers in assessment practice and those working with families in the longer term.¹

Kantar's Public Division was commissioned to conduct a follow-up evaluation in 2018 that builds on the findings of the Round 1 evaluation by assessing the longer-term impacts. In parallel, TGC was commissioned to undertake a supplementary evaluation. The TGC evaluation focused on

¹ Cameron, C. et al. (2016) Focus on practice in three London boroughs: an evaluation. Department for Education. https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.57-Triborough_focus_on_practice_July_2016.pdf

understanding the quality of systemic social work practice across the 3 boroughs using observational methods.

Findings in Chapter 4, sections 1, 3 are based on the evaluation undertaken by Kantar and London Economics. Findings from the TGC evaluation are presented in Chapter 4, section 2. Chapters 5 and 6 draw on findings from both evaluations.

Below is a summary of the key findings from the Kantar and TGC Round 2 evaluations.

Key findings

- The qualitative group discussions with staff reflected a highly consistent view across senior management, middle managers and frontline staff on the core elements of the Systemic Practice Model and its implementation
- The qualitative research with staff also highlighted that there was close alignment between the staff description of the Systemic Practice Model and the programme definition and vision set out at the start of the programme. This may be indicative of the successful embedding of the core principles of the programme have been embedded successfully across the 3 local authorities.
- The findings of the qualitative research indicated high levels of enthusiasm and positivity around the programme and its implications for their working style among staff, managers and senior leadership
- Families interviewed as part of the qualitative research had positive feedback on their experience with their social worker. They reported that that it was a collaborative process and had helped to strengthen family relationships and recognise their family's inherent strengths to bring about change
- Based on analysis of audio recordings using TGC coding frameworks, systemic social work practice was found to be of high quality in both supervision and direct practice, with the highest quality practice featuring the involvement of a clinical practitioner. Systemically-informed supervision presented social workers with the opportunity to rehearse and plan direct practice with families and there was evidence of transfer of learning from discussions in supervision to conversations with families.
- The economic analysis suggests that LBHF, RBKC and WCC made better than expected improvements across a range of outcomes. In relation to child-centred outcomes, the incidence of looked after children, child protection plans and children in need is lower in LBHF, RBKC and WCC than in comparable Local Authorities. Similarly, in relation to workforce related outcomes that also have an impact on the quality and stability of service delivery to young people (such as turnover rates, vacancy rates, absence rates and the use of Agency staff), these outcomes also improved in LBHF, RBKC and WCC to a greater extent than in the control group.
- The value for money analysis suggests that the participating Local Authorities have managed to achieve savings relative to similar local authorities. Appendix 5 gives full details of this finding and how it was calculated, giving an overall net benefit of £7.1m, and a

Benefit Cost Ratio of 1.89. These relative savings arise through much lower increases in the numbers of Children Looked After and a reduction in the numbers of agency social workers. However, this analysis is indicative, and should be used with caution as the Propensity Score Matching could not identify close comparators for the three Local Authorities, and the Difference-in-difference method may pick up impacts of other changes within the local authorities.

Implications and recommendations

- Feedback from staff in the qualitative research groups suggests that managers and senior staff who are committed to a systemic approach can improve implementation on the ground.
- Based on qualitative research feedback from staff on the challenges of working with external partners who have not adopted the systemic approach, it is evident that educating these external agencies on the systemic approach, how children's services teams work with families under this approach and the benefits gained from it is important to promote smooth working. Some situations, such as child protection conferences, were highlighted in the qualitative research as being especially problematic. Staff believed that the differences between the systemic and non-systemic approaches adopted by the various agencies involved were evident to both the social workers and families at these conferences.
- The recommendation, based on this research, is that it is worth continuing to embed clinical practitioners such as systemic psychotherapists and psychologists in the teams. Staff highlighted, in the qualitative research, that these systemically trained professionals play a critical role in furthering both knowledge and practice of the systemic practice approach. The analysis of practice recordings and the feedback from staff in the qualitative research groups demonstrated the importance of clinical practitioners in supporting high quality frontline social work practice. Thus, evidence from both parts of the evaluation suggests that they play an important role in elevating both systemic capability and engagement amongst the frontline staff, including supporting the continued development of frontline direct practice. It is also an important point to be considered for any other authority planning to implement a similar approach to family social work.
- Creative and collaborative working was fed back by staff as an important and valued way of working under this approach. The resulting assumption is that this may also play a role in attracting fresh talent to the social work teams in the local authorities.
- Evidence from the qualitative research suggests that there is a common understanding of the core principles of systemic approach across staff groups interviewed. But they also acknowledged that it sometimes tended to be quite broadly defined. They acknowledged that they were not aware of any formal framework or guide on how it can be delivered or what constitutes good practice under this approach. Based on this, it can be assumed that the development of a guide or toolkit for frontline staff on how the systemic approach can be implemented, what constitutes good systemic practice in different situations along with a bank of ideas on activities and approaches used may be beneficial to frontline teams, especially those new to working systemically.

- There is an opportunity for an increased focus on observation and reflection within the organisations to identify, celebrate and share best practice in supervision and direct work.

1. Overview of the project

Project context

In April 2012, 3 London boroughs - the London Borough of Hammersmith and Fulham (LBHF), Royal Borough of Kensington and Chelsea (RBKC) and the Westminster City Council (WCC) launched a joint programme to combine service provision. As part of this programme they combined provision of children's social care services, headed by a single executive director and a shared management team. The boroughs worked together to introduce the Focus on Practice (FoP) programme, funded by the DfE Children's Social Care Innovation Programme, in October 2014. This formal agreement to share services was ended in March 2018, with WCC and RBKC continuing to share services in a bi-borough arrangement. The 3 boroughs continue to work together on driving the systemic approach forward and have a joint Partners in Practice programme, which includes The Centre for Systemic Social Work.

Since the Innovation Programme funding ended in 2016, the activities which fell under the FoP programme continue to be implemented across all 3 boroughs and are referred to internally as the 'Systemic Practice Model'. The activities being evaluated will be referred to as Systemic Practice Model throughout this report.

The 3 boroughs are densely populated local authorities. All are characterised by high levels of cultural diversity. Almost half the children in schools speak English as an additional language and over 100 languages are spoken in the boroughs. Approximately one fifth of the population moves out of the borough in any one year. Over a quarter of households live in poverty and around a third of children receive free school meals (Trust for London and New Policy Institute 2016). Schools, however, perform very strongly and have a good record on inclusion. Within this high performing London context, pupils eligible for free school meals in RBKC and WCC achieved higher GCSE scores than pupils not eligible for free school meals outside London in 2014 (Mayor of London 2015).²

The FoP programme (now known as the Systemic Practice Model) introduced systemic practice, an evidence-based therapeutic approach based on systemic concepts and theory, training and systems level changes, to family social work in the 3 local authorities. It was designed to bring greater coherence and confidence to social work practice.

To implement the programme, the boroughs employed clinical practitioners (systemic psychotherapists and clinical psychologists), embarked on a programme of training for over 500 social workers and over 160 supervising practitioners and senior managers and made changes to recording. Other elements of the programme included investment in an observation and coaching

² Cameron, C. et al. (2016) Focus on practice in three London boroughs: an evaluation. Department for Education. https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.57-Triborough_focus_on_practice_July_2016.pdf

and motivational interviewing programme, parenting programmes and further implementation of Signs of Safety.

Public spending cuts, alongside an increased demand for children's social care services since 2010 provide important context for this programme, as they have impacted on provision of children's social care in England. Between 2010 and 2017 the 0 -17 population in the UK increased by 5.2%, with a corresponding 7% increase in referrals to children's social care. Across England, the number of child protection assessments increased by 77% over the same period and there has been a 15% increase in the number of children taken into care. This increase in demand has been reflected in spending on children's social care. In 2017-18, 91% of local authorities overspent on children's social care. It is also important to acknowledge the impact of the Grenfell tragedy in 2017 on children, families and the local community and the necessary impact on resources in RBKC.³

Project aims and intended outcomes

The core objective of implementing a systemic practice approach was for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people.⁴

This is expressed in the stated outcomes of the programme:

- Embed a new cultural norm for practitioners based on systemic theory
- Reduce the number of families who are repeat clients
- Reduce the number of children in care

Project activities

In order to achieve this, between October 2014 and December 2016, the local authorities of RBKC and WCC implemented the following key elements of change:

1. Skills development through: a) 15-day accredited courses (taught over 8 months) for family service practitioners and managers; b) foundation year in supervising systemic practice (both recognised qualifications) for 161 supervisors; c) six day systemic leadership course (taught over 3 months); and d) Short courses in parenting theory and skills, motivational interviewing and Signs of Safety, which commenced in September 2015 Signs of Safety (a strengths-based and safety-focused approach to child protection work).

³ McNicoll, A. (2017) Social workers drafted in to support Grenfell Tower survivors. Community Care. <https://www.communitycare.co.uk/2017/06/22/social-workers-drafted-support-grenfell-tower-survivors/> (Accessed March 2020)

⁴ Bi-borough internal document (2016) Focus on Practice: Position Statement On Impact To Date. unpublished

2. Embedding learning through: a) recruiting heads of clinical practice in each borough and systemic psychotherapists who provide consultation and assist in embedding systemic principles within every day practice and also co-tutor on systemic practice courses; b) developing a specialist practitioner model; and c) rolling out observation and coaching programme.
3. Influencing systems conditions through the introduction of case summaries as a means of recording; an overhaul of the case recording system, use of the Signs of Safety framework for Child Protection Conferences, close working with Early Help to manage thresholds
4. Using data to predict families where more intensive intervention might be warranted, particularly children at risk of care at transition to secondary school (for example, the “On Track” programme).

Project theory of change

Please see Appendix 1.

2. Overview of the evaluation

The Round 1 evaluation by Thomas Coram Research Unit and UCL Institute of Education focused more narrowly on the implementation context and the impact of the systemic training.⁵ This study found:

- widespread enthusiasm for the training and the programme overall and widespread agreement about the objectives of the programme
- implementation of Focus on Practice was exemplary, and that supervision and reflective practice were becoming more familiar and more oriented towards Focus on Practice intended learning outcomes.
- the Focus on Practice emphasis on building relationships using systemic techniques with families was often seen as difficult to reconcile with the requirements of practice within assessment teams, leading to partial implementation of learning from the training.
- placement costs reduced over two years since baseline, but staff salary cost increased
- reduced use of agency staff and reduced rate of staff absence indicating better value for money
- while families’ perceptions were difficult to relate to Focus on Practice explicitly, the qualities they appreciated in social workers aligned well with Focus on Practice values and intentions. For further details about the Round 1 evaluation please see Appendices 1-3.

⁵ Cameron, C. et al. (2016) Focus on practice in three London boroughs: an evaluation. Department for Education. https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.57-Triborough_focus_on_practice_July_2016.pdf

Kantar's Public Division was commissioned to conduct a follow-up evaluation of FoP that built on the findings of the Round 1 evaluation by assessing the longer-term impacts of the programme. In parallel, TGC was commissioned to undertake a supplementary evaluation, which focused on understanding the quality of systemic practice across the 3 boroughs.

This report combines the findings from the Round 2 evaluations of both Kantar and TGC.

Chapter 4, sections 1, 3 are based on the evaluation undertaken by Kantar and London Economics. Findings from the TGC evaluation are presented in Chapter 4, section 2. Chapters 5 and 6 draw on findings from both evaluations.

As these follow-up evaluations consider the process and impacts of activities funded both through the Innovation Programme and the Partners in Practice programme, we will refer to all relevant activities as being part of the Systemic Practice Model. Please note that the 3 boroughs now refer to these activities internally as the 'Systemic Practice Model'.

Follow-up evaluation questions

1. What impact has Focus on Practice (now known as the Systemic Practice Model) had on ...?
 - a. Individual families
 - b. Staff from the 3 participating local authorities' frontline, managerial and practice leaders)
 - c. Participating Children's Social Care Services overall
2. How, and why, does the model lead to better outcomes for children and families?
3. To what extent have changes in working practices, staff confidence and knowledge amongst frontline staff and managers been sustained and embedded?
4. What are the facilitators and barriers to supporting the changes in practice.? Including:
 - a. How does leadership influence embedding practice changes and systemic practice?
 - b. How do Clinical Practitioners influence embedding practice changes and systemic practice?

Follow-up evaluation methods

To answer these questions Kantar, London Economics and Tilda Goldberg Centre used the following methods:

Discussion groups with senior leaders

Kantar carried out a 1-hour face-to-face discussion group with 3 Directors of Children's Services (one from each borough) to explore the senior leadership view of the Systemic Practice Model. The discussion covered its impact on the organisation, staff and families, factors critical to success and the barriers to practising it effectively.

Discussion groups with service managers

Kantar carried out a 1-hour face-to-face discussion group with 14 to 16 service managers⁶ from the 3 boroughs to explore their perspective of the Systemic Practice Model – programme elements, ways of working, benefits to staff and families and barriers to practising it effectively.

Discussion groups with clinical practitioners and family therapists

Kantar carried out a 1-hour face-to-face discussion group with 18 to 20 clinical practitioners and family therapists from the 3 boroughs to understand their perspective on the Systemic Practice Model – their role within children’s services, key elements of the programme, benefits to staff and families and barriers to practising it effectively.

Interviews with families and review of case notes

Kantar carried out 5 1-hour face-to-face interviews with families across RBKC and WCC who were selected because they had a range of characteristics including length of their involvement with children’s services and the social worker’s level of experience on the programme. Practitioners were best placed to identify and contact the families, so they, rather than Kantar, recruited families to take part. Families were included in the qualitative research to understand their perspective on the systemic approach and to identify whether they reflected the same principles of systemic working mentioned by staff at the 3 local authorities.

Analysis of service level performance data

London Economics adopted a quasi-experimental approach to quantify the impact of the Systemic Practice Model.

The analysis considered outcomes relating both to children (rate of children looked after, rate of child protection plans) and workforces characteristics for social workers (turnover rate, vacancy rate, absence rate and agency worker rate). These workforce characteristics are of interest because they provide an indication of the stability and continuity of the services provided to children and families in need. The extent to which the LAs rely on agency staff to fill vacant posts forms part of the measurement of the economic benefit of the programme.^{7,8}

In addition to considering change over time, the analysis considered the impact of the programme on the outcome measures using a difference-in-differences approach. This analysis compares the change in the outcome measures of the ‘treatment’ local authorities before and after the implementation of the programme with those of comparable local authorities that have not

⁶ This included team managers, service managers and heads of service.

⁷ Table 2 in Appendix 4 outlines the outcome measures of interest.

⁸ Agency staff were of particular interest as they present a higher cost than permanent staff and any increase or decrease in the use of agency staff by LBHF, RBKC and WCC (and corresponding increase or decrease in staffing costs) following the adoption of the Systemic Practice Model could be attributed to the Model.

participated in the programme. Comparable local authorities were identified by using a Propensity Score Matching model.⁹

For further information about the analysis of service-level performance data and the results of the difference-in-differences analysis for each outcome measure of interest, please see Appendix 3.

Online Staff Survey

Kantar carried out an online survey of 185 staff across LBHF, RBKC and WCC with fieldwork running between 19th November 2019 and 10th January 2020. The local authorities distributed the survey link to all staff, including managers, social workers, clinical practitioners and administrators, and followed up with reminders throughout the fieldwork period.

Unless otherwise specified, all commentary on the staff survey in the report focuses on differences that are statistically significant at a 95 per cent confidence level. In basic terms, this means that if the survey was conducted 100 times, a finding of the same nature would be found in at least 95 cases.

Analysis of practice

Over the last ten years TGC has developed methods and analytical frameworks to understand the quality of practice conversations that occur during social work supervision and in direct practice encounters.^{10, 11, 12, 13, 14} These methods were applied and extended to the quality of systemic practice conversations and the relationship between the quality of supervision and direct practice with children and families.

⁹ See Appendix 4 for more detail.

¹⁰ Bostock, L., Patrizo, L., Godfrey, T. & Forrester, D. (2019a) What is the impact of supervision on direct practice families? *Children and Youth Services Review*, 105, 104-428, <https://doi.org/10.1016/j.chilyouth.2019.104428>

¹¹ Wilkins D., Lynch A. and Antonopoulou V., (2018) A golden thread? The relationship between supervision, practice, and family engagement, *Child and Family Social Work*, 23 (3), 494–503, <https://doi.org/10.1111/cfs.12442>.

¹² Whittaker et al, 2016; Whittaker, C.E., Forrester, D., Killian, M. and Jones, R.K. (2016). Can we reliably measure social work communication skills? Development of a scale to measure child and family social work direct practice, *International Journal of Child and Family Welfare*, 17 (1/2), 47-63

¹³ Bostock, L., Forrester, D., Patrizo, L., Godfrey, T., Zonouzi, M. with Bird, H., Antonopoulou, V. & Tinarwo, M. (2017). *Scaling and deepening Reclaiming Social Work model: evaluation report*. London: Department for Education. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625227/Scaling_and_deepening_the_Reclaiming_Social_Work_model.pdf, Accessed 10 July 2019.

¹⁴ Forrester, D., Lynch, A., Bostock, L., Newlands, F., Cary, A., & Preston, B. (2017). *Family Safeguarding Hertfordshire: evaluation report*. London: Department for Education. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625400/Family_Safeguarding_Hertfordshire.pdf, Accessed 19 February 2020.

A purposive sampling strategy was adopted to recruit families to participate in the research, based on the following criteria: 1) children were the subject of a child in need or a child protection plan; 2) the social worker had had continuous involvement with the family for at least 3 months; and 3) the social worker had completed Level 1 Systemic training as a minimum.

Each social worker completed a case questionnaire to outline the context of each case. In total, there were 15 recordings of supervision and 15 recordings of direct practice. Audio-recordings of supervision were transcribed and the transcriptions were analysed using a coding framework developed by TGC.¹⁵ Audio-recordings of direct practice were analysed using a framework that was developed by TGC in partnership with a local authority, focusing on skills related to relationship-building and respectful authority.^{16, 17} See Appendix 5 for further details of the approach and Appendix 6 for details of the profile of participants.

Changes to evaluation methods

Kantar had proposed interviewing 9 families – 3 families within each local authority. However, obtaining consent from potential participants proved to be a challenge, resulting in Kantar only being able to conduct 3 family interviews in RBKC and 2 in WCC. No family interviews were conducted in LBHF due to challenges obtaining consent.

Limitations of the evaluation

There were 3 main limitations in this evaluation:

- Due to difficulties in obtaining consent from families for participation in the research, we could only conduct five family interviews (3 interviews in RBKC and 2 interviews in Westminster) instead of the initially planned nine interviews. This has resulted in the lack of any qualitative evidence from families on their experience in one local authority (LBHF) and somewhat limited the collection of a rich variety of evidence from different families.
- Due to budget and time constraints, Kantar were only able to conduct a small number of qualitative group discussions (four) amongst staff relative to the total number of staff across the 3 local authorities. Further interviews and group discussions would have allowed a more

¹⁵ Bostock, L., Patrizo, L., Godfrey, T., Munro, E.R. & Forrester, D. (2019b). How do we assess the quality of group supervision? Developing a coding framework, *Children and Youth Services Review*, 100, 515-524 <https://doi.org/10.1016/j.chidyouth.2019.03.027>

¹⁶ Whittaker et al, 2016; Whittaker, C.E., Forrester, D., Killian, M. and Jones, R.K. (2016). Can we reliably measure social work communication skills? Development of a scale to measure child and family social work direct practice, *International Journal of Child and Family Welfare*, 17 (1/2), 47-63

¹⁷ Newlands, F., Lynch, A., Khan, M., McDonnell, J. & Westlake, D., et al (in preparation). Understanding the quality of social work practice in a children looked after service – development of a skills framework. Manuscript in preparation.

in-depth exploration of staff views, ensured that the discussions captured all views held across the organisations, and provided stronger evidence for this report's conclusions.

- On account of an unexpected Ofsted inspection in the 3 boroughs that coincided with the timing of the staff survey, the number of responses received to the survey was relatively low at 185 responses across the 3 boroughs.¹⁸ As the number of responses from each borough is low, we have not been able to compare findings across the 3 boroughs.

3. Key findings

The findings are reported in the following sections:

1. Understanding and implementation of the Systemic Practice Model

- The original vision for the programme
- Staff understanding of the Systemic Practice Model and its implementation

2. Quality of systemic practice (TGC Evaluation)

3. Impact of the Systemic Practice Model

- Outcomes for children, young people and families
- Outcomes for staff
- Outcomes for Children's Services
- Cost saving
- Value for money analysis

4. Facilitators and barriers to implementing the Systemic Practice Model

3.1 Understanding and implementation of the Systemic Practice Model (SPM)

To identify how the implementation of the programme is working and to answer the research question on the extent to which changes in working practices, staff confidence and knowledge amongst frontline staff and managers have been sustained and embedded, the first step was to explore how the 3 local authorities defined the core principles of SPM and their vision of how it will be delivered. This was then compared to how staff describe their understanding and practice of SPM to evaluate how closely aligned the two views are.

The original vision for FoP (now known as the Systemic Practice Model)

The Focus on Practice: Position Statement on Impact to Date outlined how the programme aimed to build on the knowledge, confidence and expertise of practitioners and managers in order that

¹⁸ It is not possible to report the staff survey response rate as the boroughs were unable to clarify exactly how many staff were invited to participate.

they are more effective in creating changes for families, mobilising the strengths within families, and moving away from a model of case management and 'watching and waiting'.¹⁹

To support this, the 3 boroughs sought to create the conditions in which this work could take place – promoting a culture of respect, discussion, openness and challenge and a system in which, at every level of the organisation, 'we remain curious and open to different possibilities and keep the experience of children and families at the centre of everything we do'.²⁰

To further understand this approach, the research team also reviewed a Practice Handbook developed by WCC and RBKC, which states that the systemic model is centred around:

'understanding relationships and how interactions can both foster problems and solve them when considering: the context in which they exist, how they are co-created, their strengths and patterns, responses to problematic situations, understanding the best ways to intervene to generate lasting change in the life of families and children.'²¹

The handbook defines 10 practice standards (see Appendix 2), co-created by children, families and practitioners, which relate to good practice in social work and early help services (using the systemic model).

The research team's analysis suggests these practice standards are underpinned by the following key principles, which reflect the RBKC and WCC approach to a systemic way of working.

- Relationships (within families, between social workers and families) drive the co-creation of change
- Openness and transparency are fundamental to the 2-way relationship between social workers and families
- Understanding of and responsibility for moving towards the desired change should be shared between the social worker and family
- Family history and context are critical factors in understanding situations and behaviour
- A core belief that all families possess innate strengths and resources to facilitate and sustain change
- It is important to be open to changing direction and trying new things when required
- Recording must be compassionate, considerate and child-centred

¹⁹ London Borough of Hammersmith and Fulham (2016) Focus on Practice: Position Statement on Impact to Date. <http://democracy.lbhf.gov.uk/documents/s84897/Appendix%201%20-%20Focus%20on%20Practice%20Impact%20Statement.pdf> (Accessed March 2020)

²⁰ Ibid

²¹ Bi-Borough Children's Social Care (2019) Practice Handbook 2019.

https://search3.openobjects.com/mediamanager/biborough/directory/files/296_1_wcc_bi-borough_practice_handbook_2019_007.pdf (Accessed March 2020)

- Social work practice must be carried out in a manner that is always culturally competent and self-reflexive

Staff views of SPM:

As part of the qualitative research, senior, mid-level and frontline staff in the 3 local authorities were interviewed to explore their understanding of the systemic approach. Key observations from these discussions were:

- There was a highly consistent view across staff groups on the core elements of programme, reflecting a shared understanding and vision.
- The staff description of SPM (as captured below) aligned closely with the definition and vision set out at the start of the program (as captured above). Each of the above elements were reflected in staff descriptions of the programme, as captured in the next section, indicating that the core principles have been embedded successfully across local authorities and levels of hierarchy.
- There was collective enthusiasm and positivity for the programme and its impact on their working style

To further highlight the changes in working practises, staff confidence and knowledge of the Systemic Practice Model, the staff descriptions of the systemic approach in the qualitative research, which yielded a consistent set of themes, which have been organised into 3 'pillars' – (a) Philosophy (b) Culture and (c) Behaviour

These pillars can indicate how the Systemic Practice Model is understood, interpreted and practiced at RBKC, WCC and LBHF. They also help to answer research question 2 by giving an insight into how and why the model leads to better outcomes for children and families.

While staff perceptions have been organised into 3 distinct pillars, it is a relatively flexible classification based on the research team's analysis of how the common themes fed back by staff can be clustered together to best represent the staff experience and practice of the systemic approach. It is possible that, based on the reader's interpretation of the 3 pillars, some of the themes may fit in one or both of the other pillars as well.

(a) Philosophy

Relationship-focused model

Reflecting the values of the systemic approach to social work taken by many local authorities across the sector, staff at all levels expressed the view that relationships form the heart of the programme. According to staff, taking care to develop and sustain these relationships is core to this way of working and critical to enabling sustainable change.

These include relationships between family members, between the social worker and the family and even relationships amongst staff teams.

Strengths-based practice

In the qualitative research groups, staff expressed the belief that a positive mindset and approach when dealing with any family or situation is core to the SPM. They believed it encourages social workers to move away from viewing a person as the cause of a problem to acknowledging that every individual and family possess their own strengths. Strengths were described as positive elements that may influence change, such as family members' personal strengths, relationships within the community and extended family support.

Importance of context

Staff reflected the importance of considering the context within which a family exists. To them, this meant they need to think more broadly because situations and people are influenced by, and in turn influence, other people and situations. Being aware of this interconnectedness when working with families, they felt, was crucial to a systemic way of working.

“it’s focusing on different relationships...thinking of the context of the family...work, school, extended family, how the social worker comes into that...”
– *Clinical practitioner*

Families as active players in change

The systemic approach, according to staff, views the family as having an active role and a powerful voice in the process of change. Their ideas and views of the desired change shape how the social worker works with them and ultimately the direction of change.

“it is about working with families, not doing to them...” *Social worker*

Influence of the practitioner

Staff believe that an important concept in this programme is that practitioners are self-aware and cognisant of the fact that their background and experiences also influence how they view a family and what they bring to a situation.

“I bring my own cultural background and experiences to my view of a family and a situation...I just need to be aware of this as I may be seeing something because of who I am” – *Social worker*

Sustainable change

According to staff, SPM is focused on both first and second order change²². They believe that this approach aims to bring about not only a change in behaviour but also a shift in attitudes towards that behaviour, to ensure sustainable change.

(b) Culture

Collaboration

Collaborative working at all levels - between family members, amongst staff and with external services was seen by staff as essential to the SPM.

“practitioners still hold individual cases but there is also a focus on sharing and collaboration...it is very much a part of the process now” - *Manager*

“we have meetings and involve other professionals working with the child too...school, substance abuse professional” – *Senior social worker*

Creativity

There was strong agreement among staff that SPM encouraged and enabled working creatively. They believed it enabled practitioners to employ different creative approaches that suited the family/child, encouraged working creatively within teams and enabled creative recording of family interactions.

“we tap into lots of different techniques and models...sculpting, therapeutic letters, reflecting teams...they are practical techniques that support working differently” – *Clinical practitioner*

“when he works with my daughter, they do Lego together because my daughter enjoys Lego...he gets her to talk about things by creating these different structures and talking about them” - *Mother of a 10-year-old child*

Flexibility

An important element of this way of working, fed back across groups, was the inherent flexibility. Staff felt that while the systemic practice model is underpinned by certain core philosophies and ideas, it enables practitioners to implement them in different ways. Practitioners said they are able to borrow methodologies and tools from different approaches to implement these ideas. They believed that it encourages them to be less fixed in their views about the right solution when

²² According to a description of first and second order change provided to us by the local authorities, “first order change involves changing the symptom, but the problems remain in the system. Second order change involves changing beliefs or relationship in the system rather than just behaviour of one individual. As an example, a problem child in family is brought into care, but a few years later the family present again with a younger sibling and the same problem. In this case, the parents’ beliefs around parenting have not changed/ or children caught in the middle of parents’ relationship which is still difficult.”

supporting families and more open to change when things are not working. This view was supported by senior leaders who see this as core to the success of the Systemic Practice Model.

“With systemic practice, as a social worker I have the same level of worry but I don’t feel as anxious because I know this is the risk we have, this is how we are potentially going to work but actually if things do fail, we’ll go back in and work something out” – *Senior social worker*

Risk-taking

An important idea underlying the systemic approach practices across the 3 boroughs is how staff perceive and manage risk. Here risk can refer to anything unfamiliar and out of a staff member’s comfort zone. We heard from managers and frontline staff interviewed in the qualitative research, that through the fundamental principles of collaboration, creativity and flexibility, SPM enables and encourages practitioners to go beyond their comfort zone and this is carried through to how they work with families. The systemic ideas and tools, such as leveraging the family’s strengths, being open to changing their approach if something wasn’t working, enable practitioners to manage uncertainty.

“It enables us to have conversations we may not have had previously, so the social worker and the organisation are pushing the boundaries of the practice” – *Clinical practitioner*

(c) Behaviour

Curiosity

Curiosity was a common theme identified by staff in the qualitative research as fundamental to SPM. They expressed it as a genuine interest in knowing more about the family, their context and the elements that impact the relationship. Curiosity was expressed in practice by asking questions and considering situations and challenges from different perspectives.

“Curiosity is the biggest difference between systemic practice and social work. It is about keeping an open mind, being curious about elements that impact the relationship” - *Social worker*

Neutrality

Inherently linked to curiosity, neutrality was highlighted by staff in the qualitative research as an important element of the systemic approach. Neutrality, according to them, was the absence of pre-conceived notions and keeping an open mind when going into a session. They also described it to include being neutral between different members of the family.

Circularity

Staff believed that circularity, a key dimension of the Systemic Practice Model, encourages social workers to think in a non-linear way. It was described as the recognition that no single factor is responsible for a situation and in fact, there are likely to be multiple drivers. Being cognisant of this principle of circularity ensures social workers take a holistic view of a situation and examine various dimensions and drivers.

3.2 Quality of systemic social work practice

The TGC evaluation of the quality of systemic practice involved analysis of 15 audio recordings of supervision and 15 audio recordings of direct practice. Practice was analysed drawing on frameworks developed by TGC to explore systemic supervision and direct practice skills framework.^{23, 24} Further details are presented in Appendix 5.

This section helps to answer research question 3 by providing an insight into the extent to which changes in working practices, staff confidence and knowledge amongst frontline staff and managers have been sustained and embedded. It also aims to answer question 4.1 by providing an insight into the importance of clinical practitioners.

Quality of supervision

Supervision ratings

The quality of supervision was assessed using a bespoke framework which focuses on five essential domains of systemic supervision: 1) relational nature of problems 2) voice of the family 3) risk talk 4) curiosity and flexibility and 5) support for practice. Supervision is rated according to the depth and breadth of incorporation of systemic concepts. A rating of 'not systemic' indicates that there was little evidence of application of systemic concepts in the session; 'green shoots' indicates that the session included application of systemic concepts across the majority of the domains; 'systemic' sessions demonstrated incorporation of systemic concepts and practice across all of the domains (see Appendix 5, Table 1 for further detail).

Overall, as Figure 1 shows, analysis of supervision suggested that the overall quality of systemic practice was high. All supervision sessions featured curious conversations about the relational nature of family problems and offered social workers a reflective space to consider their work with families.

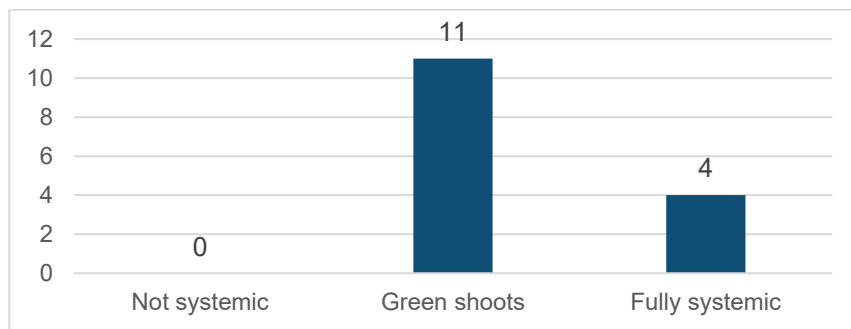
All the supervisory sessions were rated as either 'green shoots' (n=11) or 'systemic' (n=4). None of the recordings were given a 'not systemic' rating. Although it was tested in a different context, this compared favourably with another evaluation of supervision in an organisation that had implemented systemic social work over a similar timescale, where in a sample of 14 supervisions,

²³ Bostock, L., Patrizo, L., Godfrey, T., Munro, E.R. & Forrester, D. (2019b). How do we assess the quality of group supervision? Developing a coding framework, *Children and Youth Services Review*, 100, 515-524 <https://doi.org/10.1016/j.childyouth.2019.03.027>

²⁴ Whittaker, C.E., Forrester, D., Killian, M. and Jones, R.K. (2016). Can we reliably measure social work communication skills? Development of a scale to measure child and family social work direct practice, *International Journal of Child and Family Welfare*, 17 (1/2), 47-63

four were rated as 'not systemic'; five were rated as 'green shoots'; and five were rated as 'systemic'.²⁵

Figure 1 Rating of supervision (n=15)



Source: Analysis of supervision ratings

All the supervisory sessions were rated as either 'green shoots' (n=11) or 'systemic' (n=4). None of the recordings were given a 'not systemic' rating. Although it was tested in a different context, this compared favourably with another evaluation of supervision in an organisation that had implemented systemic social work over a similar timescale, where in a sample of 14 supervisions, four were rated as 'not systemic'; five were rated as 'green shoots'; and five were rated as 'systemic'.²⁶

Green Shoots (n=11)

All sessions which were rated 'green shoots' could be described as high quality in so far as social workers were provided with a reflective space to consider, alongside their supervisor, their work with children and families. In contrast, previous studies have identified that supervisors may act as 'expert problems solvers', rather than facilitating higher levels of collaboration and reflection.²⁷ There was some variation within the green shoots category. Supervision at the lower end of this category focused on practical details of family relationships and care planning processes and could best be described in terms of a 'case update'. Analysis suggested that while supervisors demonstrated curiosity by asking social workers open ended questions, there were some missed opportunities to follow up on the relational nature of problems and family perspectives, or any risks to the child or children were not fully articulated. The consistency of use

²⁵ Bostock, L., Patrizo, L., Godfrey, T. & Forrester, D. (2019a) What is the impact of supervision on direct practice families? *Children and Youth Services Review*, 105, 104-428, <https://doi.org/10.1016/j.chidyouth.2019.104428>

²⁶ Bostock, L., Patrizo, L., Godfrey, T. & Forrester, D. (2019a) What is the impact of supervision on direct practice families? *Children and Youth Services Review*, 105, 104-428, <https://doi.org/10.1016/j.chidyouth.2019.104428>

²⁷ Wilkins, D. and Jones, R. (2018). [Simulating supervision: How do managers respond to a crisis?](#) *European Journal of Social Work*, 21(3), 454-466. ([10.1080/13691457.2017.1366429](https://doi.org/10.1080/13691457.2017.1366429))

of systemic concepts was also less evident in these sessions. Sessions at the higher end of the 'green shoots' category were more systemic. They moved beyond a case update, provided space for hypothesis generation and drew more consistently on relational approaches.

Systemic (n=4)

The defining feature of systemic supervision was the move from hypotheses to articulations of 'actionable conversations' with families, constituting evidence for the domain 'support for practice'. In line with previous evaluations of 'systemic' supervision, a noticeable feature was the way in which social workers were able to use this as a 'rehearsal space' to plan conversations with children and families.²⁸ Social workers drew on the expertise of the practice lead to actively plan their conversations: together they generated questions to ask the family and reflected on approaches that could support their interactions with the family, to ensure that they remained child-focused, collaborative and curious about family dynamics and risk to children.

Case consultations with clinical practitioners

All the supervisory sessions that were assessed to be 'systemic' were case consultations lead by clinical practitioners; 4 of the 7 seven case consultations were classified as systemic, in contrast to 0 of the 7 supervision sessions with team managers. This supports findings from other research studies that demonstrated that clinical practitioners, in particular, seemed to play a pivotal role in supporting social workers plan systemically-informed conversations with families.^{29, 30}

This finding may also reflect the different purposes of the two forums, with 1-to-1 supervision having a wide remit, including case management and personal and emotional support.³¹

²⁸ Bostock, L., Patrizo, L., Godfrey, T., Munro, E.R. & Forrester, D. (2019b). How do we assess the quality of group supervision? Developing a coding framework, *Children and Youth Services Review*, 100, 515-524 <https://doi.org/10.1016/j.chidyouth.2019.03.027>

²⁹ Bostock, L., Patrizo, L., Godfrey, T. & Forrester, D. (2019a) What is the impact of supervision on direct practice families? *Children and Youth Services Review*, 105, 104-428, <https://doi.org/10.1016/j.chidyouth.2019.104428>

³⁰ Bostock, L., Patrizo, L., Godfrey, T., Munro, E.R. & Forrester, D. (2019b). How do we assess the quality of group supervision? Developing a coding framework, *Children and Youth Services Review*, 100, 515-524 <https://doi.org/10.1016/j.chidyouth.2019.03.027>

³¹ Kadushin, A., & Harkness, D. (2014) *Supervision in social work*. New York: Colombia University Press.

Supervision - systemic practice talk

Table 1 below, provides examples of skilled practice for each domain of systemic supervision.

Domain	Examples of highly skilled systemic practice: supervisors' systemic practice talk
Relational nature of problems	<p>"I wonder what, in her idea, "stepping up" as a father would mean and thinking about maybe her own cultural scripts or her upbringing and even thinking about her own, the way she was parented because that affects the way she sees a fatherly/sister part"</p> <p>"As I listen to you talk, I'm thinking about corrective scripts and how her family scripts seem to have been so bleak for so long but now it seems like she's almost determined to do things differently and that's where the corrective scripts are coming in to play"</p>
Voice of the family	<p>"As a child growing older, sensing those factious kind of relationships within both sides of the family network...she'll probably be thinking about how does she position herself as she grows older. Who does your loyalty lie with, is it your mum's family or your dad's family?"</p> <p>"Thinking about his relationship with his daughter and his ex-partner and what was helpful in that relationship and what hasn't been helpful. Because I wonder if, for him, he has a corrective script going on whereby he's thinking about, "How do I do this differently?"</p>
Risk talk	<p>"I'm also thinking about substance misuse and alcohol and thinking about the relationship that she has with those two things. What do they provide her with? How does she relate to them? Does alcohol give her a means of escape? Do drugs have the same effect? Is she trying to escape because things are actually a bit too hard for her to face at the moment, or things are really going wrong for her?"</p> <p>"Yes, because past risks don't always have to be an indicator of future risks and I think it's really good that you're holding that in mind and thinking of a way forward"</p>
Curiosity and flexibility	<p>"I'm wondering about how she perceives herself from a power point-of-view. If she's vulnerable it's almost as if other people tend to take power over her. For other people to take power over her she must feel quite powerless, and maybe quite hopeless as well".</p> <p>"I'd also be thinking with domestic violence there's the power, the fact that she's so vulnerable. But also, I think trying to get an understanding as to where this loss of power, her loss of self-esteem ... and all of the other things, where that's come from? Obviously, we don't know until we start speaking to mum, but I'm wondering what mum's relationship with her mum is like, and whether or not there were attachment issues in relation to mum".</p>
Support for practice	<p>"An idea that systemic people use is about that empty chair perspective, so if they were sitting here, what would they say, how would they ask the questions? They're trying to get maybe a third perspective when they're together... not being able to agree on something"</p> <p>"If you were talking to your son about it, would you say it differently? How would that be and how do you think he would hear you say it instead of his dad? Because there is something about the double perspective, isn't it, in the sense that, and that doesn't mean that either way is right or wrong ... but ... it opens up for doing a little bit differently ... about these conversations"</p>

Source: Transcripts of supervision recordings

Quality of direct practice sessions

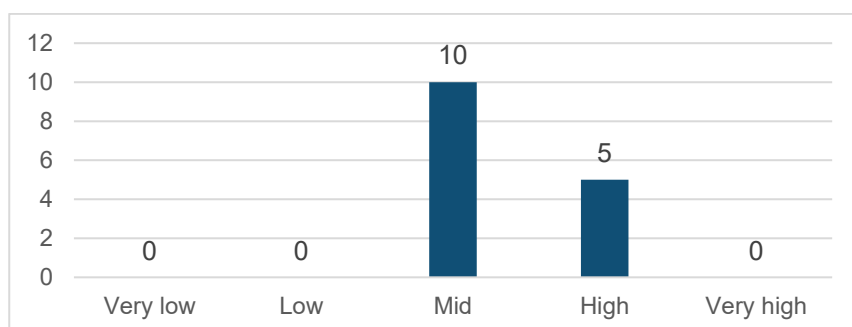
Direct practice rating

Audio recordings of direct practice sessions were analysed by a trained, reliable coder, using TGC's practice skills framework, which was developed in partnership with a local authority³². The framework includes two groups of skills: relationship-building and respectful authority.

Relationship-building skills comprise empathy (including 3 sub-components: acceptance, curiosity and demonstrating understanding) and collaboration and respectful authority skills comprise purposefulness, clarity of issues and child focus (See Appendix 5, Table 2 for an explanation of each skill). The quality of practice in each audio recording was assessed on a five-point scale for each of the skills (1: Very low to 5: Very high), with 3 as an anchor point. The output of the practice coding process was a rating of between 1 and 5, for each skill for each practice recording.

The overall quality of direct practice was rated as mid (n=10) to high (n=5) (see Figure 2). Overall practice quality was 3.2 as a mean score of the individual practice skills rated on the 5-point scale, with a range from 2.7 to 3.9. The ratings for relationship-building (mean = 3.1) and respectful authority (mean = 3.4), including the individual skills, demonstrated a similar pattern.

Figure 2 Overall rating of direct practice (n=15)



³² Whittaker, C.E., Forrester, D., Killian, M. and Jones, R.K. (2016). Can we reliably measure social work communication skills? Development of a scale to measure child and family social work direct practice, *International Journal of Child and Family Welfare*, 17 (1/2), 47-63

It was noteworthy that, in contrast to other evaluations, no direct practice was rated as low (rating 1-2) overall.^{33, 34, 35, 36, 37} Although there is a current focus on implementing and developing strengths-based and relationship-based practice in the context of the child protection system, it is not unusual for direct practice to be rated as low quality, and to be directive, process-driven and authoritarian.

The findings demonstrated that overall direct practice was skilled in both the '*relational*' and '*authority*' skill areas. Approximately half of the recordings were rated highly (4 or 5) for the skills of collaboration (n=8), purposefulness (n=8) and clarity of issues (n=7). See Appendix 7 for further detail. This meant that social workers succeeded in allowing parents the space to share their views whilst remaining focused on the purpose of the visit and the complex issues that required discussion. In the highly skilled conversations with parents, social workers created opportunities for parents to share their perspectives and a sense of their unique situation surfaced through the conversations. It was also evident that social workers, in these cases, paid specific attention to emotions and family strengths. This was in line with qualitative analysis of other examples of high-quality practice where a 'focus on feelings' was found to be one of the defining features.³⁸

³³ Bostock, L., Forrester, D., Patrizo, L., Godfrey, T., Zonouzi, M. with Bird, H., Antonopoulou, V. & Tinarwo, M. (2017). *Scaling and deepening Reclaiming Social Work model: evaluation report*. London: Department for Education. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625227/Scaling_and_deepening_the_Reclaiming_Social_Work_model.pdf, Accessed 10 July 2019.

³⁴ Forrester, D., Lynch, A., Bostock, L., Newlands, F., Cary, A., & Preston, B. (2017). *Family Safeguarding Hertfordshire: evaluation report*. London: Department for Education. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625400/Family_Safeguarding_Hertfordshire.pdf, Accessed 19 February 2020.

³⁵ Lynch, A., Newlands, F., and Forrester, D. (2018) What does empathy sound like in social worker communication? A mixed-methods study of child protection social work practice. *Child and Family Social Work*. <https://doi.org/10.1111/cfs.12591>

³⁶ Wilkins D., Lynch A. and Antonopoulou V., (2018) A golden thread? The relationship between supervision, practice, and family engagement, *Child and Family Social Work*, 23 (3), 494–503, <https://doi.org/10.1111/cfs.12442>.

³⁷ Bostock, L., Munro, E.R., Khan, M., Lynch, A., Baker, C., Newlands, F. and Antonopoulou, V. (in preparation) *Haverling: Face to Face Pathways Final evaluation report* London: Department for Education. Manuscript under review.

³⁸ Lynch, A., Newlands, F., and Forrester, D. (2018) What does empathy sound like in social worker communication? A mixed-methods study of child protection social work practice. *Child and Family Social Work*. <https://doi.org/10.1111/cfs.12591>

Direct practice - practice talk by individual skill

Table 2 below, provides illustrative examples of practice talk that was assessed to be highly skilled in each of the domains.

Table 1 Examples of highly skilled practice by skill

Skill Group	Practice Skill	Examples of practice: social workers' practice talk by skill
Relationship-Building Skills	Empathy – Acceptance	“I think I've never seen it in someone the way I have seen it in you. I've also been like wow watching someone grow into themselves. I 100% see it.”
	Empathy – Curiosity	“How about loving, that word came quite easily. How does he show he loves you?”
	Empathy – Demonstrating understanding	“I'm wondering what's changed and I wonder if the thing that has changed is you? You have a stronger sense of what is and isn't important to you. Before you didn't know what was important whereas now, you're like...that experience is important to me.”
	Collaboration	“How would I know if you were finding something difficult? How would you express that?”
Respectful Authority	Child Focus	“You do such a good job as her mum. What would you like to explain to [daughter] about this as she gets older? Have you given any thought over how she might experience that?”
	Purposefulness	“What I wanted to think about today was a bit of planning really. Think about the baby coming and what that looks like... does that sound okay?”
	Clarity of issues	“How do you think those situations can be avoided in the future? A situation where you were feeling scared. What do you think [partner] would say if he was sitting with us?”

Source: Coding of practice recordings

There were also plenty of examples of social workers applying systemic concepts during direct practice, as illustrated below:

Circular questions

Circular questions focus on how different family members relate to each to provide new perspectives on an issue.³⁹

“Have you noticed a difference with your mum? Do you think there is anything that your brother might be worried about?”

“Just bringing other voices in, what does [child] think? What do you think [partner] would say if he was sitting with us?”

Social graces

The concept of social graces⁴⁰ focuses on how multiple aspects of identity such as gender and ethnicity may influence an individual’s views and actions.

“Do you think that might be culture as well? About how being a man plays into that?”

“You sound like you are being so supportive and you're challenging your own cultural and religious views.”

Family scripts

Family scripts focus on how patterns of individual roles and inter-relationships within a family may be replicated between generations⁴¹.

“I'm wondering if things that have affected you both as children are now impacting on how you are making choices and decisions...”

“We were talking about the similarities and difference in how you are a mum and how your mum was a mum...”

Relationship between quality of supervision and direct practice

Data on both supervision and direct practice were available in respect of fourteen families. In these cases, the ratings for supervision and direct practice were mapped against each other on two axes. (Figure 3) The supervision–practice pairs fell into four of a potential nine categories. The categories represented were 1) green shoots supervision with mid-level direct practice (n=7); 2) green shoots supervision with high level direct practice (n=3); 3) systemic supervision with mid-level practice (n=2) and 4) systemic supervision with high level direct practice (n=2). The number in

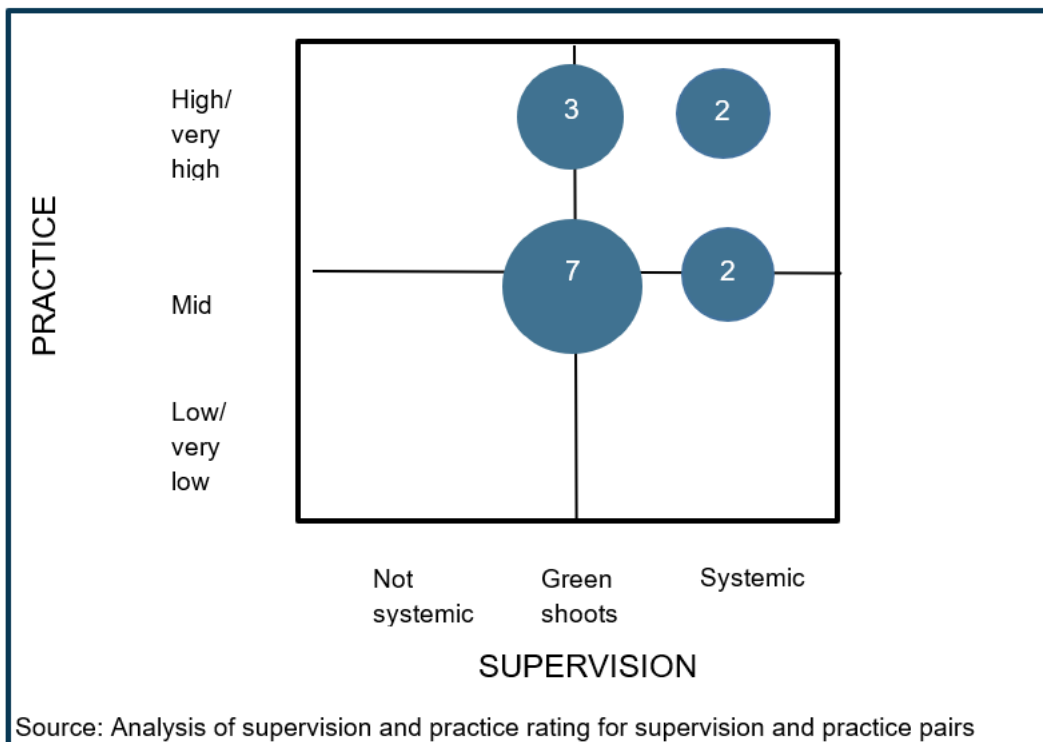
³⁹ Tomm, K. (1984). One perspective on the Milan systemic approach Part 11. Description of session format, interviewing style and interventions. *Journal of Marital and Family Therapy*, 10 (3):253-271.

⁴⁰ Burnham, J (2011). Developments in social GRRRAAACCEEESSS: visible-invisible and voiced-unvoiced. In Krause, Inga-Britt (Ed.) *Culture and reflexivity in systemic psychotherapy: Mutual perspectives*. London: Karnac Books.

⁴¹ Byng-Hall, J. (1985). The Family Script: a useful bridge between theory and practice, *Journal of Family Therapy*, 7: 301-305.

the top right corner of Figure 3 represents the two cases where practice was highly skilled in both supervision and direct practice.

Figure 3 Relationship between supervision and practice ratings



To explore the impact of supervision on direct practice from a qualitative perspective, the two most highly rated pairs of supervision and direct practice sessions were analysed. Analysis focused on thematic transfer of dilemmas and concerns discussed in supervision to identify if they were evident in practitioner talk with families.⁴²

Thematic transfer could be identified for all five domains of supervision in both practice pairs, underlining the practice shaping potential of supervision (see examples of 3 domains in Table 3). While both practitioners were flexible and responsive to the needs of family members in direct practice, conversations remained planned and purposeful. Systemic concepts were audible and could be mapped against exchanges in supervision. In this regard, systemically-informed supervision appeared to have offered both social workers the opportunity to consider and ‘step-into

⁴² Milne, D. Pilkington, J., Gracie, J. and James, I. (2003), Transferring skills from supervision to therapy: A qualitative and quantitative N=1 analysis, *Behavioural and Cognitive Psychotherapy*, 31(02), 93 – 202, 10.1017/S1352465803002078

practice ahead of 'live' interactions with families' as well as 'craft their intentions and rehearse reflexivity'.⁴³

⁴³ Bostock, L., Patrizo, L., Godfrey, T. & Forrester, D. (2019a) What is the impact of supervision on direct practice families? *Children and Youth Services Review*, 105, 104-428, <https://doi.org/10.1016/j.childyouth.2019.104428>

Table 2 Examples of thematic transfer from supervision to direct practice

Supervision talk: supervisor to social worker	Direct practice talk: social worker to family
Relational nature of problems	
<p>“Do you think that it would be helpful for [child] to hear what her dad thinks about relationships, about men? Do you think that would help her to get another perspective? Would it be a bit awkward for her? That makes me think that let’s help them have awkward conversations.”</p>	<p>“What’s her thing with Dad? It is him as a Dad? Him as a Man? Could it be embarrassing? She can be quite funny saying: I don’t want to talk to him but winds up saying something. Do you think – just thinking out loud – she says she doesn’t want Dad to know but would it make any difference, would it change her view about what’s going on with [male friend] if he had input?”</p>
Risk talk	
<p>“It’s more kind of the family sense around [child] and how do we help them keep her safe when they go through the change of turning into a legal adult, I guess, and having much more of a say in her own life, which is not an easy thing, especially not if you’re as parents worried about how she would keep herself safe.”</p>	<p>“What’s your biggest fear? I know in the short-term, that it’s she will jump and do a runner but what’s your biggest long-term fear for [child]? What do you think she might do or think?”</p>
Support for practice	
<p>“So, it’s about really keeping those kinds of things in mind because she may not even be aware of them. Yeah, because often it’s not until the birth actually happens that those old feelings will just suddenly arise and come to the surface, so it’s about maybe keeping in mind as a social worker working with her, a practitioner, thinking about, how do I prepare her for this? And it’s hard because she’s in such a good place, you don’t want her to be thinking too much about the negative as well, isn’t it? That’s the thing, isn’t it?”</p>	<p>“I guess what I wanted us to think about - not going into the past or our past sessions - but kind of acknowledge that there are some, you have had so many difficulties and you are engaged with the perinatal service at the moment and you are doing so well. And I am just thinking about not going into the past like I said, but thinking about how that might come out in the future, particularly immediately after the baby is born. So, I was just thinking about let’s do a bit of a planning and kind of a timeline what we think might happen, how we think that might happen. Does that sound okay?”</p>

Source: Transcription and coding of supervision and practice recordings

For the most part, exchanges in supervision were more expansive than in direct practice sessions with families. It was noticeable that some opportunities to follow up on the relational nature of problems in family visits were missed. This may reflect the collaborative nature of the direct

practice sessions, meaning that the needs or wishes of the family took precedence and that other priorities competed for the finite amount of time in a particular session. It may also reflect the different, 'unknown' context of each home visit, which are often in 'poor functioning and improvised circumstances' (Bostock et al, 2019b: 7) in contrast to the office environment in which each supervision takes place.

It should also be noted that while difficult to capture thematically, both supervisory sessions were affirmative and strengths-based. The clinical practitioner in both sessions identified the social worker's presence as positive within the family system, offering a protective factor to children and vulnerable adult members. As one of the clinical practitioners stated:

'I guess that the relationship is so important because you've already been building a relationship with her and it is very strength-based. It seems that your relationship will be key to giving her the permission in the future to say, "You know what, I think I might need a bit of help" ... So, I think that's vitally important and it shows how developing and building relationships is so important and vital to someone having a positive experience of Children's Services' (Clinical practitioner)

3.3 Impact of the Systemic Practice Model

According to the Round 1 evaluation report the anticipated outcomes for Focus on Practice were:

- Embed a new 'cultural norm' for practitioners based on systemic theory
- Fewer children come into care
- Costs savings.⁴⁴

This section will use the findings from the qualitative research with staff and families, quantitative staff survey and monitoring data collected and published by DfE to examine the extent to which these outcomes were met as well as answer research question 1 by evaluating the broader impact the programme has had on children, young people, families and staff in LBHF, RBKC and WCC.

(i) Outcomes for children, young people and families

Rate of children coming into care

The original Theory of Change (ToC) anticipated that the programme would lead to a reduction in the rate of children coming into care across LBHF, RBKC and WCC. London Economics' analysis of management information data published by DfE shows that among LBHF, RBKC and WCC the rate of children looked after per 10,000 increased by 0.3 between 2014 and 2018/19. However, there was a larger increase in the composite counterfactual group - 8.3 more children looked after per 10,000 at the end of the period. This indicated that, although the initial aim to reduce the rate of

⁴⁴ Cameron, C. et al. (2016) Focus on practice in three London boroughs: an evaluation. Department for Education. https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.57-Triborough_focus_on_practice_July_2016.pdf

was not met, the approach adopted under this programme had a positive impact on the rate of looked after children among LBHF, RBKC and WCC. (Table 4)

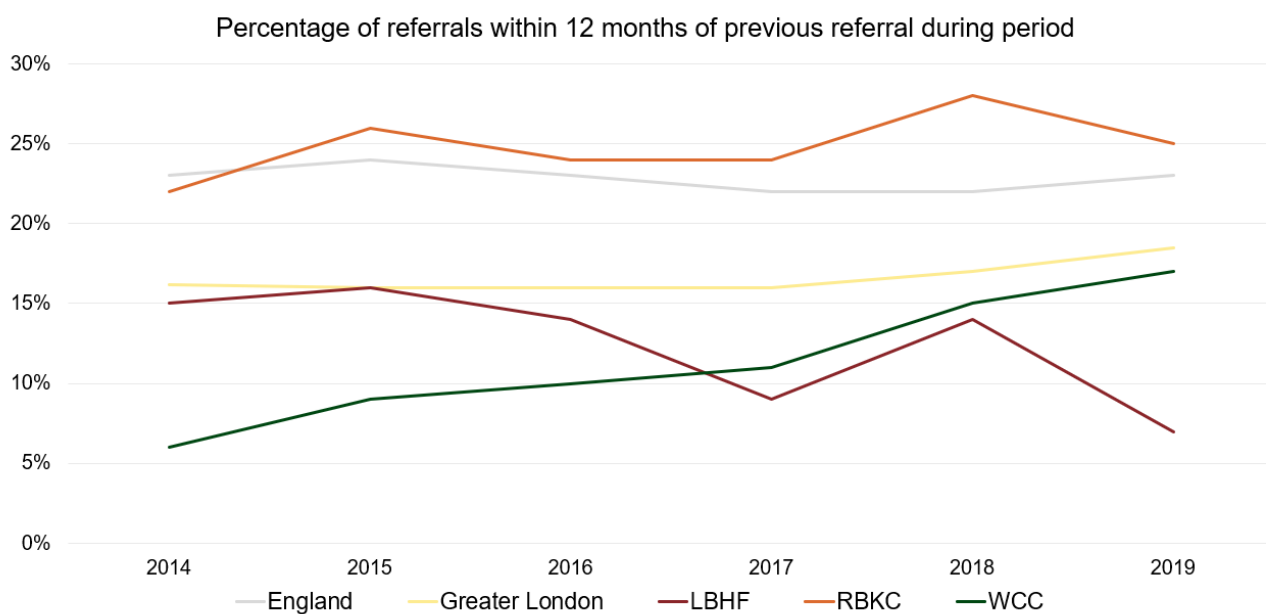
Rate of children protection plans

The analysis also showed that its implementation had a positive impact on the rate of child protection plans per 10,000 children. There was a larger decrease in rate among the LBHF, RBKC and WCC (-18.5 per 10,000) in comparison with the counterfactual group (-7.6 per 10,000).⁴⁵

Rate of re-referrals

The outcomes in the ToC rest on a number of activities and assumptions. These included the requirement for families to “...parent safely and more effectively. Do not re-enter CP system.” The DfE management information data showed that the percentage of referrals within 12 months of a previous referral fell from 15% in 2014 to 7% in 2019 within LBHF. However, consistent with the rest of Greater London, the percentage of re-referrals increased between 2014 and 2019 both at RBKC (from 22% to 25%) and WCC (from 6% to 17%). (Figure 4).⁴⁶

Figure 4 Percentage of re-referrals (period ending 31st March of given year)



Data available at: <https://www.gov.uk/government/collections/statistics-children-in-need>

While reducing re-referrals is one of the goals of the Systemic Practice Model, social workers were of the view that while it aimed at second-order change and thus at preventing re-referrals, families coming back into the system was not necessarily a negative. It was important, in their opinion, to

⁴⁵ Department for Education (2014 – 2019) Statistics: looked-after children.

<https://www.gov.uk/government/collections/statistics-looked-after-children>

⁴⁶ Department for Education (2014 – 2019) Characteristics of children in need

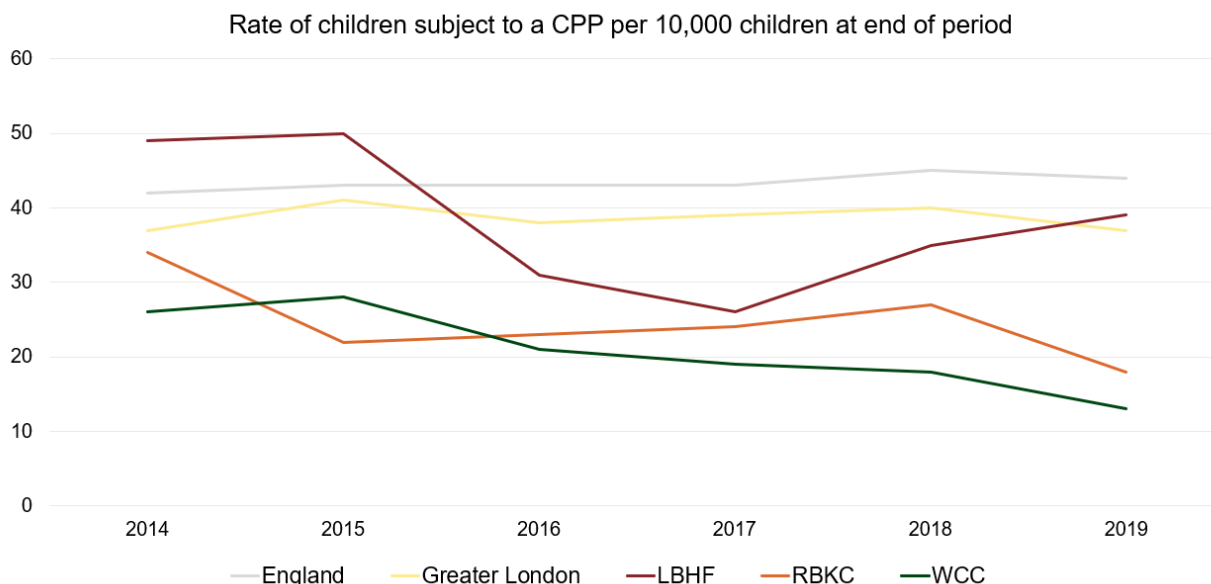
<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2018-to-2019>

examine the reason for the re-referral as the family may be coming back into the system for help with a different challenge. They believed it could be a sign that the family was now open to engaging with children’s services because of their previous positive experience. As such, it is important to recognise that the rate of re-referrals is not a straightforward evaluation parameter as it does not necessarily simply measure the proportion of cases which were re-referred because the original issues were not dealt with adequately in the first instance.

“It’s also a reflection of how they see social workers...it’s changed. Life is a number of situations so I would rather they reached out to us”. - *Senior social worker*

The rate of children per 10,000 subject to a Child Protection Plan fell across LBHF (from 49 in 2014 to 39 in 2019), RBKC (from 34 in 2014 to 18 in 2019) and WCC (from 26 in 2014 to 13 in 2019). In comparison, the rates across Greater London and England have remained relatively stable over the same period. (Figure 5)

Figure 5 Rate of children subject to a Child Protection Plan (period ending 31st March of given year)



Data available at: <https://www.gov.uk/government/collections/statistics-children-in-need>

Overall impact on families

A majority (76%) of staff who participated in the online survey thought that overall things had improved for children, young people and families since the systemic approach was introduced. Most respondents (90%) said they thought that the Systemic Practice Model had a positive impact on children, young people and families.

This view was supported by the families we interviewed, with all of them reporting a positive experience with the children’s services team.

"My relationship with (social worker) has been brilliant. She has been so supportive...basically been my only support and she's gone above and beyond. She really seems to understand me and gets a grip of the whole situation. I used to view social services in a different way but (social worker) has changed my mind and made me realise that they are there to help you and keep your family together. She has completely changed my perspective. I was always worried about approaching social services but now I know to approach them' - *Mother of 3 children, ages 18, 16 and 4 and a half*

The positive impact on families can be broken down into different dimensions, as captured below. These insights are based on our qualitative interviews with families. It is worth noting here that while our interviews yielded very clear and consistent themes, the number of families interviewed is very small (5 interviews) and thus these findings need not apply to a broader population.

Strengthening relationships

Three of the 5 families interviewed spoke about the improvement in family relationships as a result of the social worker. Efforts had been made to involve different members of the family in discussions and in one case there was evidence from the qualitative research of specific steps taken to improve bonding between a mother and a daughter. This is very clearly aligned with the focus on relationships that is core to the SPM approach.

Case study: Strengthening relationships

The social worker had organised rock-climbing sessions to encourage a mother and daughter to bond and spend time together. The family were positive about this because from the daughter's perspective her mother was making an effort to spend time with her by engaging in an activity that she enjoyed but knew was out of her mother's comfort zone. For the mother, attending rock-climbing classes was an attempt to show her daughter that she was trying to connect with her. Importantly the social worker had made it a part of the family's routine by organising fortnightly rock-climbing sessions and inviting the wider family.

A feeling of empowerment and joint working

Families interviewed reflected a sense of feeling in control of how they engaged with their social worker. They believed that they had some power in the relationship and could control how they wanted to engage. The conversations also reflected a real sense of working alongside the social worker and joint effort. This is strongly aligned with the underlying principle of 'families as active players of change' that we have discussed in the philosophy section.

"I have the freedom to tell (social worker) when I think she may have said something wrong to me...I know I can say it when I don't want to do something" - *Mother of a young baby*

Social worker as a safety net

There was a strong sense among families interviewed in the qualitative research that their social worker went above and beyond to support them. They said they had confidence that their social worker would support them if a real need arose, irrespective of circumstances. These conversations reflected a real sense of safety and support in the relationship with the social worker.

“For me [social worker] and [substance abuse professional] are my two pillars of support...I don't know what I would do without them” *Mother of a young baby*

Trust in the family's capabilities

The qualitative research discussions with families revealed a sense of being trusted to step up by the social worker. They felt that the social workers saw them as individuals, recognised their positive capabilities and were thus willing to trust them to keep their children safe. This reflects the strengths-based focus of the SPM.

Case study: Trusting the family's capabilities

Aimee* is a young mother with a history of drug abuse who had made attempts to take her life. While pregnant, she started working with a social worker in one of the 3 local authorities. The social worker spoke about her knowledge of this young mother and her wider family support network in the form of her mother, sisters and her partner. Closer to the date of the baby's birth, the social worker organised a planning meeting with the mother and the different members of her family. In that meeting they discussed the expectations from each of the family members in providing support and most importantly, the expectations from the mother in providing care for her baby once he or she was born. In this meeting it was highlighted that a great deal of trust was being put in the mother and that they believed she was capable of providing the best care for her baby. This was reflected both in our conversations with the social worker as well as with the mother.

(*Note: Names here have been pseudonymised to maintain confidentiality)

Building a system of support

It was evident from discussions with families and their social workers that a clear effort had been made to build a 'system' of support around the family by involving different services. Those who were interviewed were also working with family therapists, substance abuse professionals or mental health professionals where appropriate. Joint meetings that involved the social worker, the professionals and the family took place, reflecting a coordinated approach. between children's services and external support services and resulting in a 'support system' for the families.

Case study: Building a system of support

Jess* is a mother with a young daughter who has been a victim of domestic violence. As a working parent, she faced difficulties coordinating her timings with those of her daughter's school. She spoke about the social worker organising for a 'chaperone' to take her daughter to school in the mornings so she could get to work. She also spoke about the social worker introducing them to a family therapist who worked with her daughter on the days that her daughter was home early and she was at work.

(*Note: Names here have been pseudonymised to maintain confidentiality)

Limitations of the Systemic Practice Model for families

While the families interviewed expressed very positive views on their experience with their social workers, one potential limitation observed was a sense of strong dependence on the social worker. Staff in the group discussions fed back that the systemic approach of working with families is intensive and tends to foster deep relationships. However, in the discussions with families, a sense of hesitancy to stop working with the social worker and a feeling of dependence on them was observed in some.

The research interviews and group discussions did not provide any evidence of the family being prepared for the end of the relationship with the social worker, which is something that needs to be further explored.

"The only thing I'm worried about is when [Family Services] say 'you're ok, you don't need us'. That scares me because it's been that nice having that support network, so I do worry about that" - *Mother of daughter age 10*

(ii) Outcomes for staff

Although the ToC did not outline any specific outcomes for staff, it did rely on several assumptions and activities among staff. These included sufficiently low caseloads to allow staff to engage with families effectively, access to specialist input and services when needed and access to appropriate training, skills and knowledge. This section will explore staff perspectives of the programme and the extent to which these assumptions and activities have been met in the 3 boroughs.

Job satisfaction

A large majority (92%) of staff survey participants were satisfied with their job overall, with 90% saying that their work gives them a feeling of personal achievement. This was also expressed in the qualitative groups across levels. Staff who participated in the groups also generally felt positive about the Systemic Practice Mode. Those that had experienced a non-systemic approach also believed there were benefits of working systemically over previous ways of working. At each level it was clear, through consistency of thought and language at each interview, that the principles of the systemic approach were embedded across the 3 boroughs as they reported positive impacts on staff confidence, working practices and knowledge.

Overall, 68% of staff who responded to the survey, said that they thought things had improved for staff since the introduction of the programme, or since they joined the service.

"I've had some consultations where it is just a really difficult case and it's helpful for me to offload and hear I'm doing the right thing. I've had other consultations where we've come up with ideas together too." - *Social worker (open-ended section of survey questionnaire)*

It was also felt by both frontline staff and managers that working systemically drives motivation levels and staff now not only have the opportunity to develop their skills but also demonstrate a clear desire to improve their skills in this area.

"there's space and time to promote systemic ideas...to think about why we're not doing more of something and how we can incorporate it into our practice" - *Clinical practitioner*

Creative working

Staff were asked how they had benefitted from the Systemic Practice model. Three-quarters (76%) of staff who responded to the survey reported that they were able to work more creatively. This sentiment was also reflected in our qualitative discussions. Staff felt that creativity was embraced and encouraged as a way of working across the board.

"we can record differently...we once got the child to write up the minutes of the meeting and that was a part of our records" - *Social worker*

Staff fed back that the Systemic Practice Model enables them to be creative by encouraging collaboration across the team and bringing different points of view together. Practitioners spoke about the tools and techniques used under the systemic approach that enabled creative working with families.

"We can tap into lots of different models and techniques...sculpting or therapeutic letters or reflecting teams...these are practical techniques that support working differently." - *Clinical practitioner*

Culture of respect and openness

During the focus groups, both managerial and frontline staff interviewed felt that SPM had positively transformed the organisation culture. Senior management believed that openness and respect is an essential part of working systemically and is championed across the board. Managerial and frontline staff interviewed in the qualitative research acknowledged that the internal culture had shifted to one that was no longer shaming or blaming and instead was respectful of individuals and their effort and experience.

There was also the view among frontline staff that this internal culture of respect and openness was being carried through to their interactions with families and there was less 'blaming' of families as well.

“we try to practice what we preach - how we are in the office would be relational, systemic...how we write our emails, how we talk to each other...it builds on the ideas we've learned”- *Manager*

Although staff in the focus groups felt that the culture has shifted, the survey results indicate that there is still progress to be made to embed this cultural shift. Only 58% of staff who answered the survey said that there is a culture of respect, openness and challenge at their borough.

Collaboration and experimentation as a way of working

The qualitative research highlighted that staff felt that this culture of respect and openness had also fostered a more collaborative culture in which people were not afraid to share their work, ask for opinions and try doing things differently. It was felt that collaboration has been embedded into the way of working through weekly team sharing meetings, reflection teams.

“in a team meeting we decided to each try out a new creative method...so we went away and tested it out and then came back and shared it with the group” - *Manager*

“there's more of a shared sense of responsibility now” - *Social worker*

Use of open, positive language

Staff in the qualitative discussion groups also felt that with the shift towards a positive culture (as mentioned above), there was also a shift in the language used throughout the organisation. It was said to be more open, more reflective and positive.

“The language is different...more tentative, more hypotheses...more acknowledging that there isn't just one truth. Less of people saying this is the way it is and instead there's more of saying things like the family may be struggling with at this time...’- *Manager*

The positivity in the language was also said to be reflected in the way people talked about families.

“you can see how families are spoken about internally now.... it's more positive”
- *Manager*

Staff confidence

There was clear agreement among staff interviewed in the qualitative research that practitioners' comfort and skills in working systemically had greatly increased over the years. Staff felt there had been a growth in confidence in their own skills and abilities as a result of the programme, which resulted in them feeling confident about 'holding the risk' instead of referring out to partner agencies. For example, teams reported conducting more in-house assessments for court, rather relying on external agencies for these services. Since the start of the pre-proceedings pilot project in 2016/2017 the clinical team in Westminster have carried out 21 assessments as part of care proceedings that would previously have been contracted externally – this has included cognitive assessments of parents, psychological assessments of parents and children, PAMS assessments;

and interventions during proceedings involving Video Interactive Guidance (VIG) and Non Violent Resistance (NVR).

“ we are more confident in managing risk, and therefore the same families that we might have previously considered under a child protection framework, we may consider under a child in need framework, because we have increased confidence that we can create the change in a less adversarial, less reactionary framework.” - *Manager*

Almost all (97%) of staff surveyed agreed that they felt confident working with children, young people and families. They also agreed that they had the knowledge and skills they need to work effectively with children, young people and families (95%).

Access to specialist input and services

LBHF, RBKC and WCC embedded clinical practitioners within their workforce to ensure social workers and teams have access to the specialist advice and support they need to work systemically. The online staff survey showed that clinical practitioners are well-established within teams. Almost all non-clinical practitioner staff (92%) had worked with a clinical practitioner in the last year. Half (51%) said they worked with a clinical practitioner at least once a month with another quarter (24%) working with a clinical practitioner most months. Most staff (81%) said that clinical practitioners were available when needed, suggesting that those who work with clinical practitioners less frequently do so due to a lack of need rather than because they are not able to access this support. Seventy-nine percent of non-clinical staff agreed that they were satisfied with the support they receive from clinical practitioners.

Staff also report that clinical practitioners help to strengthen the quality of children’s social care services. Most staff (87%) agree that having clinical practitioners improves outcomes for children, young people and families with 86% saying clinical practitioners help them to work more systemically.

From the qualitative discussion groups with staff, it was evident that staff valued clinical practitioners embedded into the teams.

They felt clinical practitioners were particularly useful on difficult cases or cases where they were struggling as they provided social workers with reassurance and support.

One senior stakeholder described how cases in the past were often escalated to statutory proceedings when relationships broke down between families and practitioners. To change this, an intervention was developed to allow a clinical practitioner to consult with social workers when considering the decision to escalate. It was envisaged that this would help practitioners to solve problems and change behaviours, rather than escalating cases.

Staff felt that embedding clinical practitioners in teams had promoted both formal and informal exchanges with team members. Clinical practitioners interviewed spoke about workshops that they conduct for internal staff. They also spoke about informal exchanges that take place.

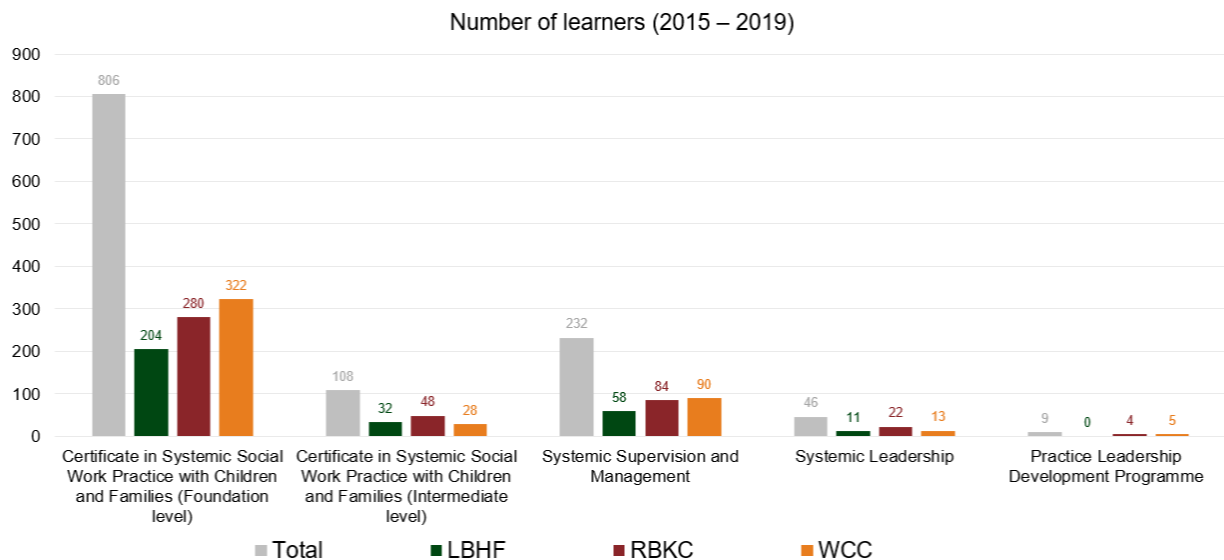
'There are the formal exchanges through team meetings and workshops...but nowadays we may discuss something over a cup of tea or they may come by my desk and have a chat about a case, so it's a sort of clinical consultation' - *Clinical practitioner*

However, it was noted that clinical practitioners (and family therapists) often have limited capacity so it can be difficult to book time in with them.

Access to appropriate training, skills and knowledge

The systemic approach required LBHF, RBKC and WCC to embed systemic practice across their children's social care teams. In order to achieve this, the boroughs established a programme to train staff to take a systemic approach to social work. The programme includes five courses at different levels and tailored to meet a variety of needs across the workforce.⁴⁷ Data provided by LBHF, RBKC and WCC show that since 2015, 806 people have taken the 1-year Certificate in Systemic Social Work Practice (foundation level) with 108 going on to complete the second-year intermediate level. At management level 232 people have taken the Systemic Supervision and Management Course. (Figure 6)

Figure 6 CfSSW learners



Source: Administrative data from LBHF, RBKC and WCC

The staff survey indicates that the systemic training is well embedded across the boroughs and that teams find the training useful. Just over three-quarters (78%) of the staff have participated in at least one systemic social work course run by the CfSSW. This indicates that systemic training is

⁴⁷ Further details about the Centre for Systemic Social Work courses can be found here: <https://www.cfssw.org/our-programmes>

well embedded across the boroughs. 87% of course participants agreed that training improved their practice skills and 86% felt more confident having completed the training.

In the qualitative groups, staff fed back that not all team members have been trained systemically. In some cases, staff are said to be practising systemically without formal training. They also described a tendency to label different types of practice as 'systemic'. Different levels of training meant that there were sometimes varying levels of commitment and buy-in to systemic practice (especially amongst the managers) which could destabilise practice.

Most staff (73%) agreed that they have enough time to undertake learning and development. However, an important minority (16%) disagreed that they have enough time for development activities. There was also concern among 29% of staff that training takes time away from other tasks, leading to a detrimental impact on staff, children, young people and families.

"The actual training is quite intensive and hard to do alongside our everyday job, including too many papers to read." -*Open-ended survey response.*

Looking at training more broadly, 88% of staff agreed that they get the training and development they need to do their job well. Most (83%) agreed that managers encouraged and supported them to develop their skills.

Limitations of the Systemic Practice Model for staff

While only 4% of staff said that overall things had had gotten worse since the introduction of the programme or since they joined the service and almost half (44%) said the Systemic Practice Model had no detrimental impacts on staff, children, young people and families, other members of staff expressed concern that training (29%) and additional meetings (15%) take time away from other tasks. For example, some social workers felt that their training does not accommodate for caseloads and had reported a stressful experience when on the Systemic Practice course because they felt they did not have time to manage their cases and focus on the training.

"It's really difficult to manage the actual course because your case load doesn't change but you're not giving any extra time to do your reading or coursework" -
Social worker, WCC

Since 2016, the average caseload has fallen at LBHF (from 20 to 13 cases) and at WCC the average caseload fell from 17 to 13, despite an increase in the number of referrals (from 1,655 in 2016/17 to 2,403 in 2018/19) and a decrease in the number of full-time equivalent staff (from 135 in 2016 to 131.4 in 2019).

A small majority of staff who responded to the staff survey (54%) agreed that they have enough time to work systemically with the children, young people and families on their caseload with 62% saying they have enough time to build and strengthen relationships with children, young people and families. When asked in which ways the staff, children, young people and families benefit from the Systemic Practice Model, only 28% of staff said that they thought staff had longer to work with children, young people and families.

The 2019 Ofsted report reflected this situation in LBHF. They noted that “Capacity in the contact and assessment service has increased, and a new layer of management has been added. However, leaders are aware that caseloads in the contact and assessment service and in the early help teams remain high, and they are monitoring these closely.”⁴⁸

This was reflected across levels in the qualitative groups. In LBHF, senior managers highlighted their aspiration for caseloads to be reduced but recognised this was something they have not yet been able to complete.

These results suggest that further progress reducing caseloads could help as teams continue to improve staff ability to work systemically.

(iii) Outcomes for children’s social care services

Most staff (70%) responding to the online survey said that in general things had improved for the LBHF, RBKC and WCC services overall since the Systemic Practice Model was introduced or since they joined the service.

Cost saving

Value for money analysis

London Economics adopted a quasi-experimental approach to quantify the impact of the Systemic Practice Model. The treatment group contained the LBHF, RBKC and WCC. Comparable local authorities were identified using a propensity score matching (PSM) approach. In brief, the 3 local authorities in this evaluation were statistically matched with local authorities that did not participate in the programme but who had similar socioeconomic, demographic and workforce characteristics. Essentially, for each local authority participating in the programme, this approach identifies their ‘statistical neighbour’ based on observable characteristics (with the only difference being participation in the programme). Full details of the methodological approach are presented in Appendix 4.

Caveats

It is important to note that attributing the total estimated impact of the Focus on Practice programme to the various outcome measures may overestimate the likely impact of the programme given the number of different interventions that might have taken place across the various Local Authorities at the same time, as well as the different structures, systems and other characteristics in place to deliver social work in the Local Authorities. Many of these other activities and characteristics are essentially unobservable. Therefore, although the approach taken in this section attempts to control for these confounding factors through their impact on child and social

⁴⁸ Ofsted (2019) London Borough of Hammersmith and Fulham: inspection of children’s social care services. <https://files.ofsted.gov.uk/v1/file/50116344> (Accessed March 2020)

worker characteristics, the results should only be viewed as an indicative assessment of the value generated by the Focus on Practice programme.

In addition, we have only been able to consider the direct costs associated with the programme allocated by central government, and not the potential opportunity costs that might have been incurred. As such, the estimates of the benefit to cost ratios presented here may be lower in reality. However, it is also important to note that the analysis presented here does not measure the potential cost savings associated with other services (such as the Police, Health and Education) from improved outcomes, but only focuses on the direct cost savings for local authorities' Children's Social Care services.

Main findings in relation to impact

The main results of the analysis are presented below in Table 4 – and indicate that the Systemic Practice Model had a positive impact on child-centred and workforce related outcomes compared to what might have been predicted given these local authorities socioeconomic and demographic characteristics.

Table 3 Difference-in-differences analysis – Results

Outcome measure	LBHF, RBKC and WCC			Composite of the 5 nearest neighbours			Difference-in-differences
	2014	2019	Difference	2014	2019	Difference	
Rate of children looked after per 10,000 children ⁽¹⁾	47.7	48.0	0.3	51.3	59.9	8.6	8.3
Rate of child protection plans per 10,000 children ⁽¹⁾	35.4	22.4	-13	34.3	35.2	0.9	13.9
Rate of children in need excluding those subject to child protection plans per 10,000 children ⁽¹⁾	417.7	341.9	-75.8	323.3	353.4	30.2	106.0
Turnover rate (%) for social workers ⁽²⁾	17.9	16.1	-1.8	16.8	18.6	1.8	3.6
Vacancy rate (%) for social workers ⁽²⁾	7.7	9.0	1.3	19.0	22.8	3.7	2.5
Absence rate (%) for social workers ⁽²⁾	2.9	1.9	-1.1	2.3	2.2	-0.1	1.0
Agency rate (%) for social workers ⁽²⁾	10.4	10.6	0.2	15.4	24.4	9.0	8.8

Note: Coefficients above zero in the final 'difference in differences' column suggest that the Systemic Practice Model programme had a positive impact on the outcome in question. It should be noted that a positive coefficient (in the last column measuring the difference-in-differences) indicates that the rate in question is lower in the 'treatment' group than in the counterfactual. In other words, a **positive coefficient represents a positive impact** of the Focus on Practice programme relative to the counterfactual group. For example, the results suggest that in respect of all outcome measures, LBHF, RBKC and WCC experienced an improvement relative to the control group. For example, the incidence of child protection plans (per 10,000) decreased by **13.0** (from **35.4** in 2014 to **22.4** in 2019) across

LBHF, RBKC and WCC compared to an increase of **0.9** in the control group. This results in a difference-in-differences estimate of **13.9**. In other words, given the demographic and socioeconomic characteristics of LBHF, RBKC and WCC, an **0.9** per 10,000 increase in child protection plans might have been expected over the period. However, there was in fact a reduction of **13.0** per 10,000, and this decline represents an outperformance relative to expectations

(1) For each year of analysis, the average within the 'treatment' local authorities and the composites of the 5 nearest neighbours is weighted by the population of children within each local authority in that year (for 2019, the population of children from 2018 is used as the weight because of data availability constraints). (2) For each year of analysis, the average within the 'treatment' local authorities and the composites of the 5 nearest neighbours is weighted by the population of social workers within each local authority in that year. (3) Data for years ending March 2015 and 2019 is used for the rate of child protection plans per 10,000 children. All numbers are reported to one decimal place.

Source: London Economics' analysis

Looked after children

The difference-in-differences analysis suggests that the Focus on Practice programme had a positive impact on the rate of children looked after (per 10,000 children) for LBHF, RBKC and WCC compared to the control group. This impact is equivalent to approximately 62 fewer children being looked after in LBHF, RBKC and WCC.⁴⁹

In aggregate, across the 3 Local Authorities, the reported expenditure on looked after children was equal to approximately £46.6 million with 547 looked after children in 2018-19.⁵⁰ This equates to a cost of approximately £85,200 per year per looked after child in LBHF, RBKC and WCC. With an average duration of 2.21 years being looked after⁵¹, the total cost of a looked after child in LBHF, RBKC and WCC is equal to approximately £188,300.

Therefore, the estimated reduction of 62 looked after children equates to a cost saving of approximately £11.7 million.

Child protection plans

The Focus on Practice programme was estimated to reduce the rate of children subject to child protection plans by 13.9 per 10,000 in LBHF, RBKC and WCC relative to the counterfactual Local Authorities. This is equivalent to 103 fewer children being on a protection plan.⁵²

Across England, the total expenditure on social work including Local Authority functions⁵³ relating to child protection was equal to approximately £2.157 billion in 2018-19 with a total of 120,190 child protection plans at any point during the year.⁵⁴ Therefore, a reasonable estimate of the saving from the avoidance of one child protection plan is approximately £17,950 per year. On average, a child

⁴⁹ The 2018 population of children aged between 5 and 16 in LBHF, RBKC and WCC was 74,317. Therefore, a reduction in the rate of looked after children of 8.3 (per 10,000 children) is equivalent to a reduction of 62 children being looked after. $[(74,317 \times 8.3)/10,000]$.

⁵⁰ Sources: Department for Education - Expenditure by Local Authorities and Schools on Education, Children and Young People's Services in England, 2018-19, Table 6, available [here](#); Department for Education - Children looked after in England including adoption: 2018 to 2019, Local Authority Tables, Table LAA1, available [here](#).

⁵¹ Source: Department for Education - Children looked after in England including adoption 2018 to 2019, National Tables, Table D3, available [here](#). This information relates to England as a whole

⁵² The 2018 population of children aged between 5 and 16 in LBHF, RBKC and WCC was 74,317. Therefore, a reduction in the rate of child protection plans of 13.9 (per 10,000 children) is equal to a reduction of 103 children on protection plans. $[(74,317 \times 13.9)/10,000]$.

⁵³ We have provided extensive details in the items of expenditure included and excluded from this calculation in the Annex

⁵⁴ Sources: Department for Education - Expenditure by Local Authorities and Schools on Education, Children and Young People's Services in England, 2018-19, Table 2, available [here](#); Department for Education - Characteristics of children in need: 2018 to 2019, Table D1, available [here](#).

protection plan lasts just under 10 months.⁵⁵ Hence, the average cost avoided from a single reduction in the number of children subject to child protection plans is approximately £14,700.⁵⁶

Taken together, a decline in the number of children subject to child protection plans by 103 corresponds to a total cost saving of approximately £1.51 million. However, it is important to note that there are likely to be some additional costs arising from other child support activities that may be put in place instead of more intensive support activities. It is difficult to monetise such costs as the measures taken are likely to vary, however much of this is likely to be covered in the “Other CiN” costs.

Children in need other than those subject to child protection plans

To understand whether the reduction in the incidence of child protection plans or the incidence in looked after children simply resulted in additional costs associated with an increased number of children in need, we also undertook an impact analysis on the incidence of children in need and associated cost savings. The difference-in-differences analysis implies that the programme reduced the number of children in need *other* than those subject to child protection plans per 10,000 children by **106.0** in LBHF, RBKC and WCC relative to the control Local Authorities. This equates to a reduction in the number of children in need other than those subject to child protection plans by **788** across LBHF, RBKC and WCC.

The number of children having a child in need episode in England (except those subject to child protection plans) was 588,650 in 2018-19. Expenditure by Local Authorities on children in need in 2018-19 in excess of the £2.157 billion assigned to child protection plans was £1.33 billion.⁵⁷ This means each child in need other than those subject to a child protection plan was associated with expenditure of approximately £2,250 per year. The average episode of need excluding becoming the subject of a child protection plan lasts just under 7 months.⁵⁸ Hence, the average episode of need other than becoming subject to a child protection plan is associated with expenditure of approximately £1,260.⁵⁹

A reduction in the number of children in need other than those subject to child protection plans of 788 is therefore associated with a cost saving of approximately £992,900.

⁵⁵ This is an estimated weighted average of the duration of a child protection plan, using data on the duration of child protection plans ending in the year 2018-19. Source: Department for Education - Characteristics of children in need: 2018 to 2019, Table D7, available [here](#). The durations are in ranges; the midpoint of each range is used in the calculations (e.g. those lasting between one and two years are assumed to last 1.5 years for the purposes of the calculations), except plans in the range lasting longer than two years are assumed to last two years. Since few plans last longer than two years, this assumption is benign.

⁵⁶ This is the product of the annual cost of a child protection plan and the average duration of a child protection plan in years. [$£17,493 \times 0.818$].

⁵⁷ The definition of the various items of expenditure relating to children in need was taken from a July 2016 research report published by the Department for Education entitled 'Children's services: spending and delivery'. Available [here](#).

⁵⁸ This is an estimated weighted average calculated according to a methodology like the one described in footnote 56. The data used to calculate this is from the Department for Education - Characteristics of children in need: 2018 to 2019, Table B5, available [here](#).

⁵⁹ This is the product of the annual cost of an episode of need other than a child protection plan and the average duration of an episode of need other than a child protection plan in years. [$£2,254 \times 0.559$].

Staff outcomes

In respect of turnover rates, vacancy rates, absence rates and incidence of Agency staff, the analysis identified that the programme was associated with better than expected outcomes in the 3 Local Authorities compared to the control group of Local Authorities.

Reduced turnover is also likely to lead to savings due to reduced administrative time and resources required for recruitment activity however it was not possible to monetise these savings.

Having estimated the Agency premium at £22,700 per FTE ⁶⁰(i.e. the additional costs incurred by a Local Authority associated with use of Agency social workers), we estimate the cost saving associated with the reduced incidence of Agency staff in the 3 Local Authorities (also acknowledging that there may be other cost saving associated with a lower turnover of staff more generally).

Specifically, the impact analysis suggested that Agency rates between LBHF, RBKC and WCC and the counterfactual was 8.8 percentage points. Given that the 3 Local Authorities have a combined total of approximately 426 FTE social workers and Agency social workers⁶¹, this implies a reduction (compared to the counterfactual) of approximately 37.5 FTE agency workers used.

Hence, the total costs avoided due to lower reliance on Agency social workers is equal to approximately £852,600 (37.5 fewer FTE Agency workers utilised multiplied by the Agency social worker premium of around £22,700).

Aggregate economic impact

Combining the estimates of cost savings relating to the number of looked after children (£11.7 million), the number of children on child protection plans (£1.51 million), the number of children in need besides those on child protection plans (£0.993 million) and the lower reliance on Agency social workers (£0.853 million), the total economic benefit associated with the programme across LBHF, RBKC and WCC was estimated to be £15.05 million.

Costs

On the cost side, the Department for Education (DfE) launched the Children's Social Care Innovation Programme in 2014 with funding of £4.2 million allocated to LBHF, RBKC and WCC. A further £5.7 million was invested by the Department for the Partners in Practice (PIP) programme from 2016 to 2020, of which £3.75 million was allocated to LBHF, RBKC and WCC. Therefore, a total investment of £7.95 million was allocated to LBHF, RBKC and WCC from 2014-15 to 2019-20.

In monetary terms, cost savings associated with the Focus on Practice programme due to a reductions in the number of looked after children and children in need (those subject to child

⁶⁰ For further details please see Appendix 4.

⁶¹ Source: Department for Education, Children and family social work workforce in England, year ending 30 September 2019, Table 2, available [here](#).

protection plans and others) and the lower reliance on Agency social workers was estimated to be approximately £15.05 million for LBHF, RBKC and WCC.

Taken together, and subject to the caveats presented at the start of this section, this suggests a benefit-cost ratio of 1.89 associated with the Focus on Practice programme in the 3 Local Authorities. In other words, for every £1 spent by the Department on Focus on Practice, approximately £1.89 was saved in the 3 Local Authorities.

4. Barriers to successful implementation of the Systemic Practice Model

Time

According to staff, the systemic approach involves working intensively with children and families, which requires time. As staff perceive caseloads to be high, they feel that the time needed to implement the Systemic Practice Model conflicts with current administrative requirements.

Staff across levels staff noted this as key challenge to implementing the Systemic Practice Model. They expressed the desire to do more direct work but were limited in their ability to do this due to large amount of paperwork and administrative duties.

"There are different forms that need to be filled in and a lot of the time you're repeating yourself and writing the same thing in different forms... You're juggling time spent with families, the admin for it and your case load which does make it difficult." - *Social worker*

"There are many benefits of [systemic practice] regardless of your case load because there are tools you can use, it's a mindset...a new way of thinking and collaborating but you don't have the time to do the in-depth work. [It] opens the window and lets you look at it but you can't go out there and do it because you don't have the time." - *Manager*

Mismatch in language and expectations in the broader system

The senior leaders as well as frontline staff highlighted that tension can be caused between the local authorities and external organisations that are not systemically trained. This was most evident at child protection conferences when the chair is not systemically trained.

Anecdotally, directors and frontline staff at the qualitative group discussions noted that while partner agencies recognise that the 3 boroughs are working in a new way and see the difference it is making to family's lives, it can cause some tensions when external partners have not been trained in the same way.

As a result, in some situations the perceptions of and attitude towards risk was not consistent and can cause tensions.

"When you come to court work there's an even greater tension because essentially, you're in an adversarial process that you can't change at all and then you have to try and inject systemic stuff into it but it's quite hard work..." - *Manager*

Staff at the qualitative group discussions noted 'traditional language' can sometimes feel 'harsh' for families when organisations come together because the shared language used between the borough and the family is different to language used by conference chairs and partner agencies.

Potentially related to the varying approaches across organisations, only half (49%) of the staff surveyed said that the services now collaborate more effectively with partner agencies.

Systemic recording and support processes

It appeared that systems for recording are not yet set up to capture the flexibility of the systemic way of working. It was believed that a lot of the good work they are doing is lost because the systems do not enable capturing the creative ways of working such as circular questioning.

Staff noted that the processes supporting practice had not evolved to align with this systemic way of thinking and working, which produced a dichotomy between practice and process.

"The process hasn't changed much so far as statutory social work. Yes, we've tweaked a few forms and we've tried to make things a little bit easier, but we've not really changed [processes] very much. I think there is an argument for us to be braver in that way" - *Manager*

However, as part of the case reviews, Kantar observed that hand-drawn genograms were included in case records. In addition, there was also space for capturing reflections on every visit.

Some lack of engagement across hierarchies

The staff focus groups highlighted that training impacts on the degree to which the programme is implemented across boroughs in day to day practice. For example, it was noted that assessing risk in a systemic way varied depending on whether the staff member had been trained formally or had picked up the principles of the SPM while working with colleagues. Those staff who had not been trained were more likely to revert to old ways of working when they perceived the risk to a child's safety as high.

Additionally, frontline staff noted supervision style varied by the level of systemic training undertaken by the supervisor. They felt that supervisors who had received less training, had not 'bought into' systemic practice or had previous negative experiences of working systemically were more sceptical.

Thus, it may be concluded that the practice of SPM is largely shaped by managers and senior management. In cases where managers do not believe in the benefits of this way of working, it could hamper the frontline staff efforts to practice it effectively.

Absence of an overarching guide to shape what good systemic practice is

While staff teams across levels reported a great level of flexibility and openness in working systemically, there was also the view amongst some who were interviewed as part of the qualitative research that it was too broad and the interpretation may differ across people practising it.

"If I'm being really honest, I still don't think I fully understand exactly what [Systemic Practice] is. I feel like it's of different things... but I sometimes struggle to explain what [the Systemic Practice Model] is. With stuff like solutions focused and task centred there's a definition and a word limit and that looks so different with [the Systemic Practice Model] with every person. I sometimes find [the Systemic Practice Model] a bit wishy washy in terms of exactly explaining what it is because it's so broad." - *Social worker*

5. Summary of key findings on 7 practice features and 7 outcomes

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds.⁶²

Strengths-based practice framework

Discussions with staff revealed that the Systemic Practice Model involves approaching a family or situation with a positive mindset with a view to identifying and leveraging their innate strengths in the process of change. This approach encourages social workers to move away from viewing a person as the cause of a problem to acknowledging that every individual and family possess their own strengths. Analysis of audio-recordings of supervision and direct practice revealed a strengths-based, collaborative and empathic approach to discussions about and with families.

Multi-disciplinary skills set

A key aspect of this approach involved embedding clinical practitioners in social work teams, allowing staff easy access to these multi-disciplinary skills has given teams the tools they need to deal with a wider variety of tasks in house.

⁶² Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education <https://www.gov.uk/government/publications/childrens-social-care-innovation-programme-final-evaluation-report>

Family focus

Discussions with staff and families reflected a sense of families being put at the heart of the change process – Systemic Practice enabled social workers to understand the family dynamics and the context they operated in and also promoted active collaboration between the social worker and family.

The families interviewed also reflected a sense of feeling in control of how they engaged with their social worker. They believed that they had some power in the relationship and could control how they wanted to engage. The conversations reflected a real sense of working alongside the social worker and joint effort.

Analysis of practice observations, including supervision and direct practice, revealed that priority was given to exploring and understanding family perspectives. Social workers and supervisors were aware of the power-dynamic and were committed to working 'with' the family.

Skilled direct work

As part of the implementation of the systemic approach hundreds of staff have been trained in systemic social work, improving their skills and abilities working with children, young people and families. Staff who took part in the survey felt that the training was beneficial, although there were concerns about the time it took. Analysis of practice observations revealed a high level of systemic skill in supervision and direct practice, with the highest skill associated with the involvement of a clinical practitioner.

Increasing workforce wellbeing and stability

Staff responding to the online survey were positive about the prospect of remaining in their positions; 79% said they were likely to remain in their role for the next two years. Admin data shows that both the turnover and absence rates among social workers have decreased since 2014.

6. Implications and recommendations

Within the framework of the objectives of this evaluation and the limitations outlined above, this report offers the following concluding remarks based on evidence presented:

- Directors and senior management play a key role in getting the broader system (beyond the social care teams) to understand the benefits of this new approach and what it entails. It is important they play this role and 'educate' partner agencies to enable true 'systemic' functioning.
- There is also a strong opportunity for 'co-creation' with partner agencies to capture what the systemic approach means for specific processes when they need to work together. For example, in the child protection conferences, which have been highlighted as situations where there is often a mismatch in language and expectations, an exercise can be

conducted to educate all those agencies and professionals attending on the systemic practice approach and language. Identifying how to adopt a systemic approach for a set of specific processes provides a start point for other agencies to adapt to this way of working.

- Senior management also play a key role in driving engagement and buy-in to the systemic approach internally. Commitment and belief from the top are important to ensure staff at every level realise the importance of a coordinated effort to adopt this approach. Thus, it is important that senior management are visibly supportive of a systemic way of working.
- Embedding clinical practitioners in the team is pivotal to elevating both systemic capability and engagement amongst the frontline staff. The analysis of practice recordings demonstrates the importance of the clinical practitioners in supporting high quality frontline social work practice⁶³. There is a strong case for continuing the practice of embedding them within teams and enabling them to work across cases to support the continued development of systemic practice.
- Practitioners are working innovatively to deliver a more systemic approach to social care. It is important that the facilities to record their practice also evolve to enable them to capture their innovations and creative methodologies and share them across wider teams.
- The focus on working creatively and collaboratively under this approach received positive feedback from staff. It could play a key role in attracting fresh talent to social work and as such could be used as part of the story when recruiting for frontline staff teams.
- As staff in the focus groups expressed the view they lacked a formal guide on what constitutes systemic practice, the conclusion is that there is a case for a more descriptive guide on how frontline staff can practice the systemic approach and examples of best practice. This can also include a guide on how systemic practice and social work come together (without compromising the other) - particularly for experienced social workers who are more embedded in a non-systemic way of working.
- There is an opportunity for an increased focus on observation and reflection within the organisations to identify, celebrate and share best practice in supervision and direct work.

⁶³ Amy Lynch et al (2020) *Focus on Practice: Quality of Systemic Social Work Practice – Evaluation Research Brief*

Appendix 1 Theory of Change

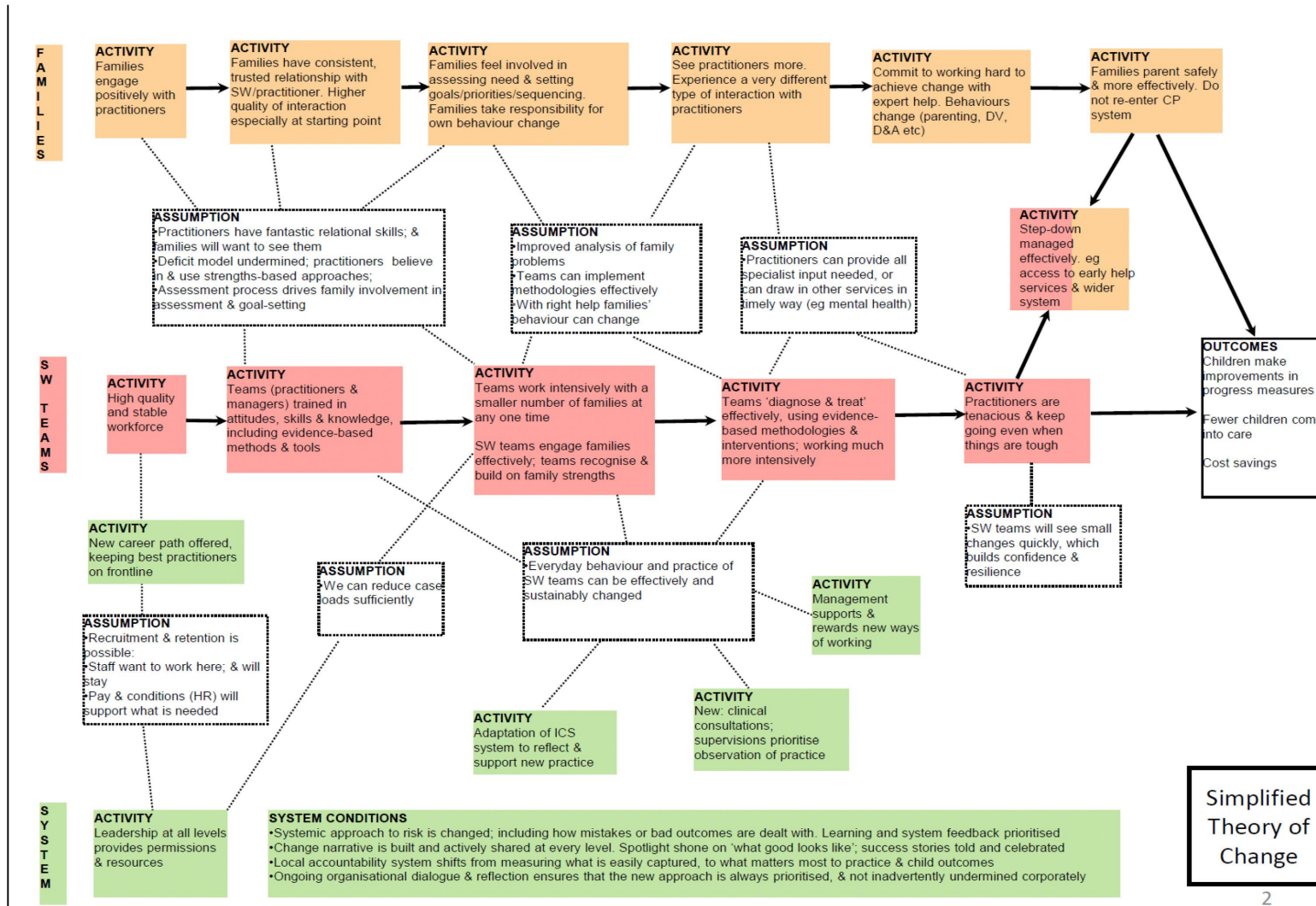
The following page shows a simplified version of the Theory of Change. A complex web of activity showing what the 3 local authorities anticipated would be required to bring about the final outcomes they were looking to achieve:

- Children make improvements in progress measures
- Fewer children come into care
- Cost saving

This Theory of Change defines the key building blocks they believed would be required to bring about the long-term outcomes and makes explicit the underpinning assumptions behind the causal links between the steps in the change pathway. They have identified the changes they need to bring about:

1. Changes in families
2. Changes in SW teams
3. Changes in the underpinning system

Figure 7 Project Theory of Change



Source: Focus on practice in 3 London boroughs: an evaluation, Children's Social Care Innovation Programme Evaluation Report 01, July 2016

Appendix 2

Brief summary of Round 1 evaluation methodology

The Round 1 evaluation by Thomas Coram Research Unit and UCL Institute of Education focused more narrowly on the implementation context and the impact of the systemic training and allied systems changes to social workers, team leaders and managers in assessment practice, and those working with families in the longer term.⁶⁴

The following activities were carried out as part of this evaluation:

- Practice scenarios were used to ascertain the extent to which respondents aligned their work with the intended learning outcomes of the training, alongside interviews designed to elicit perspectives and experiences.
- Families' views were also investigated through interviews, network maps and a family functioning tool called SCORE-15.
- Administrative data was used to assess child and cost outcomes and changes in how time was spent were assessed using a survey informed by focus group discussion

Summary of findings from this Round 1 evaluation:

- Widespread enthusiasm for the programme and a new cultural norm around systems theories and systems thinking was becoming evident in the language, concepts, tools and practices employed by staff
- Supervision and reflective practice were becoming more familiar and more oriented towards Focus on Practice intended learning outcomes
- Difficulty in reconciling systemic techniques with the requirements of practice within assessment teams leading to partial implementation of learning from the training
- Changes to recording practices were not fully implemented or perceived to have saved time
- Placement costs reduced over two years since baseline, but staff salary cost increased
- Reduced use of agency staff and reduced rate of staff absence indicating better value for money.
- Families' perceptions were aligned well with Focus on Practice values and intentions

⁶⁴ Focus on practice in three London boroughs: an evaluation, Children's Social Care Innovation Programme Evaluation Report 01, July 2016

Appendix 3 Ten practice standards as set out in Bi-Borough Children's Social Care – Practice Handbook 2019

- **Practice standard one – Reasons why we become involved**

Aims

Families understand the reason for the involvement of Family Services. We believe relationships are key to creating change, therefore how we start our conversations with families from the initial point of contact is critical to successful engagement.

The relationships that we create with families from the outset will be key to achieving change

- **Practice standard two - The relationship with children and their families are key in creating change**

Aims

To develop successful working relationships with children and families which increase the likelihood of sustainable change.

To promote a culture where work is undertaken with families; we encourage feedback in order that the work is not done to them.

To understand what life is like for children in the context of the world they live in and the relationships that are significant to them.

- **Practice standard three - Completing an assessment with a family**

Aims

To gain an understanding of the family history, including patterns of behaviour and how this may have influenced their current lifestyle, parenting capacity and family functioning. Linking the past with the present.

To understand who is in the family and the nature of relationships between family members and to clarify who might be able to provide support.

To understand what life is like for the child living in their family and community, at this point in time.

To inform what needs to happen next and to make recommendations about the way forward.

Practice standard four - Planning the Intervention

Aims

We have a shared understanding with families (wherever possible) about what needs to be achieved and within what timescales.

Children contribute to the creation of plans that keep them safe and promote their welfare and aspirations.

The professional and family network are clear about the purpose of intervention, the outcomes to be achieved, including their role in implementing a successful plan.

We have a roadmap that is clear about direction of travel, markers of progress and destination

- **Practice standard five - The Interventions we offer to achieve outcomes**

Aims

We intervene in a purposeful and proportionate manner.

We intervene at the earliest opportunity and lowest level of intervention, to effect positive outcomes and prevent cases escalating further within our service.

Our intervention is informed by theory and research.

We intervene in an ethical manner which draws on strengths within families and is respectful of culture, norms and values.

- **Practice standard six - Reviewing the progress with families**

Aims

We measure the impact of our intervention and can articulate what the outcomes for children are. That is, we know what has changed as a result of us being involved.

We can change direction or amend or adapt plans at the earliest possible opportunity, where impact is not evident.

We reinforce positive changes and evaluate progress.

- **Practice standard seven - The child centred recordings**

Aims

We have an accurate record of the child's story which shows accountability and enables children and families to understand the journey of our involvement.

We are able to identify patterns and themes that inform our intervention.

We are able to share information in an accurate and proportionate way.

Families do not have to tell their story to different practitioners at different times

- **Practice standard eight - Culturally competent and self-reflexive practice**

Aims

As families are often worried when referred to our service, we aim to link the family system and its individuals with the social work processes, in a collaborative way.

We aim to contribute to a culturally inclusive context for change with self-reflections, self-reflexivity and relational reflexivity within an ethical frame of embracing diversity.

We invite families and children to give feedback on their experiences in relating with us by being curious, confident and able to generate conversations about difficult topics with empathy.

We aim to create conversations that are experienced as secure, validating, trusting and generate environments allowing families and children to share their stories and feel confident about working with children's services, including on areas of power and oppression.

We are continually curious about what we bring as practitioners into our work with families, and how this links with the families, by creating conversations where this can be spoken about with openness.

- **Practice standard nine - Management oversight, supervision, support and challenge**

Aims

We consistently provide direction and oversight which promotes excellent practice and commitment to developing excellent practitioners.

- Supervision offers oversight, ensuring purposeful and effective intervention with families.
- We nurture and develop supervisory relationships that can offer critical challenge and ideas which influence practice.
- Managers and supervisors have a strong grip on practice and quality assure work in an evidence-based way being clear about expectations.
- Managers and supervisors evidence their accountability and confident decision making.

- **Practice standard ten - The highest quality practice and service delivery**

Aims

We continue to provide robust and responsive services to a high standard.

We notice and attend to new challenges, build on and replicate our successes, and plan for future needs of methods.

Appendix 4 Value for Money analysis summary report

Introduction

This Appendix provides assesses the economic benefits associated with the 'Focus on Practice' programme which was introduced in 3 London Boroughs in 2014 (Westminster, Kensington & Chelsea and Hammersmith & Fulham – referred to as LBHF, RBKC and WCC, hereafter). Initially funded by the Innovation Programme, the programme was designed to change the way social work practitioners work with families (ultimately aiming to reduce the number of re-referrals of family cases and the number of children in care), as well as embedding new practices to improve social work outcomes.

The impact of the programme on specific child and practitioner workforce outcomes were estimated, and then monetised and compared to the costs associated with the design and delivery of the programme to provide a value for money analysis. It is important to note that many other programmes related to social work have been introduced across Local Authorities, either as a part of the Innovation Programme or other separate initiatives undertaken by specific Local Authorities; therefore, the results of the analysis should be viewed as an indicative assessment of the potential value generated by the Focus on Practice programme for LBHF, RBKC and WCC.

The remainder of the Appendix is structured as follows:

- Firstly, the impact of the Focus on Practice programme on children's services and social worker outcomes are estimated by comparing relative outcomes between the 3 Local Authorities and other comparable Local Authorities (not engaged in the programme).
- Secondly, the estimated impact for each outcome measure of interest is monetised using existing evidence made available by the Department for Education, as well as information gathered from a range of external sources.
- Finally, a value for money assessment is provided by comparing the estimated benefits (or cost savings) with the resource costs associated with the programme implemented in LBHF, RBKC and WCC.

Estimating the impact of the Focus on Practice programme

The 'treatment' group

The **'treatment' group** assigned in the quasi-experiment used to quantify the impact of the Focus on Practice programme contains LBHF, RBKC and WCC.

Three additional Local Authorities (North Yorkshire, Slough, and Telford and Wrekin Local Authorities) were involved in elements of the Focus on Practice programme through their early involvement in the Centre for Systemic Social Work (CfSSW).⁶⁵ A further seven Local Authorities

⁶⁵ The CfSSW centre was established in North Yorkshire, Telford and Wrekin and Slough by LBHF, RBKC and WCC as part of the Focus on Practice programme to develop social work practice internally and provide opportunities for learning and improvement across the sector. It was agreed that the impact and value for money analysis should focus on the three Local Authorities. As such, these three Local Authorities were excluded from these elements of analysis. However, in order to undertake the econometric analysis generating a counterfactual group for the three Local Authorities (which required a sufficient sample of 'treatment' Local Authorities to ensure its feasibility), they were included in the Propensity Score Matching model. Other than for the 'mechanical' operation of the modelling approach, they were not incorporated in the analysis.

(plus the Grenfell team for Kensington and Chelsea) engaged with the Focus on Practice programme at a later date. However, as a result of the later start for these seven Local Authorities, the impact of the 'treatment' is unlikely to be identifiable for these Local Authorities over the five-year period (2014 to 2019) of analysis in this report. As such, as with North Yorkshire, Telford and Wrekin and Slough, they have not been assigned to the 'treatment' group, and we do not attempt to monetise the potential economic benefit associated with the programme for these Local Authorities.

Outcome measures of interest

Given the ultimate objectives of the programme, the outcome measures considered in the analysis relate to both **child outcomes**⁶⁶ and **workforce characteristics** for social workers. In terms of child outcomes, following the introduction of the programme, we considered the metrics below:

- the rate of **children looked after** (per 10,000 children),
- the rate of **child protection plans** (per 10,000 children),⁶⁷ and
- the rate of **children in need excluding those on child protection plans** (per 10,000 children).⁶⁸

In terms of workforce characteristics, amongst children and family social work practitioners, we examined the impact of the programme on

- **turnover rate,**
- **vacancy rate,**
- **absence rate,** and
- **Agency worker rate.**

These workforce characteristics are of interest because they provide an indication⁶⁹ of the stability (and continuity) of the services provided to children and families in need. Despite these measures being imperfect, it is still likely that improvements in the stability of the service provided would improve outcomes for the children and families in need in the longer run. The economic benefit of the programme is also measured by the extent to which the workforce relies on Agency staff (who are relatively more expensive) to fill vacant posts.

Table 5 summarises the years of analysis (essentially reflecting a period pre and post the Focus on Practice programme, as well as the sources of the data used for the outcome measures of interest.

⁶⁶ There were several key issues in deciding which outcome measures to consider. Of primary importance was the need to have comparable and objective information available covering both the treatment group – and the counterfactual group of Local Authorities. As such, it was necessary to use information centrally (and consistently) collected. This resulted in the use of Department for Education data relating to both a range of child-centric and workforce related metrics.

⁶⁷ The analysis looks at the number of children subject to child protection plans. This may not be the same as the number of plans, since a child may be subject to more than one plan in a given period of time.

⁶⁸ Again, the analysis looks at the number of children in need rather than the number of episodes of need. A child may have more than one episode of need in a given period of time.

⁶⁹ There are some limitations in any analysis of workforce outcomes in the three authorities that cannot be overcome. In particular, given the working relationship between the three services, it was often the case that child and family practitioners might be employed in one Local Authority but effectively delivering service in another. As such, the assumption that either reported workforce turnover or vacancies might be directly linked to the 'quality' of service delivery is not strictly accurate.

Table 4 Outcome measures of interest

Variable	Years	Source
Child outcome measures		
Rate of children looked after (per 10,000 children)	2014, 2019	Department for Education
Rate of children subject to child protection plans (per 10,000 children)	2014, 2019	Department for Education
Rate of children in need excluding those subject to child protection plans (per 10,000 children)	2014, 2019	Department for Education
Service characteristics measures		
Turnover rate (%) for social workers	2014, 2018	Department for Education
Vacancy rate (%) for social workers	2014, 2018	Department for Education
Absence rate (%) for social workers	2014, 2018	Department for Education
Agency rate (%) for social workers	2014, 2018	Department for Education

Note: In each case, the later year of analysis is the most recent year for which data is available at the time of reporting.

Difference-in-differences analysis

Rationale

Simply examining the change over time in the outcome measures of interest that occurred following the introduction of the programme in the ‘treatment’ Local Authorities would not provide an adequate means of measuring its impact. This is because such an analysis would fail to consider the **counterfactual** scenario. For example, suppose that it was found that a particular outcome measure had improved in the ‘treatment’ Local Authorities after the implementation of the Focus on Practice programme. In the absence of further analysis, it is uncertain as to whether the Focus on Practice programme brought about this improvement or if there was some other factor - entirely independent of the programme - that brought about the identified improvement.

Although comparing the change in outcomes of the Local Authorities involved in the programme with the change that occurred in all other Local Authorities (not delivering the Focus on Practice programme) might be considered an improvement, this approach would fail to accurately address the problem of **selection bias**. This occurs when the ‘treatment’ Local Authorities differ from other Local Authorities in some fundamental way, and these differences drive the outcomes being examined.

Given these challenges, the impact of the Focus on Practice programme on the outcome measures is quantified using a **propensity score matching (PSM)** and **difference-in-differences** approach. Such an analysis compares the change in the outcome measures of the ‘treatment’ Local Authorities before and after the implementation of the programme with those of other statistically **comparable** Local Authorities that have not participated in the programme. This approach (when effectively implemented) avoids the two problems identified above.

Identifying comparable Local Authorities

In order to compare the change in the outcome measures of the ‘treatment’ Local Authorities with those of comparable Local Authorities, it is necessary to identify a ‘**control group**’ in the quasi-experiment.

Comparable Local Authorities were identified using this **PSM** approach. In brief, the PSM model works as follows. A set of variables prior to the implementation of the Focus on Practice programme are used to calculate a **propensity score**, which represents the *ex-ante* probability that the Local Authority being considered would be part of the ‘treatment group’. The ‘treatment’ Local Authorities are then matched with Local Authorities that did not participate in the programme but whose propensity scores are ‘similar’ to their own. Essentially, for each Local Authority participating in the Focus on Practice programme, this approach identifies their ‘statistical neighbour’ based on observable characteristics (with the only difference being participation in the programme).

In this case, the variables included in the matching process include a range of information describing the socioeconomic and demographic characteristics of the Local Authorities as well as various workforce characteristics relating to children and family social work practitioners (i.e. the turnover rate, the number of social workers in the Local Authority per child aged 5-16, and the rate of use of Agency social workers).⁷⁰ Table 6 below presents the variables used in the PSM model and their sources.

Table 5 Variables used in PSM estimation

Variable	Year	Source
Socioeconomic and demographic controls		
Percentage of white children	2011	ONS Census 2011
Percentage of white population	2011	ONS Census 2011
English indices of deprivation: - Income - Employment - Education, skills and training - Health deprivation and disability - Crime - Barriers to Housing and Services - Living Environment - Income Deprivation Affecting Children	2015	Department for Communities and Local Government
Number of children looked after placements per social worker	2014	Department for Education
Rate of children looked after per 10,000	2014	Department for Education
Social worker controls		
Turnover rate (%) for children’s social workers	2015-16	Department for Education
Vacancy rate (%) for children’s social workers	2015-16	Department for Education
Number of children looked after placements per social worker	2015-16	Department for Education

⁷⁰ A variant to the analysis presented in this report was also considered in which the PSM model was estimated excluding the social worker workforce characteristics. The results in terms of the impact of the programme across the outcome measures were broadly similar.

The five nearest statistical neighbour Local Authorities (i.e. comparable Local Authorities that were not part of the Focus on Practice programme) identified using the PSM model for LBHF, RBKC and WCC are shown in Table 7 below⁷¹.

Table 6 Comparable Local Authorities identified using PSM

Local authority	Propensity score	Nearest neighbour 1	Nearest neighbour 2	Nearest neighbour 3	Nearest neighbour 4	Nearest neighbour 5
Hammersmith and Fulham	12.96%	Tower Hamlets (13.43%)	Waltham Forest (14.59%)	Brent (10.74%)	Derbyshire (15.18%)	Ealing (9.88%)
Kensington and Chelsea	81.77%	Cornwall (26.01%)	Hackney (23.45%)	Wandsworth (17.74%)	Newham (16.97%)	City of London (16.47%)
Westminster	43.22%	Cornwall (26.01%)	Hackney (23.45%)	Wandsworth (17.74%)	Newham (16.97%)	City of London (16.47%)

Source: London Economics' analysis using DfE data

For the difference-in-differences analysis, 3 approaches were considered to identify the comparison Local Authorities for each 'treatment' Local Authority:

- The **nearest statistical neighbour** (shown as 'Nearest Neighbour 1' in Table 3); or,
- A '**selected**' match from within the 5 closest statistical neighbours; or,
- The (unweighted) **average** of the 5 closest statistical neighbours.

In particular, the nearest statistical neighbour is the Local Authority with the closest propensity score to it. The selected match is drawn from the five nearest statistical neighbours (and so is not divorced from the PSM model); however, it involves the use of some subjectivity to identify a match taking into account variables not included in the model. For instance, a London Local Authority's nearest statistical neighbour – based on the variables used in the PSM model – may be an urban area in the North-West. However, a neighbouring London Local Authority may be its second-closest statistical neighbour based on the variables used in the PSM model. Intuitively, the neighbouring London Local Authority may in fact be more comparable to this treatment Local Authority than the Local Authority in the North-West.

The difference-in-differences analysis presented compares the outcome measures for the 'treatment' Local Authorities with the averages of the outcome measures in the **5 closest statistical neighbours** (Option 3). This avoids the subjectivity associated with the 'selected' match approach, and (as it is an average) reduces the potential sensitivity of the analysis to unobservable local characteristics in the PSM model (given its purely statistical and mechanistic nature).

Results

The results of the difference-in-differences analysis for each outcome measure of interest are shown in Table 8. The results are presented for LBHF, RBKC and WCC (as a single unit) and the

⁷¹ Note again that North Yorkshire, Telford and Wrekin and Slough were included in the notional treatment group to provide sufficient sample size ensure the proper functioning of the PSM model. They were excluded from the rest of the analysis.

control group (constructed by taking the average across the five nearest neighbours) for each outcome measure of interest using weighted averages.⁷²

It should be noted that a positive coefficient (in the last column measuring the difference-in-differences) indicates that the rate in question is lower in the 'treatment' group than in the counterfactual. In other words, a **positive coefficient represents a positive impact** of the Focus on Practice programme relative to the counterfactual group.

The results suggest that in respect of all outcome measures, LBHF, RBKC and WCC experienced an improvement relative to the control group. For example, the incidence of child protection plans (per 10,000) decreased by **13.0** (from **35.4** in 2014 to **22.4** in 2019) across LBHF, RBKC and WCC compared to an increase of **0.9** in the control group. This results in a difference-in-differences estimate of **13.9**. In other words, given the demographic and socioeconomic characteristics of the 3 Local Authorities, an **0.9** per 10,000 increase in child protection plans might have been expected over the period. However, there was in fact a reduction of **13.0** per 10,000, and this decline represents an outperformance relative to expectations.

The analysis below illustrates the relative outperformance of LBHF, RBKC and WCC compared to expectations across all the measures under consideration.

Table 7 Difference-in-differences analysis – Results

Outcome measure	LBHF, RBKC and WCC			Composite of the 5 nearest neighbours			Difference-in-differences
	2014	2019	Difference	2014	2019	Difference	
Rate of children looked after per 10,000 children ⁽¹⁾	47.7	48.0	0.3	51.3	59.9	8.6	8.3
Rate of child protection plans per 10,000 children ⁽¹⁾	35.4	22.4	-13	34.3	35.2	0.9	13.9
Rate of children in need excluding those subject to child protection plans per 10,000 children ⁽¹⁾	417.7	341.9	-75.8	323.3	353.4	30.2	106.0
Turnover rate (%) for social workers ⁽²⁾	17.9	16.1	-1.8	16.8	18.6	1.8	3.6
Vacancy rate (%) for social workers ⁽²⁾	7.7	9.0	1.3	19.0	22.8	3.7	2.5
Absence rate (%) for social workers ⁽²⁾	2.9	1.9	-1.1	2.3	2.2	-0.1	1.0
Agency rate (%) for social workers ⁽²⁾	10.4	10.6	0.2	15.4	24.4	9.0	8.8

⁷² In the case of child outcomes, the number of children aged 5-16 are as weights and in the case of social worker characteristics, the number of social workers is used as weights.

Note: (1) For each year of analysis, the average within the 'treatment' Local Authorities and the composites of the 5 nearest neighbours is weighted by the population of children within each Local Authority in that year (for 2019, the population of children from 2018 is used as the weight because of data availability constraints). (2) For each year of analysis, the average within the 'treatment' Local Authorities and the composites of the 5 nearest neighbours is weighted by the population of social workers within each Local Authority in that year. All numbers are reported to one decimal place. **Source: London Economics' analysis**

Monetising the impact of the Focus on Practice programme

Child outcome measures

Looked after children

The difference-in-differences analysis suggests that the Focus on Practice programme had a positive impact on the rate of children looked after (per 10,000 children) for LBHF, RBKC and WCC compared to the control group. This impact is equivalent to approximately **62** fewer children being looked after in the 3 boroughs.⁷³

In aggregate, across the 3 Local Authorities, the reported expenditure on looked after children was equal to approximately £46.6 million with 547 looked after children in 2018-19.⁷⁴ This equates to a cost of approximately £85,200 per year per looked after child in the 3 boroughs. With an average duration of 2.21 years being looked after⁷⁵, the total cost of a looked after child in LBHF, RBKC and WCC is equal to approximately £188,300.

Therefore, **the estimated reduction of 62 looked after children equates to a cost saving of approximately £11.7 million.**

Child protection plans

The Focus on Practice programme was estimated to reduce the rate of children subject to child protection plans by **13.9** per 10,000 in LBHF, RBKC and WCC relative to the counterfactual Local Authorities. This is equivalent to **103** fewer children being on a protection plan.⁷⁶

Across England, the total expenditure on social work including Local Authority functions⁷⁷ relating to child protection was equal to approximately £2.157 billion in 2018-19 with a total of 120,190 child protection plans at any point during the year.⁷⁸ Therefore, a reasonable estimate of the saving from the avoidance of one child protection plan is approximately £17,950 per year. On

⁷³ The 2018 population of children aged between 5 and 16 in LBHF, RBKC and WCC was 74,317. Therefore, a reduction in the rate of looked after children of 8.3 (per 10,000 children) is equivalent to a reduction of 62 children being looked after. $[(74,317 \times 8.3)/10,000]$.

⁷⁴ Sources: Department for Education - Expenditure by Local Authorities and Schools on Education, Children and Young People's Services in England, 2018-19, Table 6, available [here](#); Department for Education - Children looked after in England including adoption: 2018 to 2019, Local Authority Tables, Table LAA1, available [here](#).

⁷⁵ Source: Department for Education - Children looked after in England including adoption 2018 to 2019, National Tables, Table D3, available [here](#).

⁷⁶ The 2018 population of children aged between 5 and 16 in the three Local Authorities was 74,317. Therefore, a reduction in the rate of child protection plans of 13.9 (per 10,000 children) is equal to a reduction of 103 children on protection plans. $[(74,317 \times 13.9)/10,000]$.

⁷⁷ To estimate the appropriate costs, we included the costs of social workers who are directly involved with the care of children and with the commissioning of services for children. We also included most of the direct social work costs (except those detailed below), including the processes for assessing need, determining and defining the service to be provided and reviewing the quality of and continued relevance of that care for children. We also included child protection costs, field social work costs (include hospital social workers), occupational therapy services to children, and relevant support staff costs. We excluded social work costs in support of foster carers and adoptive families as these are captured elsewhere. Finally, we included budgeted spending on local authority functions in relation to child protection. This includes all planned expenditure on carrying out the authority's functions in relation to child protection under the [Children Act 1989](#) and under [section 175 of the Education Act 2002](#) and other functions relating to child protection.

⁷⁸ Sources: Department for Education - Expenditure by Local Authorities and Schools on Education, Children and Young People's Services in England, 2018-19, Table 2, available [here](#); Department for Education - Characteristics of children in need: 2018 to 2019, Table D1, available [here](#).

average, a child protection plan lasts just under 10 months.⁷⁹ Hence, the average cost avoided from a single reduction in the number of children subject to child protection plans is approximately £14,700.⁸⁰

Taken together, **a decline in the number of children subject to child protection plans by 103 corresponds to a total cost saving of approximately £1.51 million.** However, it is important to note that there are likely to be some additional costs arising from other child support activities that may be put in place instead of more intensive support activities. However, it is difficult to monetise such costs as the measures taken are likely to vary.

Children in need other than those subject to child protection plans

The difference-in-differences analysis implies that the Focus on Practice in programme reduced the number of children in need other than those subject to child protection plans per 10,000 children by **106.0** in LBHF, RBKC and WCC relative to the control Local Authorities. This equates to a reduction in the number of children in need other than those subject to child protection plans by **788** across the 3 boroughs.

The number of children having a child in need episode in England except those subject to child protection plans) was 588,650 in 2018-19. Expenditure by Local Authorities on children in need in 2018-19 in excess of the £2.157 billion assigned to child protection plans was £1.33 billion.⁸¹ This means each child in need other than those subject to a child protection plan was associated with expenditure of approximately £2,250 per year. The average episode of need excluding becoming the subject of a child protection plan lasts just under 7 months.⁸² Hence, the average episode of need other than becoming subject to a child protection plan is associated with expenditure of approximately £1,260.⁸³

A reduction in the number of children in need other than those subject to child protection plans of 788 is therefore associated with a cost saving of approximately £992,900.

Social work workforce characteristics

The Agency social worker premium

In addition to the potential impact on children, the impact of the Focus on Practice programme on the practitioner workforce can also be measured by the extent to which Agency staff are used to cover vacancies or absence for other reasons. Agency workers are more expensive than permanent staff within the Local Authority, and we refer to this increased expense as the Agency worker premium.

Total spend by Local Authorities on Agency social workers in 2017/18 was reported to be at least £335 million⁸⁴. With approximately 5,340 full-time equivalent Agency social workers hired by

⁷⁹ This is an estimated weighted average of the duration of a child protection plan, using data on the duration of child protection plans ending in the year 2018-19. Source: Department for Education - Characteristics of children in need: 2018 to 2019, Table D7, available [here](#). The durations are in ranges; the midpoint of each range is used in the calculations (For example, those lasting between one and two years are assumed to last 1.5 years for the purposes of the calculations), except plans in the range lasting longer than two years are assumed to last two years. Since few plans last longer than two years, this assumption is benign.

⁸⁰ This is the product of the annual cost of a child protection plan and the average duration of a child protection plan in years. [$£17,493 \times 0.818$].

⁸¹ The definition of the various items of expenditure relating to children in need was taken from a July 2016 research report published by the Department for Education entitled 'Children's services: spending and delivery'. Available [here](#).

⁸² This is an estimated weighted average calculated according to a methodology like the one described in footnote 82. The data used to calculate this is from the Department for Education - Characteristics of children in need: 2018 to 2019, Table B5, available [here](#).

⁸³ This is the product of the annual cost of an episode of need other than a child protection plan and the average duration of an episode of need other than a child protection plan in years. [$£2,254 \times 0.559$].

⁸⁴ Guardian (2019). 'Councils spend millions on agency social workers amid recruiting crisis', available [here](#).

Local Authorities in the same period⁸⁵, this suggests that the average cost per Agency social worker was approximately £62,700 in 2017/18. Accounting for inflation, the estimated cost of an Agency social worker was approximately £65,400 in 2019.

In comparison, on average, a directly employed social worker hired by the Local Authority received a basic salary of £35,600 in 2019.⁸⁶ Adjusting for on-costs of 20%, the average cost of a directly employed social worker was estimated to be approximately £42,700 per year.

Therefore, **the Agency premium was estimated to be approximately £22,700 per worker (53%).**

Agency social worker rates

Reductions in the turnover, vacancy and absence rates all generate costs savings by reducing Local Authorities' reliance on Agency workers. The turnover rate measures the number of leavers during the year relative to the total number of social workers at the start of the year.⁸⁷ A lower turnover rate means a reduction in the number of leavers, with fewer leavers potentially resulting in fewer vacancies. Agency social workers filled approximately 76.7% of Local Authority vacancies in 2018-19⁸⁸. For this reason, reductions in the turnover and vacancy rates are associated with savings from avoiding the Agency worker premium. Moreover, Agency social workers may be hired on a more short-term basis in order to provide cover for absent workers (due to sickness or other reasons). These effects are monetised directly by using the Agency worker rate, which measures the extent to which the workforce relies on Agency workers to provide short-term cover for unfilled posts.

The difference-in-differences analysis suggested that Agency rates between the LBHF, RBKC and WCC and the counterfactual was 8.8 percentage points following the introduction of the Focus on Practice programme. Given that LBHF, RBKC and WCC have a combined total of approximately 426 FTE social workers and Agency social workers⁸⁹, this implies a reduction (compared to the counterfactual) of approximately 37.5 FTE agency workers used.

Hence, **the total costs avoided due to lower reliance on Agency social workers is equal to approximately £852,600** (37.5 fewer FTE Agency workers utilised multiplied by the Agency social worker premium of around £22,700).

Aggregate economic impact

Combining the estimates of cost savings relating to the number of looked after children (**£11.7 million**), the number of children on child protection plans (**£1.51 million**), the number of children in need besides those on child protection plans (**£0.993 million**) and the lower reliance on Agency social workers (**£0.853 million**), the total economic benefit associated with the programme across LBHF, RBKC and WCC was estimated to be **£15.05 million**.

⁸⁵ Department for Education, Children and family social work workforce in England, year ending 30 September 2017, Table 2, available [here](#).

⁸⁶ Skills for Care Workforce Intelligence Analysis Team – Adult social care workforce estimates, 2019, Table 6.1, available [here](#).

⁸⁷ Key statistics of children and family social workers are reported year ending September 2019.

⁸⁸ Source: Department for Education, Children and family social work workforce in England, year ending 30 September 2019, Table 1d, available [here](#).

⁸⁹ Source: Department for Education, Children and family social work workforce in England, year ending 30 September 2019, Table 2, available [here](#).

Value for money analysis

On the cost side, the Department for Education (DfE) launched the Children's Social Care Innovation Programme in 2014 with funding of **£4.2 million** allocated to LBHF, RBKC and WCC. A further £5.7 million was invested by the Department for the Partners in Practice (PIP) programme from 2016 to 2020, of which **£3.75 million** was allocated to LBHF, RBKC and WCC. Therefore, a total investment of **£7.95 million** was allocated to LBHF, RBKC and WCC from 2014-15 to 2019-20.

In monetary terms, cost savings associated with the Focus on Practice programme due to a reductions in the number of looked after children and children in need (those subject to child protection plans and others) and the lower reliance on Agency social workers was estimated to be approximately **£15.05 million** for LBHF, RBKC and WCC.

Taken together, this suggests a benefit-cost ratio of 1.89 associated with the Focus on Practice programme in LBHF, RBKC and WCC. In other words, for every £1 spent by the Department on Focus on Practice, approximately £1.89 was saved in LBHF, RBKC and WCC.

Caveats

However, it is important to note that attributing the total estimated impact of the Focus on Practice programme to the various outcome measures potentially overestimates the likely impact of the programme given the number of different interventions that might have taken place across the various Local Authorities at the same time, as well as the different structures, systems and other characteristics in place to deliver social work in the Local Authorities. Many of these other activities and characteristics are essentially unobservable. Therefore, although the approach taken in this report attempts to control for these confounding factors through their impact on child and social worker characteristics, the results should only be viewed as an indicative assessment of the value generated by the Focus on Practice programme. Despite this, the fact that the estimated impacts are all positive, and that the monetised benefits exceed the associated costs, is highly encouraging.

In addition, we have only been able to consider the direct costs associated with the programme allocated by central government, and not the potential opportunity costs that might have been incurred. As such, the estimates of the benefit to cost ratios presented here may be lower than in reality

Appendix 5 Quality of systemic social work practice – Evaluation research brief

by Tilda Goldberg Centre for Social Work and Social Care: Evaluation Overview

Over the last ten years TGC has developed methods and analytical frameworks to understand the quality of practice conversations that occur during social work supervision (Bostock et al, 2019; Wilkins et al, 2018) and in direct practice encounters (Whittaker et al, 2016; Bostock et al, 2017; Forrester et al, 2017). Our research has shown that there is an association between the quality of systemic supervision and the quality of direct practice, as the practice-shaping discussions that take place during supervision inform and shape direct practice encounters (Bostock et al., 2019a).

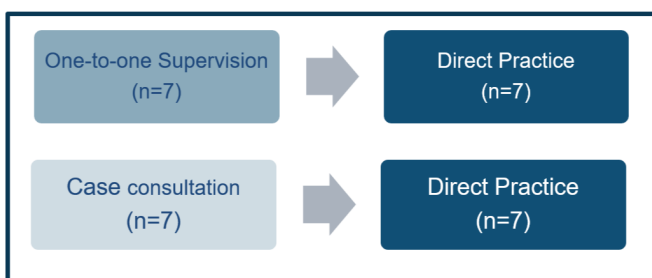
The TGC evaluation of Focus on Practice applied and extended these methods to understand the quality of systemic practice conversations and the relationship between the quality of supervision and direct practice with children and families. The specific focus of the TGC evaluation was to examine the quality of systemic practice in two types of practice encounters: 1) direct work with families during home visits in cases where children were the subject of a child in need or child protection plan and 2) supervision. Supervision was delivered in two different forums: a) one-to-one supervision between social workers and their team managers and b) case consultations between social workers and systemically-trained clinical practitioners.

Method

A purposive sampling strategy was adopted to recruit sixteen families to participate in the research, based on the following criteria: 1) children were the subject of a child in need or a child protection plan 2) the social worker had had continuous involvement with the family for at least 3 months 3) the social worker had completed Level 1 Systemic training as a minimum.

Six teams, from across the 3 Boroughs, participated in the study between August and November 2010. Each social worker completed a case questionnaire to outline the context of each case. In total, there were 15 recordings of supervision and 15 recordings of direct practice. The data included 14 pairs of recordings, with an equal split between supervision (n=7) and case consultation (n=7). There was one additional recording of one-to-one supervision (where the home visit did not go ahead due to family circumstances) and one additional recording of direct practice (where the audio-recording of supervision was corrupt). See Table 10 for further details.

Figure 8 Systemic practice in supervision and direct practice



Ethical approval was granted by the University of Bedfordshire's Research Institute Ethics Panel. There was agreement to use specific quotes but not to attribute these to a specific individual, team or Borough to maintain confidentiality.

Analytical approach

Social worker questionnaire

Data from the social worker questionnaire was entered into SPSS and descriptive analysis of quantitative data was undertaken to examine: the skills, experience and level of systemic training of the participating social workers; input to support direct practice; the needs and circumstances of the families; and perspectives on systemic practice. Open-ended questions were coded thematically.

Supervision

Audio-recordings of supervision were transcribed, and the transcriptions were analysed using a coding framework developed by TGC (Bostock et al, 2019b). The framework focuses on five essential domains of systemic supervision: 1) relational nature of problems 2) voice of the family 3) risk talk 4) curiosity and flexibility and 5) support for practice (see **Table 9** for an explanation of each domain).

All transcripts were double coded, and the overall quality was assessed on a 3-point scale:

- 'non-systemic' where the session had no indication of systemic interaction and conversation between participants;
- 'green shoots' or sessions that showed encouraging signs of development and demonstrated a high level of systemic interaction across four out of the five domains, most notably the use of hypothesising to explore risk to children from multiple perspectives, including families and other professionals;
- 'systemic' supervision sessions demonstrating a full incorporation of systemic concepts and practice, principally characterised by a move from hypothesis generation to clear and actionable conversations with families (Bostock et al, 2019b: 4-5).

Table 8 Domains of systemic group supervision

Domain	Description
Relational nature of problems	Are identified “problems” being considered within the context of a system? To what extent are the relationships between people discussed? To what extent are these linked to wider systems (community, schools, ethnicity etc.)? How do workers see themselves in this situation? Are they thinking about their own professional position within the system and how this affects relationships?
Voice of the family	Is the family “present” in the conversation? Are the child’s needs, wishes and feelings incorporated into the conversation? Were the views of different parties considered, and if they different, how did workers discuss resolving these differences in perspective?
Risk talk	How is “risk” raised and discussed? Is it viewed as a static label (For example, a person being a risk) or are risks discussed as dynamic and understood within relational context? How do actions and inactions impact on risk within the family? Are family strengths included?
Curiosity and flexibility	In what ways do participants demonstrate curiosity about families? Do they have fixed ideas or challenge taken-for-granted assumptions? Do they explore multiple possibilities and perspectives, including those of the child and family (which may in turn not be unanimous)? How do they approach practice dilemmas or unknowns? How new ideas or hypotheses are generated?
Support for practice	How do participants develop their hypotheses into clear, actionable conversations with families? Is there clarity of purpose about how these conversations will influence the family system and effect change for children? Conversely, if it was agreed not to intervene, in what way was this connected to their understanding of the family and wider systems?

Adapted from Bostock et al., 2019b: 519

Direct practice

Audio recordings of direct practice sessions were analysed by a trained, reliable coder, using a practice skills framework that was developed by TGC in partnership with a local authority (Whittaker et al, 2016; Newlands et al, forthcoming). The framework is underpinned by an approach used in Motivational Interviewing (Miller and Rollnick, 2012; Moyers et al, 2005) and is applied to understand the quality of social work practice in organisations that have adopted systemic social work practice (Bostock et al, 2017; Wilkins et al, 2018; Bostock et al, forthcoming; Lynch et al, forthcoming). Five skills are included in the framework, in two groups as set out in Table 2.

Table 9 Direct practice skills

Practice Skill	Assesses the extent to which the social worker...	Skill Group
Empathy	Is curious about, accepting of and understanding of the parent/carer perspectives and feelings, including demonstrating that understanding. Coded as 3 sub-categories: Acceptance, Curiosity and Demonstrating Understanding.	Relationship-Building Skills
Collaboration	Draws on the parent/carer own ideas and perspectives is flexible, incorporates parent/carer's views and ideas into the session and demonstrates awareness of power dynamic.	Relationship-Building Skills
Purposefulness	Maintains a clear focus for the session, while also responding flexibly to the parent/carer's agenda, balancing structure and flexibility.	Respectful Authority
Clarity of issues	Is clear about current issues, including explanation of risks and prioritisation and management of any 'disclosures'.	Respectful Authority
Child Focus	Meaningfully and consistently integrates the child into the discussion to enhance the parents' understanding of the child's needs.	Respectful Authority

Adapted from Whittaker et al, 2016

The quality of practice in each audio recording was assessed on a five-point scale for each of the skills (1: Very low to 5: Very high), with 3 as an anchor point (Whittaker et al., 2016). The output of the practice coding process was a rating of between 1 and 5, for each skill for each practice recording. The ratings were inputted into SPSS and additional ratings were computed:

- Mean rating for each skill (total recordings)
- Mean rating for relationship building (individual and total recordings)
- Mean rating for respectful authority (individual and total recordings)
- Mean rating for overall practice (individual and total recordings)

Supervision and practice

The ratings for the pairs of audio-recordings for supervision and direct practice sessions were mapped onto two 'three-point' axes to explore the correlation between the rating in supervision and the rating in direct practice. High-rated practice pairs were identified where supervision was rated as 'systemic' and overall direct practice was rated 'high/very high' (rating 4-5). For cases where there was highly rated practice in both recordings, qualitative thematic analysis was conducted to explore prevalent themes that 'crossed-over' between supervision and direct practice (Milne et al., 2003).

Appendix 6 TGC Participant Profile Data

Table 10 Data by Borough

Borough	Hammersmith and Fulham	Kensington and Chelsea	Westminster	Total
Number of social worker case questionnaires	4	6	6	16
Direct practice recordings	4	6	5	15
Supervision recordings – one-to-one supervision	3	2	3	8
Supervision recordings – case consultation	1	4	2	7

Source: Social worker case questionnaires

Table 11 Social worker role

	Frequency	Percent
Student social worker	1	6.3
Social worker	8	50
Advanced/senior/specialist social worker	6	18.8
Team manager	1	6.3
Total	16	100

Source: Social worker case questionnaires

Table 12 Length of time in professional role

	Frequency	Percent
Less than 6 months	3	18.8
6 months- 1 year	2	12.5
1-2 years	1	6.3
2-5 years	7	43.8
6-10 years	1	6.3
10 years+	2	12.5
Total	16	100

Source: Social worker case questionnaires

Table 13 Length of time working with participating family

	Frequency	Percent
Less than 3 months	1	6.3
3-6 months	8	50
7-12 months	3	18.8
13+ months	4	25
Total	16	100

Source: Social worker case questionnaires

Table 14 Level of systemic training

	Frequency	Percent
Foundation/Introductory	10	62.5
Intermediate	5	31.3
Other	1	6.3
Total	16	100

Source: Social worker case questionnaires

Table 15 Highest level qualification

	Frequency	Percent
Bachelor's degree social work	2	12.5
Bachelor's degree other	1	6.3
Master's degree social work	10	62.5
Other	3	18.8
Total	16	100

Source: Social worker case questionnaires

Table 16 Gender of participating social workers

	Frequency	Percent
Female	12	75
Male	4	25
Total	16	100

Source: Social worker case questionnaires

Table 17 Age of participating social workers

	Frequency	Percent
26-30	5	31.3
31-40	10	62.5
60+	1	6.3
Total	16	100

Source: Social worker case questionnaires

Table 18 Ethnicity of participating social workers

	Frequency	Percent
Black or Black British- African	1	6.3
Mixed Heritage- Any other Mixed background	1	6.3
White- British	13	81.3
Prefer not to say	1	6.3
Total	16	100

Source: Social worker case questionnaires

Table 19 Family primary need code

	Frequency	Percent
Abuse or neglect	8	50
Child's disability	1	6.3
Parental illness or disability	1	6.3
Family in acute stress	1	6.3
Family dysfunction	3	18.8
Low income	1	6.3
Absent parenting	1	6.3
Total	16	100

Source: Social worker case questionnaires

Table 20 Perceived level of overall risk for child

	Frequency	Percent
No concern	1	6.3
Low concern	7	43.8
Medium concern	6	37.5
High concern	2	12.5
Total	16	100

Source: Social worker case questionnaires

Table 21 Status of case

	Frequency	Percent
Subject of Child in Need Plan	11	68.8
Subject of Child Protection Plan	3	18.8
Care Proceedings	1	6.3
Child looked after	1	6.3
Total	16	100

Source: Social worker case questionnaires

Table 22 Needs and circumstances of families

	Frequency
Issues affecting parenting capacity	
Mental health	11
Domestic violence and abuse	8
Drug/alcohol misuse	7
Physical health	3
Disability	3
Criminality	1
Child's developmental needs	
Disability	1
Mental health	1
Wider family and environmental factors	
Family relationships	11
Housing	9
Finance	8
Social isolation	2

Source: Social worker case questionnaires

Table 23 Number of issues identified

	Frequency	Percent
One	3	18.8
Two - Three	3	18.8
Four- Five	6	37.5
Six - Eight	4	25.0
Total	16	100

Source: Social worker case questionnaires

Appendix 7 Additional TGC Practice Analysis

TGC Direct practice analysis

Table 24 Direct practice skill rating overall and by grouping

Skill Grouping	Overall practice rating	Relationship skills rating	Respectful authority skills rating
No. in dataset	15	15	15
Mean	3.24	3.12	3.40
Median	3.14	3.00	3.33
Mode	3.00	2.75	3.33
Std. Deviation	0.392	0.566	0.402
Minimum	2.71	2.25	2.67
Maximum	3.86	4.00	4.00

Source: Analysis of recordings of direct practice

Table 25 Distribution of ratings by skill

Number of recordings by rating	very low (1)	low (2)	mid (3)	high (4)	very high (5)	mean
Overall practice	0	0	10	5	0	3.2
Relationship-building	0	1	9	5	0	3.4
Collaboration	0	1	7	6	1	3.5
Empathy -acceptance	0	8	6	1	0	2.5
Empathy - curiosity	0	0	9	5	1	3.5
Empathy - demonstrating understanding	0	3	9	3	0	3.0
Respectful Authority	0	0	10	5	0	3.1
Purposefulness	0	0	7	8	0	3.5
Clarity of issues	1	0	6	8	0	3.4
Child focus	0	1	9	5	0	3.3

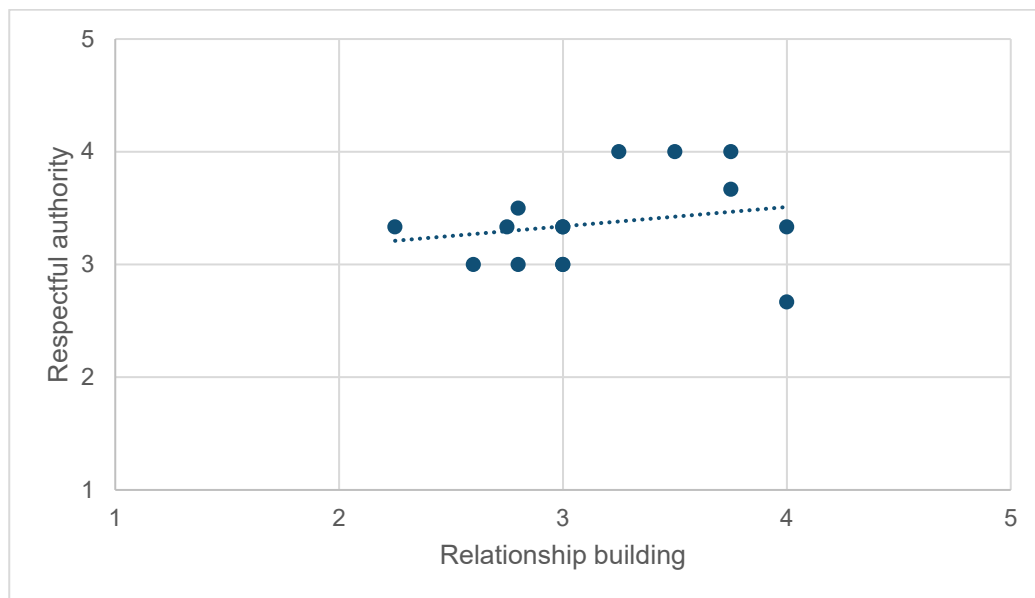
Source: Analysis of recordings of direct practice

Table 26 Statistical analysis of direct practice skill ratings

Skill	Collaboration	Empathy-acceptance	Empathy-curiosity	Empathy-demonstrating understanding	Purposefulness	Clarity of concerns	Child focus
N	15	15	15	15	15	15	15
Mean	3.47	2.53	3.47	3.00	3.53	3.40	3.27
Median	3.00	2.00	3.00	3.00	4.00	4.00	3.00
Mode	3.00	2.00	3.00	3.00	4.00	4.00	3.00
Std. Deviation	0.743	0.640	0.640	0.655	0.516	0.828	0.594
Minimum	2	2	3	2	3	1	2
Maximum	5	4	5	4	4	4	4

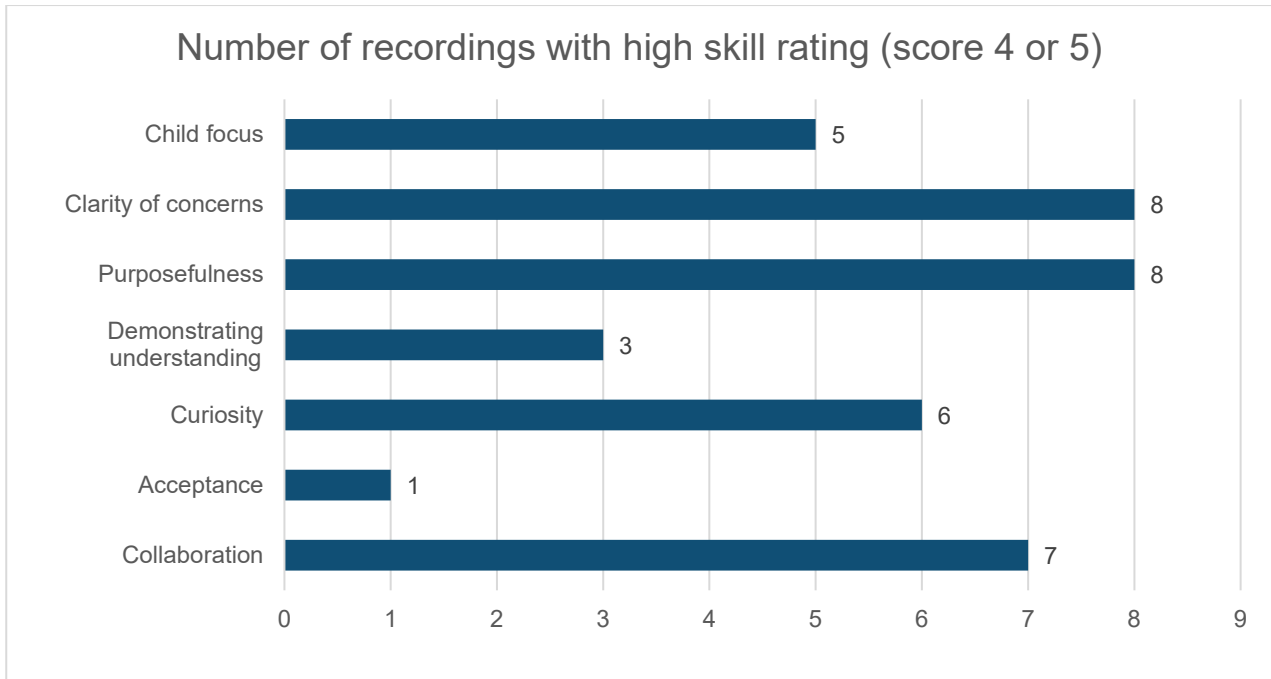
Source: Analysis of recordings of direct practice

Figure 9 Correlation between relationship-building and respectful authority skills



Source: Analysis of recordings of direct practice

Figure 10 Number of practice recordings scoring high (4 or 5) by skill



Source: Analysis of recordings of direct practice

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