Department for Education

Reinvigorating social work

Final evaluation report of the Dorset Children's Social Care Innovation Programme

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ICF Consulting Services Ltd with the University of Birmingham

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Key messages

Reinvigorating Social Work (RISW) was a workforce development initiative involving a programme of participatory, action learning designed to embed a relationship-based approach that included appreciative enquiry and restorative practice. Despite being implemented during a turbulent time for children's services in Dorset, the evaluation found that key achievements of the programme included examples of enhanced good practice (linked to participation in RISW) and workers reported increased success with reunification and returning children home from care. However, an impact assessment showed no impact either on key children, young people and family or workforce indicators, and no cost savings attributable to the programme.

Dorset's experiences in delivering RISW provide some important insights into how this kind of training and development could be embedded and supported in the wider system in order to ensure its intended outcomes are achieved and sustained.

Sufficient time for direct work needs to be enabled: The good practice envisioned by RISW requires enough time to be available for direct work with children and families. Key challenges to this in Dorset included organisational instability, perceived higher caseloads (compared with prior to RISW) due to staff retention and recruitment issues, increased travel times due to greater geographical spread (following a reorganisation of local authorities), and a strong managerial focus on audit and number of administrative tasks completed by staff.

Leadership buy-in and shared commitment is fundamental to success: There was a reported lack of buy-in and commitment to the programme's core values by some senior leaders. Social workers felt that relationship-based practice modelled at all levels (frontline, management and strategic leadership) would have better demonstrated the importance of the values and vision of RISW and embedded them more widely outside of the training sessions.

Provide institutionalised time and space for reflection and learning: Social workers appreciated the otherwise rare opportunity to regularly think and share learning with colleagues, developing key problem-solving skills. The introduction of permanent reflective spaces that can be routinely used for case discussion and to promote staff well-being and development were considered crucial to sustain the learning and good practice levied through participation in RISW.

Engage the wider system: Frontline social workers cannot achieve good outcomes for children, young people and families alone and need support from colleagues in the wider system (within children's social care and from other agencies). While there was good engagement of other local authority partners with planning and participating in the RISW programme, further work that was envisioned to develop these systemic relationships did

not take place. This was due to organisational challenges, and there was survey evidence that confidence among children's social workers about the ability of other agencies to work in a family-focused way remained low.

Executive summary

Introduction

This final report presents the findings from the evaluation of Dorset's Reinvigorating Social Work (RISW) initiative funded through the Department for Education's (DfE) Children's Social Care Innovation Programme (Innovation Programme hereafter). It draws on 5 key sources of data: qualitative interviews and focus groups with programme stakeholders, social workers and managers; observations of social work practice; 2 waves of a workforce survey; a comparison of child and family and workforce outcomes; and a cost benefit analysis. All data collection was undertaken between 2018 and 2020.

The project

RISW was a workforce development initiative. It involved a 12-week programme of participatory, action learning, designed to embed a relationship-based approach that included appreciative enquiry and restorative practice. The programme was delivered in a phased roll-out to all teams including District, Children Who Are Disabled (CWAD), Care and Support and Fostering. There were also bespoke sessions for Independent Review Officers (IRO) and the senior leadership team as well as coaching opportunities offered to operational managers. These were all completed at the time of the evaluation. A peripatetic social work team was appointed to take on case work in each area whilst teams were engaged in the training programme. There were also planned strands of activity involving partner agencies, in support of system-wide and sustainable change which were not significantly progressed. The original programme was intended to be implemented within a wider Outcomes Based Accountability (OBA) framework which is no longer in place in Dorset.

The evaluation

The evaluation involved both process and impact components combining the following activities:

- a programme of qualitative fieldwork that included interviews and focus groups with social workers, managers and programme stakeholders, alongside observation of social work practice, undertaken at 3 time points

- a workforce survey undertaken at 2 time points

- an impact analysis looking at both child and family and workforce outcomes; and

- a cost benefit analysis.

Key findings

- At the level of individual practitioners, the aims of the RISW programme were met to some extent. A relationship-based approach that includes appreciative enquiry and some aspects of restorative practice were evident in the practice observed during the evaluation. Workers felt this good practice had benefited from RISW and many service users spoke highly of how their social workers had helped them.

- There was broad (though not unanimous) support for RISW among social worker interviewees, and it was particularly valued for giving staff the time and space to think in reflective ways about their work and acquire some new knowledge and skills. There was a view that the relational approach at its heart is how social work is meant to be, and an even more common position that it added to the stock of knowledge.

- There were some questions over the extent to which RISW represented innovative practice, or whether the training covered some content topics perceived as key, to a level sufficient enough for the most experienced participants. However, several workers were able to identify how their learning during RISW increased and enhanced their existing knowledge and skills.

- The elements of practice promoted by the RISW programme (relationship-based practice, space and time for critical reflection, sufficient time for direct work with children and families, partnership working) were not embedded within the organisation in a sustained manner. It was not possible to implement additional work with partners, to build on their initial engagement in planning and programme sessions. Nor was it possible to work to tackle wider challenges. Therefore it remained solely a training programme, which on its own was unlikely to be sufficient to achieve the systemic change intended.

- Even were that possible, the impacts of the RISW programme over the 2 years were dwarfed by organisational change and culture, including: changes in leadership; organisational instability (staff turnover and vacancies); restructurings of the service; an over emphasis on performance management and auditing; and a perceived blame culture that was social workers attributed to poor inspection reports.

- Interviews and the surveys highlighted extensive structural and organisational challenges including: perceived reduced staff retention and recruitment[1]; high caseloads; predominance of case management supervision for staff; poor IT infrastructure; large geographical area-based teams resulting in increased travel time; a hot-desking working environment that kept workers apart from one another and managers; and the absence of a reflective culture. These factors combined to result in a context that was experienced as a lack of time available for direct work and a distance created between workers and children and families.

- There were no observed statistically significant changes in outcomes for children and families, nor for the workforce in Dorset, between 2015 and 2019, and in comparison to statistical neighbour authorities. No cost savings could therefore be attributed to the programme.

Lessons and implications

The training component of RISW as a programme was received positively by participants, as it built on existing knowledge and skills and was based on principles acknowledged as good social work values. Social workers especially appreciated the opportunity to spend time away from the 'front-line,' particularly the time spent in the learning sets.

This component of RISW needed to be supported by wider systemic change to help stabilise the workforce. The training programme was originally devised and intended to be part of a wider strategic plan and model for change. A number of factors needed to be in place to ensure sustainability, including senior buy-in to the programme, a sustained reduction in caseloads, partner engagement and embedding core elements of the training into a wider learning and development programme. Creating an organisational culture that makes time and space for reflective thinking, in order to further develop practice that is more positive and effective for families, is a particularly key prerequisite for ensuring the success of a programme like RISW (Ruch, 2005).

Without these additional supporting factors, RISW was not a plausible solution for improvement in Dorset; something that is important to consider when developing innovative change initiatives. In addition, by only implementing the elements of the programme aimed at improving the skills and knowledge of workers, it was perceived by

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[1] The impact assessment indicated that between 2017 and 2018 (the latest data point at the time of the analysis) there was a small increase in staff retention in Dorset but that this was not statistically significant. In comparison the interviews and survey highlighted that over the longer period during which the programme was implemented (2017-2019) social workers perceived there to be reduced staff retention and recruitment than before RISW was introduced, and a general level of instability in staffing.

social workers we interviewed to be erroneously communicating that improvement was the responsibility of individuals. Implementing the fuller programme of change would have reinforced the wider systemic roots of issues Dorset was facing.

Recommendations for roll-out and sustainability

To build on the positive achievements of RISW and for strategic and senior leaders developing similar workforce development projects, the following recommendations should be considered to maximise success:

- Build support and a shared vision for relationship-based practice at all levels of the system and in particular among senior stakeholders and partner organisations.

- Build engagement with partner organisations and foster a sense of shared ownership for the values and methods of the RISW programme.

- Embed key elements of the RISW programme into a wider learning and development programme.

- Senior managers need to find ways of communicating with frontline staff that promote mutual understanding of the organisation's vision, the challenges in realising it and the search for solutions. This must include recognition of the demands and consequences of high caseloads and time spent travelling.

- Actively work to stabilise organisational churn.

- Improve the infrastructure and environment for practice: for example, by updating inefficient computer systems and improving poor access to Wi-Fi.

- Develop the conditions for embedding the practice elements that the training programme within RISW promotes, by creating reflective spaces that are routinely used for case discussion and promoting staff well-being and development.

1. Overview of the project

Project context

Dorset[2] has an estimated c. 427,000 residents with approximately 77,000 (18.5%) children and young people aged under 18.[3] It is a county of areas with contrasting characteristics. The borough of Weymouth and Portland is in the top third of the most deprived local areas in England. It is characterised by relatively high levels of unemployment with some individuals facing multiple disadvantages including poverty, unemployment and barriers to housing. All other Dorset districts and boroughs are in the least deprived third, but Dorset's rurality means there are significant barriers to housing, transport and essential services experienced across the county.

Dorset's Children's Social Care Innovation Programme, (Innovation Programme hereafter). 'Reinvigorating Social Work' (RISW) was designed in the context of the County Council's March 2016 Children's Services Ofsted inspection which found them to be requiring improvement. The County Council's 2016 application for Innovation Programme funding identified how, since 2013 there had been an increase in referrals to children's social care, Children in Need, Child Protection Plans and Looked After Children. This was coupled with an increase in social worker vacancies and a greater reliance on agency staff. The application described how inconsistent practice, (in particular a focus on process over outcomes) and quality of assessment had resulted in repeat referrals and plans.

During the delivery of the project and the evaluation, there were two organisational restructures, with a future third restructure planned for late 2020. The first of these was as a result of the reorganisation of local government in the county. This involved the dissolution of Dorset County Council, and in March 2019, the creation of two new unitary authorities: Dorset Council (a merger of 9 borough and district councils, which carried forward RISW) and Bournemouth, Christchurch and Poole (BCP) Council. This led to several changes within the executive teams of Children's Services and towards the end of the evaluation, further changes extending across the whole range of social service staff. A joint area inspection by Ofsted in 2018 and a subsequent targeted inspection in late 2019 contributed to a consistent level of pressure on services to improve throughout the course of the project.

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[2] Excluding Bournemouth and Poole
[3] Source: ONS Midyear 2018/19 population estimates

Project aims and intended outcomes

RISW aimed to transform social work across the county through a programme of workforce development that engaged area-based teams in participatory, action learning to foster a relationship-based approach with a focus on appreciative enquiry and restorative practice. The project was built on an initial small-scale pilot to use restorative practice to focus on family strengths, joint problem solving, and partnership working to improve family outcomes and reduce bureaucracy.

In 2016, Dorset County Council developed a whole-council outcomes-based Corporate Plan for transforming services by 2020. The Plan set out the council's vision for implementing an outcomes-based accountability (OBA) approach to effect whole system change. The Children's Services performance team established an OBA framework for children's social care describing a set of outcomes and indicators. The RISW programme was originally intended to contribute to the achievement of these outcomes namely through delivering:

- improved outcomes for children and families (with the intention to establish a measurable contribution from the training)

- a percentage improvement – pre and post training – in worker confidence in applying respective approaches (for example, use of tools, co-production of plans, recognition and use of family strengths or assets), measured through observation of direct work, skills and behaviours

- greater 'efficiencies' and cost avoidance from purposeful social work and 'getting it right first time' (for example, LAC numbers reduced, re-referrals reduced, less costly intervention or reduction of demand)

- cost benefits from training alongside RISW support (financial and non-financial).[4]

However, the OBA framework was superseded by other strategic approaches, and this altered the outcomes of interest and the way the programme was internally monitored. This is further detailed below.

Project activities

The workforce development training programme was delivered over 12 weeks (1 day per week for ten weeks with a 2-week transition period) by 2 externally commissioned

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[4] Source: Dorset's Training OBA Quadrant

training providers. The programme took an action-learning approach aiming to support outcomes-focused relationship-based practice that included appreciative enquiry and restorative practice. Participants were encouraged to put learning into practice through a series of 'homework' tasks that asked them to plan direct work using tools and techniques introduced through the training. Participants also completed learning logs and built a portfolio of learning materials and tools. One-to-one support was also offered to participants.

The programme was rolled out in waves with each wave engaging cohorts of staff from 2 area-based teams (Dorset County Council had 4 area-based teams at the start of the programme), Care and Support and Fostering teams, and members of the Children Who Are Disabled (CWAD) team covering the corresponding 2 areas. Individual sessions were also offered to Independent Review Officers (IRO), Speech and Language Therapists (SLT) and Independent Conference and Reviewing Managers (ICRM). Managers also took part in the programme, in a shorter version of the course, to ensure new approaches could be embedded. They were, in the main trained separately, but both managers and social workers came together for a session that specifically focused on appreciative enquiry. Agency staff were not invited to participate in the training. A peripatetic social work team of Level 3 social workers was appointed to enable permanent staff to engage in the programme. The team took on case work in each area whilst those teams were engaged in the training programme.

The programme began with a pilot phase delivered between November 2017 and February 2018 to a single group of 8 FTE social workers, in order to test some of the approaches taken, in terms of programme design and content. Findings from an internal 'mini evaluation' of the pilot were used to refine the content and approach for the main programme. This ran between February 2018 and July 2019, involving an additional 12 cohorts.

There was also a planned strand of activity involving partners in each area, in support of system-wide and sustainable change. The aim was to establish shared understandings between partners and to enable other staff groups to respond to and support families so that social workers were not always the first port of call. Partner teams were involved in planning for the programme and supported to participate in a number of sessions. However, due to organisational pressures and changing priorities across the length of the programme, further work to develop this partnership engagement did not take place.

2. Overview of the evaluation

Evaluation questions

The research questions it was possible to answer as part of this evaluation were:

1. What is the impact of the project on the children's social care workforce?
2. What factors enable or hinder improvements to the children's social care workforce?
3. What is the impact of the project on quality of operational and managerial practice?
4. What factors enable or hinder improvements to the quality of operational and managerial practice?
5. What is the impact of the project on outcomes for children, young people and families?
6. What factors enable or hinder the achievement of better outcomes for children, young people and families?
7. What are the key mechanisms of change and how do these relate to observed or measured impact?
8. What are the cost implications of the project? Is it cost-effective?
9. What lessons are there for wider roll-out of the model?
10. What needs to happen at the organisational and community levels for projects to be a success?
11. Is there sufficient flexibility in the system for projects to be implemented successfully?
12. What is lacking (or present) in the system that hinders the success of the project?

Evaluation methods

- In summary, the evaluation involved: A document review to develop a detailed understanding of the programme; design and pilot stage of the workforce survey; and the production of a revised and final evaluation framework.

- A programme of qualitative fieldwork with staff, stakeholders and families over 3 phases, to explore, from multiple perspectives: the implementation of the programme; the changes it achieved; facilitating factors and challenges; and families' views of social work practice over time. This involved 64 interviews with social work staff, stakeholders and families. Across the 3 phases this included:

    - Phase 1 (May-June 2018): 10 interviews with social work staff (8 social workers and 2 managers); 2 focus group discussions (1 with social workers n= 3 and 1 with social work managers n=4) with staff who had participated in wave 1 of the RISW training programme; 4 interviews with families; and 5 interviews with stakeholders.

- Phase 2 (March-April 2019): Interviews with 20 social workers who had recently completed the RISW programme; 3 follow-up interviews with 3 social workers who were also observed in phase 1; 6 service users interviewed; and 3 interviews with stakeholders.

- Phase 3 (January-February 2020): Interviews with 6 social workers, 3 of who were shadowed in practice (2 of who had been shadowed at stages 1 and 2); and interviews with 5 stakeholders.

- 19 practice observations. Researchers were embedded in the workplace, shadowing practitioners in the office, their cars and in their encounters with children and families. This meant that many informal discussions and interviews took place in offices, cars and while walking, enabling much more data to be collected than through conventional interviews (Ferguson, 2016; Ferguson et al, 2019). Across the 3 phases this involved:

  - Phase 1 (May-June 2018): 6 days fieldwork and observation in 2 social work offices, shadowing social workers within the 2 offices, including while on duty. Nine observations of practice with service users.

  - Phase 2 (March-April 2019): 4 days fieldwork and observation in 2 social work offices, shadowing social workers within the 2 offices. Seven observations of practice with service users.

  - Phase 3 (January- February 2020): 4 days fieldwork and observation in 2 social work offices, shadowing social workers within the 2 offices. Three observations of practice with service users.

- A 2-wave workforce survey was designed initially to evaluate any change in practitioner practice, confidence and workplace experience post-intervention. The first survey was distributed to 245 social care staff in March 2018 with a 1-month window for completion. 160 completed surveys were returned equating to a 65% response rate. Unfortunately, the second survey, distributed to a group of the same size in November 2019 received only 30 responses[5] (equating to a response rate of 12%) despite an extended response window. The poor response rate was attributed by senior and front-line staff in interviews to staff shortages and workload pressures and the formal restructuring discussions that were taking

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[5] There was also 1 partial response, but for the questions referred to throughout, the base was 30 unless otherwise indicated.

place at the same time. Further detail on survey participants can be found in Appendix 2.

- An impact evaluation using a comparative interrupted time series (CITS) approach designed to compare outcomes for children and families, and the workforce pre- and post-intervention. In November 2019, data from national administrative datasets for Dorset, from different time points, were analysed and further compared with data from local authority areas which have been officially assessed as statistical neighbours: Shropshire, Devon and Gloucestershire.[6] This was to provide a comparison group. Further detail on the methodology can be found in Appendix 4.

- A cost benefit analysis examined all the costs and benefits of the project and attempted to quantify them in monetary terms, in order to examine the balance of costs and benefits. Because the impact evaluation identified no significant change in the indicators expected to lead to cost savings, no cost savings could be attributed to the programme. Further detail on the methodology can be found in Appendix 4.

Changes to evaluation methods

In July 2019, an original propensity score matching (PSM) impact evaluation methodology was revised following a judgement that this approach was no longer appropriate or possible to conduct. This was primarily due to the lack of child and family outcome data at an individual worker level, needed to distinguish between workers who had completed training and those who had not. This would have been necessary to facilitate propensity score matching comparison of the effectiveness of the training. Data was also not available at a ward level to understand how it changed across the county.

Following recommendations from the Dorset data office, relating to the data that was realistically available for analysis, a change in methodology was devised. It was established that it would be possible and appropriate to conduct a comparative interrupted time series, and a data set of indicators was identified that was in alignment with the Department for Education Principal Indicators for the Innovation Programme and

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[6] As identified by the Local Authority Interactive Tool (LAIT) Children's services statistical neighbour benchmarking tool: available online from: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait.https://www.gov.uk/government/publications/local-authority-interactive-tool-lait. This tool was developed by NFER to enable LAs to benchmark their progress and performance in outcomes from the Every Child Matters Outcome framework against areas matching theirs in terms of socio-economic characteristics.

[Name of training provider] Evaluations. More detail on this methodology can be found in Appendix 3.

Limitations of the evaluation

Practical and contextual limitations

The organisational instability experienced by Dorset over the course of project presented some challenges to the evaluation in terms of the ability of staff to engage and support all of its elements. Initially the evaluation was supported by an embedded researcher working with the Dorset project team and other staff. For Dorset, they led the 'mini-evaluation' of the pilot wave of RISW, collected internal satisfaction data on subsequent waves and conducted a survey with partners. However, they were also key to the success of the first stages of this external evaluation providing crucial access to internal data, documents and personnel; the high response rate in the first wave of the workforce survey was a result of their engagement of staff. Their departure in mid-2018, and the fact they were not replaced, meant that there was reduced capacity within the project team, and that it was not possible to achieve the same level of engagement of staff during the second wave of the survey in particular. The final small sample size for the second survey (n=30) in part reflects this lack of dedicated internal support.

The OBA framework intended to be used to structure the measurement of outcomes for the RISW programme was trialled by Dorset staff but was not taken forward. According to a senior stakeholder, Dorset staff found that it was too broad in nature and people struggled to make it real – at a practice level the framework did not make sense. The impact evaluation was not therefore able to consider anything other than publicly available national administrative datasets for outcomes in Dorset, since individual-level outcomes for children and families, and for staff members, were not captured. Appendix 3 provides some details of further data limitations related to the availability of data within these datasets.

Appropriateness of the evaluation approach to this project

There were some questions from staff relating to assumptions made in the theory of change about the project, which potentially indicated (at an early stage) that an impact assessment and cost benefit analysis would be difficult to conduct. As the evaluation progressed, these concerns appeared warranted. This was for 2 particular reasons:

- No statistically significant changes in outcomes. There were some perceived significant systemic challenges to the ability of the training programme elements of

RISW to effect sustained observable change in outcomes for children and families, and the workforce. These challenges were identified by both social workers and programme stakeholders in the interview sample, specifically in reference to workforce outcomes including staff retention, dependency on agency staff and high caseloads. As it emerged, the impact evaluation identified no statistically significant changes in outcomes for either children and families, or the workforce. Despite early ambitions, qualitative evidence suggests RISW was never going to achieve those kinds of outcomes within the time period, and without more far reaching systemic change that was clearly beyond a workforce development training programme to effect.

- Challenges in quantifying and valuing benefits. The cost benefit analysis was able to quantify costs (in terms of Department of Education funding, time and in-kind costs). However, given that the impact evaluation showed no statistically significant changes, the CBA found that there were no cost savings that could be attributed to the programme.

3. Key findings

As the Dorset team did not progress with the use of the OBA framework, it was not possible to measure the success of the programme against its originally intended outcomes. The intended internal outcome monitoring and measurement described in the project theory of change also did not take place to its full extent, beyond measuring worker satisfaction with the training. Subsequently, this section draws on findings from the qualitative interviews, observations and workforce surveys to describe more broadly the experiences and outcomes for staff that participated in the programme, experiences from direct work with children and families and the perceived costs and benefits achieved by the programme.

Experiences of the children's social care workforce

While there was broadly positive support for the programme amongst social workers and managers, some frontline staff were highly critical. Responses varied according to the level of influence being discussed. The most positive responses and discussions related to knowledge and learning-related experiences at an individual worker level. These were primarily described within the qualitative interviews. The second wave of the workforce survey also provided some feedback on specific aspects of the RISW programme, but its low response rate means its findings are limited to providing only indicative illustrations of how some workers perceived RISW following the end of the programme. The first workforce survey provided some good insights into the experience of the workforce after the first 3 waves of the programme.[7]

RISW provided valuable opportunities for individual worker development

Generally well attended, the RISW programme was perceived by staff interviewed in earlier phases of the fieldwork as responsive to the needs of participants, and there was support from most workers for what it was trying to achieve. Particular aspects of the programme that were praised included:

The right values and focus

Many social workers and managers expressed their support for the principles of RISW as representing good practice with children and families. RISW was seen as promoting

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[7] The survey took place after the pilot cohort and first 2 main cohorts (of 13) had completed the programme.

practice that is empathetic, empowering and supportive; strengths-based rather than deficit-based. The general view (among both social workers and managers interviewed) was that the RISW programme reflected the right social work values and how *"social work should be done"*. One relatively newly qualified social worker observed that this was perhaps a beneficial nudge for some of their more experienced colleagues:

> I also liked the emphasis on relationship-based practice, as I think some of the social workers that have been in practice for a long time can be a bit, umm, *hardened*, and I think it was a useful reminder for them about where our focus should be. (Social worker, child protection (SW CP), 2 years qualified)

Time, space and the right tools

The RISW programme was valued by interview participants for giving staff the time and space to think in reflective ways about their work and acquire some new knowledge and skills. Even participants who were very critical of the initiative were positive about this aspect.

> A real positive was to have some time for reflective practice with others who we rarely have time to speak to (SW LAC, 10+ years qualified).

> I found it really beneficial as I've been in practice for so long, not having that time to reflect in practice. Being given that time out for reflection and with other social workers in different teams was useful I found (SW Fostering, 10+ years qualified).

Time shortages were also a recurring theme in social workers' accounts that were borne out by survey responses. Just over two thirds of the 30 respondents to a question on the second workforce survey in 2019 indicated that there had been a negative change in their workload pressures (n=23) and time available to complete administrative tasks (n=22). Those who were positive about RISW articulated the changes they were able to make in how they used whatever scarce time they have to work directly with families, as a result of the training:

> For instance, the Life Island tool. You identify different areas in a person's life, 5 areas that are important to them and they rate them[selves] - with a family who were not really owning what was going on, … the tool enabled them to identify what the problem is and as a result of them scoring themselves on it they could see how they

> weren't doing good in some areas. [Another] family could see better
> the problem and own it and also they didn't feel like I was blaming
> them…It's just a really easy way to have a conversation without it
> being a strict interview (SW CP, 5 years qualified).

> I've learned from RISW, a miracle needed to happen, and the training
> really helped me 100% … I knew a lot of things but was amazed by
> what I was able to learn. I was even quicker at identifying what was
> going on, it was really, really good (SW CP, 7 years qualified).

Some social workers referred to RISW contributing to practice that enabled children to live with their families. A LAC social worker (12 years qualified) for instance, spoke of:

> Some real success recently at reunification and getting children
> home, that is the real achievement because you feel you have helped
> to keep the family together.

These changes in knowledge and skills were not just self-perceptions of staff. One stakeholder from the Early Help team spoke positively about the increase they had seen in social work staff using tools to capture children's voices (for example, Circles of Influence tool) which supported their joint working with those teams. They felt confident in attributing this to the RISW programme since they had been able to participate in some of the RISW workshops themselves (although not the full course) and noticed a change in practice since that time.

Improving understanding and updating knowledge

There were some indications from interviews and the workforce survey that many workers already had a grounding in at least some of the approaches and principles of RISW. The first workforce survey undertaken in May 2018 indicated that around three-quarters of respondents strongly or somewhat agreed that they had a good understanding of relationship-based practice (73%, n=116) and outcomes-focused practice (76%, n=122) with similar proportions agreeing they had the skills to put these into practice (see Figure 1 and Figure 2). By contrast, less than half of all respondents strongly or somewhat agreed they had skills necessary to put restorative practice (46%, n=74) or appreciative inquiry (39%, n=61) into action – with nearly as many respondents somewhat or strongly disagreeing (28%, n=44). Respondents who disagreed were less likely to have received the training than those that agreed. However, fewer than half of all respondents (43%, n= 69) had completed at least 1 training session, with less than a fifth stating they had attended either the relationship-based practice or insights discovery

training sessions (19%, n= 31 respondents). At that time, early on in the programme, only 5 respondents had done all the training.

Figure 1 Understanding of RISW concepts

I have a good understanding of Appreciative Inquiry and what is expected of me in Dorset in putting it into practice (N=160)
- Strongly disagree, 10%
- Somewhat disagree, 28%
- Neutral, 24%
- Somewhat agree, 31%
- Strongly agree, 7%

I have a good understanding of Restorative Practice and what is expected of me in Dorset in putting it into practice (N=157)
- Strongly disagree, 8%
- Somewhat disagree, 19%
- Neutral, 24%
- Somewhat agree, 37%
- Strongly agree, 13%

I have a good understanding of Relationship Based Practice and what is expected of me in Dorset in putting it into practice (N=160)
- Strongly disagree, 1%
- Somewhat disagree, 9%
- Neutral, 16%
- Somewhat agree, 45%
- Strongly agree, 28%

I have a good understanding of Outcome Focused Practice and what is expected of me in Dorset in putting it into action (N=160).
- Strongly disagree, 1%
- Somewhat disagree, 7%
- Neutral, 16%
- Somewhat agree, 50%
- Strongly agree, 26%

Source: ICF workforce survey 2018

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Figure 2 Ability to implement the core elements of RISW

I have the skills necessary to put Appreciative Inquiry into action (N=158)
- Strongly disagree, 10%
- Somewhat disagree, 18%
- Neutral, 34%
- Somewhat agree, 33%
- Strongly agree, 6%

I have the skills necessary to put Restorative Practice into action (N=160)
- Strongly disagree, 7%
- Somewhat disagree, 15%
- Neutral, 32%
- Somewhat agree, 33%
- Strongly agree, 13%

I have the skills necessary to put Relationship Based Practice into action (N=160)
- Strongly disagree, 3%
- Somewhat disagree, 8%
- Neutral, 18%
- Somewhat agree, 44%
- Strongly agree, 28%

I have the skills necessary to put Outcome Focused Practice into action (N=160)
- Strongly disagree, 1%
- Somewhat disagree, 6%
- Neutral, 16%
- Somewhat agree, 48%
- Strongly agree, 29%

Source: ICF workforce survey 2018

Workers with varying levels of experience were able to reflect on the value of the knowledge RISW provided that built on their existing knowledge and skills. Newly qualified workers enjoyed learning how to put theory (already quite recently learnt as part of their degrees) into practice:

> While I knew many of the theories, I didn't know some of the tools they showed us. These were really useful in practice…there were some tools that we had covered in uni, but the sessions reminded me that they could be useful. We learned about the rulers in my skills modules, but I was able to use them with a family and it worked really well. We were able to see a change over time, and it helped mum gain confidence. (SW CP, 2 years qualified)

At the same time, some social workers who had been qualified for several years also found it a very useful refresher and in addition gained some new knowledge and skills:

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> Going back to some of the basics of social work practice and values was useful. And also looking at new practice that has come in for child protection given that I'm 8 years out of it. Like PLO [Public Law Outline] for instance, where there's new ways of working for frontline and the courts, practice is changing. I finished it 8 weeks ago and I think looking at new research regarding cases and new practice I'm eager to keep a log of that (SW Fostering, 10+ years qualified)

Several workers who were interviewed indicated that they enjoyed some sessions in particular, although there was no consensus on which sessions were better than others. For example, some workers highlighted the Insights sessions which enabled workers and managers to understand their personality, learning and communication styles; or the Research in Practice sessions which covered appreciative enquiry and using research to support evidence-based casework decisions.

The programme did not provide a universally satisfactory experience

In contrast to these positive responses, of the 36 social workers who were interviewed, half were very critical of some or all of the RISW training or the entire initiative, due to the type of content and the level the training was pitched at. For some social worker interview participants, while the programme content had positive aspects, the coverage of key topics, such as attachment, was perceived as insufficient:

> It was a good refresher [but] parts of it were too brief and more content would have been good. We had [Name of training provider] for 3 days and it was extremely brief on attachment and it is so core to what we do, and we could have learned a lot more and applied it to what we do as a team (SW, fostering, 5 years qualified).

Several very experienced social workers thought the programme did not cater for their level of experience and knowledge, and questioned whether it was providing anything particularly innovative or new:

> There was no consideration for the years, the decades, of practice experience that I have. I know other social workers and managers feel the same. We felt it was patronising to be told that suddenly we would learn relationship-based practice. What is it that they think we've been doing? (SW LAC, 10+ years qualified).

This sub-group of participants were unequivocal in their criticisms of the manager-provided sessions and several thought the input from partner organisation [Name of training provider] into the programme was poor. The attachment sessions again were held up in particular as an example of the lack of understanding the organisation had for their staff, as these workers felt they were pitched far too low for practitioners with their level of experience.

> [They] might have been appropriate for a family support worker, but not for qualified staff (SW LAC, 9 years qualified).

Structural and organisational issues have prevented the embedding of RISW lessons into practice

Rather than the content, the main criticism of the programme from staff and managers focused on Dorset's inability to subsequently embed the learning from RISW into the organisational ethos and apply it in practice. There was a great deal of unhappiness about what were regarded as structural and organisational inadequacies and barriers to making RISW a meaningful and impactful experience. This was a thread of discussions throughout but by the final round of fieldwork, there was a marked sense of doom and frustration among social workers interviewed. The inadequacies were predominantly perceived to be related to 3 key themes: organisational pressures, leadership changes and buy in, and management culture. Case notes in Appendix 5 highlight in detail the ways in which leadership changes and organisational issues affected practice and the implementation of RISW. From the rest of the evaluation work conducted the following findings are the most pertinent.

Organisational pressures

From the nationally available data (only up to 2018 at the time the impact analysis was completed) it seems that social workforce turnover in Dorset declined between 2017 and 2018 from 18% to 13%, (in common with neighbouring authorities Devon and Somerset) and the percentage of agency staff in the social care workforce declined to less than 10% in 2018, after peaking at 22% in 2016. These were not statistically significant changes (see Appendix 3) but appear to be somewhat positive trends in terms of organisational pressures on workers.

However, the interviews throughout the length of the evaluation presented a very different picture. For some, the pressures that doing the training brought with it made a challenging working life even worse. Its 12-week length was seen as particularly difficult at a time when staff were struggling with several issues, including the geographic spread of the Dorset Council local authority area:

> We were told we couldn't take leave, that it was compulsory. I had to come in when on leave, and it all took place in Dorchester, a long way from where I am based. A real positive was to have some time for reflective practice with others who we rarely have time to speak to. So many colleagues are managing cases in [names places out of county 100 miles and more away] because there are no placements [for children in care], so contacting social workers is difficult.

Staff highlighted issues with resourcing, staff retention, infrastructure (hotdesking, IT and parking), and questioned whether a training course was ever going to be able to improve these deep systemic problems. One interview participant suggested that the action learning sets deviated from their original purpose to be become sessions entirely focused on people sharing their gripes with the organisation. Even some who felt the training itself, and the tools it provided, had value were deeply pessimistic:

> This programme won't work because ultimately, they [Dorset] don't have the money for more social workers, and that is the only thing that will increase the time that we have to spend with families. What we need is more time to use these brilliant tools, but we have none of that that we can use, because we are too busy. (SW CP, 2 years qualified)

> The ambition of RISW is misguided – it's hard to innovate or reinvigorate when you don't have the basics, it's like asking people to do things when they can't eat (SW LAC, 10+ years qualified).

The workforce surveys reinforced qualitative findings on organisational pressures. In 2018, almost two-fifths of respondents (39%, n=62) said they worked over their contracted hours every week while a further third (33%, n=52) of respondents said they worked overtime most weeks. Among the 30 respondents to the second workforce survey, 22(73%) indicated that they strongly or somewhat agreed that they have to work over their contracted hours to cope with their workload.

Workers raised concerns throughout the phases of fieldwork that successfully achieving the aims of RISW requires an increase in time spent working with families. While senior management attempted to reduce caseloads, changing to districts and decreasing the amount of time on duty, workers were sceptical that these measures would free up time because of increased travel time due to district-based working and limited or no evidence of decrease in caseloads. The detailed case notes in Appendix 5 describe 2 workers who were both grappling with the required travel time and large coverage areas for their

cases. The 2 workforce surveys both indicated that travel time was an issue for workers: in 2018, the average travel time per worker was 5.7 hours (n=104) and among the 30 respondents in 2019, the average was 5 hours.[8]

During fieldwork 1 team reported that the sickness rate had increased, and participants felt that this was as a result of job pressures (some people were off with stress, and others with stress-related physical issues). Many participants described working more time than contracted hours, feeling that they hadn't accomplished enough, and being concerned for their own well-being as a result of work pressures.

Several social workers said the caseload relief expected for taking part in RISW (provided by the peripatetic team) was problematic. Rather than reductions in caseloads, some workers saw increases, and had to rely on other colleagues for support:

> The relief function did not work at all, and I ended up requiring support from other members of my team. They tried, but it just made everyone's job more pressured (SW LAC, 10+ years qualified)

This does not appear to have been consistent across all cohorts or participants, however. One team manager described some initial 'hiccups' with handing over cases from their team, due to capacity within the new peripatetic 'RISW team', but that ultimately it was possible to transition cases before workers started the course. The same manager cited caseloads of staff to be an individual managerial responsibility and suggested that this was not consistently effectively handled across children's services.

Leadership changes and buy-in

A consistent finding across the 3 phases of qualitative fieldwork were the descriptions of Dorset children's social care and its immediate partners as being in flux. Interview participants described changes in senior leadership, service reorganisations, recruitment and retention problems, and a problematic audit and blame culture that often had a negative influence on staff and service users.

There were 3 different Directors of Children's Services during the evaluation period and the person in the role at the end of the research was an interim lead. This was commonly experienced as a period of instability by social workers interviewed and they described

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[8] Estimated average for grouped time categories (0-2 hours, 3-5 hours, 6-10 hours, 11-15 hours, 16-20 hours and more than 20 hours) based on midpoints and number of respondents (excluding blanks). Midpoint for more than 20 hours was estimated at 28.5 hours based on the assumption that most respondents who are working more than 20 hours have a 37-hour contracted week.

facing difficulties in trying to adapt to different leadership styles. Hopes previously expressed about the approach of the second of the 3 directors (by social worker and stakeholder interview participants, in phase 2) had dissipated by the final phase of the evaluation, due to their departure. Final interviews with strategic and managerial stakeholders did, however, include expressions of positivity with regards to the new interim lead, praising in particular their ability to connect and engage with frontline staff.

There was a fairly commonly held view during the first phase of the evaluation that there was not an appropriate level of buy-in to RISW by senior management and that this represented a threat to a more systemic and sustainable approach to its implementation:

> For me I think we do work in a relationship-based way. We do work really, really hard… I think you'd like maybe people further up the chain to be working in a relationship-based way as well. (SW CP, 10+ years qualified)

By the final phase of field work, this was still the perception of the staff, although stakeholders described how plans for the next organisational development initiative pending in Dorset (due for September 2020) had been specifically informed by and built on RISW and relationship-based practice. The interim lead was praised by stakeholders for spearheading this and demonstrating a commitment to introducing the wider elements required to make RISW a success – reduced caseloads, critical spaces for reflection and partnership working. Stakeholders were also optimistic that changes in leadership elsewhere (a new Director of Education Services and a Lead member of children) as well as increased investment in the 'front-door' for children's services were likely to provide the wider support for changes promoted by RISW that had been lacking in recent years.

Management culture

Management styles and cultures were raised by many interviewees as problematic. Longer-standing social workers in particular made references to a case management style of supervision, overly focused on administration, and a culture of "if it's not on the computer it didn't happen." These workers looked back favourably on "the old social work style", where choices did not have to be made between seeing children and families and spending that time keeping case records and report writing up to date.

> It's like we've got the climate that isn't going to reinvigorate social work, you've got to have regular and valuable supervision and a structure where staff are meeting each other … I'm lucky that I've got several years' experience, but I'm concerned for NQSWs (SW LAC, 10+ years qualified).

> There are so many new workers in the team, many of them not very
> experienced. This creates a strain on the team to support them to
> learn the way we do things. I understand they need to be supported,
> but if I don't have time to do my own cases, how can I help them with
> theirs? (SW LAC, 3 years qualified).

At its worst, some referred to there having been a culture of bullying:

> My old senior manager who has just gone was bullying, it's a top
> down thing. The level of mandatory training over the past 2 years
> was so high and due it seems to Dorset not meeting its obligations,
> but the organisation was very punitive about mandatory training. A lot
> of social workers are leaving … I haven't gone because I'm not sure
> it's different anywhere else (SW LAC, 10+ years qualified).

However, some participants acknowledged the efforts they saw Dorset making to improve the situation and included RISW within this. It was regarded as an important antidote to the problematic organisational culture, signalling permission to 'be social workers' and providing hope for a better future:

> It was just a horrible culture, you didn't feel you could talk freely, it
> was just awful. It's just a completely different atmosphere now and
> RISW has helped and the managers have bought into it too, it's not
> just ticking a box. It's a valuable piece of training for us, it's really
> good. … The training is only 1 aspect, it's knowing that you are being
> invested in, that they really want you to learn (SW LAC, 1+ years
> qualified).

Even more positively, interview participants described pockets within the service with 'stable' social work teams with little staff turnover at the frontline or at team manager and operational manager levels. In the workforce surveys in 2018 and 2019 a high proportion of respondents were positive about the supervision and feedback they received from their line managers. They also reported feeling supported by their manager in professional judgement and decision-making. The majority of respondents to the first workforce survey either strongly agreed or somewhat agreed that their line manager provides them with regular supervision and feedback (80%, n=127); that they are supported by their manager in professional judgement and decision-making (81%, n=129); and receive supervision from their line manager to help them do their job better (75%, n=120). Around 70% of respondents also felt they received support and information or decisions from managers in a timely fashion (see Figure 3). In 2019, around two-thirds of 30 respondents somewhat or strongly agreed that they are satisfied with their support on

complex cases (n=21) and the overall quality of their supervision (n=20), and slightly fewer respondents stated that they are satisfied with the support they receive relating to difficult or stressful decisions (n=18).

Figure 3 Views on managerial support
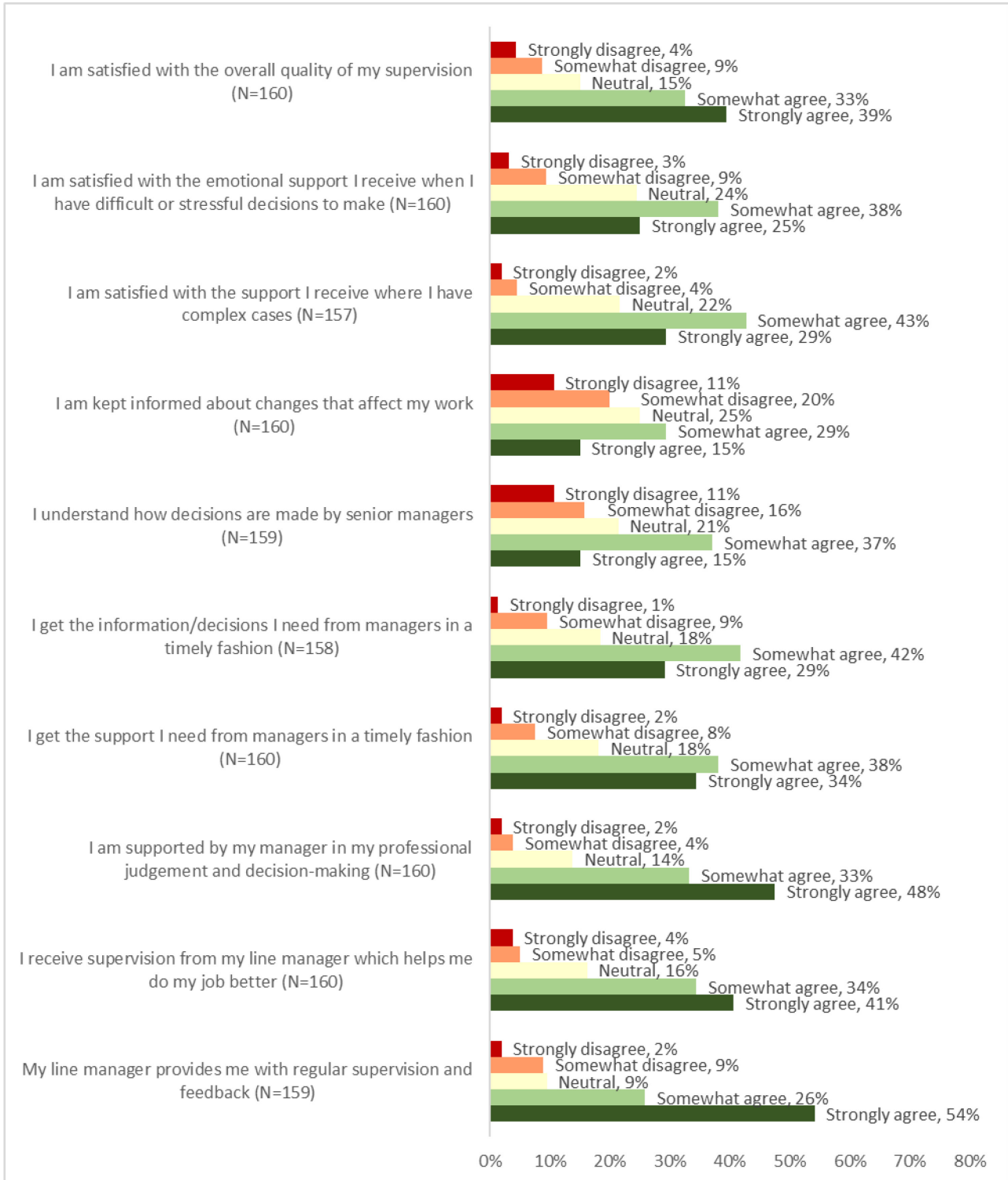
However, respondents were more negative in relation to statements about transparency, namely being informed about changes that affect their work or understanding how decisions are made by senior managers (27% and 31% of people, respectively, somewhat or strongly disagreed in the first workforce survey). Some stakeholders from other local authority teams regretted that a day for discussion and reflection on RISW did not go ahead and were hoping that this would happen in future. .

Overall, the implication from staff throughout fieldwork was that there was a managerial system, particularly at senior levels, that was detached from practice, with the absence of a reflective culture. RISW gave a taster for, and a glimpse of, a different kind of culture where there was institutionalised space for thinking along with fellow practitioners, and to a degree, front-line managers, which interview participants unanimously expressed a strong desire to maintain.

However, in the final interview round, senior stakeholders indicated that while organisational pressures had prevented the creation of such spaces, this was now a key part of their future strategy. Team managers interviewed as part of the final phase of the fieldwork cited examples of spaces created that they perceived to be linked to the lessons from RISW. These included, for example, recently introduced Wednesday workshops for children's services and a change from quarterly meetings for senior, middle and line managers only to monthly all-staff meetings (with other non-SW teams also invited to participate).

Experiences of working with children and families

The impact assessment compared different outcomes for children and families for Dorset in years before and after RISW was implemented. This included numbers of referrals and re-referrals to CSC; numbers of children with a Child Protection Plan (CPP) and the number subject to a second plan or more; numbers of Children in Need (CiN); numbers of looked after children; and numbers of cases assessed by CSC services.[9]

However, the impact evaluation data analysis found there were no statistically significant changes in these outcomes, either in comparison with neighbouring local authorities, or between Dorset's performance prior to RISW, compared with 2018-19.[10] This was

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[9] More information on these indicators can be found in Appendix 3.
[10] For more information on the nationally available data and its limitations see Appendix 3

disappointing for a strategic stakeholder, interviewed over the course of the evaluation, who had hoped to see a reduction in the numbers of LAC and CiN.

Observations of practice involving families and interviews with social workers and families were useful for exploring direct work with children and families more explicitly. Interviews conducted with families following observations of practice provided insights on their experiences. Some detailed case notes relating to these observations (focusing on 2 social workers in particular) can be found in Appendix 5.

The core principles of RISW are being practiced to support families

There was already a high confidence in working with families among the workforce in 2018 and this did not appear dependant on having participated in RISW. The first workforce survey explored a series of questions relating to work with families. In general, almost all respondents to the first survey felt confident in being able to: communicate in honest and open ways with families (98%, n=157); convey respect for the family in their behaviour and communication (98%, n=157); identify family strengths and protective factors rather than just risks (97%, n=153); and include and involve families in assessment planning and goal setting (95%, n=147). Respondents felt slightly less confident about working with the wider network of extended families (41% were quite confident and 47% very confident) and ensuring that the frequency or duration of contact with families is based on individual family need (46% quite confident and 37% very confident).

Observations of practice and service user feedback demonstrated that social workers are using knowledge and skills in alignment with those taught as part of RISW. The case study (below) provides an example of where one social worker's observed practice reflected this. Notes in Appendix 5 provide further details pertaining to this social worker and a further detailed example of how a second worker was observed using this kind of good practice.

Case study: Social worker 1

Over the time of the project, Sophie worked in two different services, across three different teams, and had five different managers. She had been qualified as a social worker for 8 years and also drew on her previous work experience to shape her approach. We shadowed Sophie at all three points of data collection over the duration of the evaluation. In all of her practice we observed Sophie was confident, authoritative and compassionate, whether working with teenagers and supporting their parents or with younger children.

During the final stage of the evaluation, Sophie was shadowed on an unannounced visit to a family she had been working with for several months. Mother, Becky, was home, as was her partner, Mason, and her adult sister, Charlie. The case concerned Mia; 4 years old, due to concerns of neglect. Charlie was assertive and very direct, suggesting that things had improved, and there was no need for social work to be involved. Both Becky and Mason were more circumspect, with Becky saying several times she was aware of the reason why Sophie needed to keep meeting with her.

During the visit, Sophie went to great lengths to present herself as unthreatening to the parents, while using authority to insist that she must carry out her child protection role. When Charlie, whom she had not met before, stated that she had no right to make Becky and Mason uncomfortable, Sophie replied, 'you're right. It's important that they feel comfortable. I can see how hard they are working, and hope that things continue to get better. Soon I may not have to come and see you anymore – although I do like to come and visit Mia.'

She was deft in her questioning of the parent's activities and their care for Mia. She appeared interested and engaged without being overly cynical or questioning. The visit ended after 45 minutes, with Becky offering for Sophie to join them on their family outing to a local children's centre on Saturday. Sophie thanked them but said she had plans – 'I hope you have a good time.' It is a powerful indicator of meaningful relationship-based practice when parents want the workers' attention, despite resentment and ambivalence about having social work involvement.

When asked how she felt the visit had gone, Sophie said 'I think it went well. I love playing with children, and Mia is very sweet. I'm worried about her development, but she's getting better since she's been going to nursery more regularly.'

The worker displayed several core social work skills on home visits, including multi-tasking by being able to carry on a conversation with three adults and the child simultaneously, while playing with the latter (Ferguson, 2018; Forrester et al, 2019).

The worker's playful, child-centred practice was very evident, and it emerged that she had to change to much larger handbags as it allowed her to carry age-appropriate toys for a range of children.

When interviewed for the evaluation, mother, Becky, was positive about the social worker:

'I won't lie, it's been hard to have a social worker come to the house. [She's] been really good, though, really helpful. I know she has a job to do, and there are concerns for my child's welfare, but she was really good at showing us how to get on to a programme [parenting programme]. If we had to have a social worker, I'm glad it's [her]'.

Sophie felt strongly that she would be able to do more such relationship-based practice were it not for the constant organisational change and strong managerial focus on compliance to procedures that pulled her time and attention away from applying the insights of RSW.

In addition to these examples, a social worker was observed doing sensitive work with a lone parent whose children had been removed from her due to domestic abuse and drug and alcohol problems and were now back living with her. The relationship between the social worker and the mother and children was clearly a strong one. The mother explained in a research interview that she did not like her previous social worker, who she felt never gave her a chance, but her current social worker [who had done RISW training] is different:

Actually, she's a really good social worker.…she gives you as much notice as possible, and she is really good with the children, you know she always checks things with the children, she talks to them and communicates with them and everything. Yeah, she is just really good…she's easy to get on with and also at the same time does her job. If she needs to say this needs to happen or maybe this would be better, she'll give that advice and she'll do it in the right ways (Service user of CP social worker).

However, some workers stressed how their good practice pre-dated the training programme, which had further developed their relationship-based practice. One father clearly saw this:

That's how she [his social worker] works with us. She built up a relationship with us. It took time, but now I trust her, even when things are really hard. I know her and she knows me, and [knows] what sets me off (Father working with observed social worker).

When the social worker (CP, qualified for 6 years) was asked about this later she said:

To be honest, I work with him the way I've always done. RISW did help me frame some of my practice with terminology, but the essential skills have been there from before.

There is room for improvement in multi-agency working

Levels of confidence in the way practitioners undertake their roles were high including with regard to collaborative working with non-social work partners and with families. However, respondents to the workforce surveys reported a lack of confidence in the ability of other agencies to work with children and families in a way that enabled children's views to be heard or families to make decisions.

Respondents were most strongly in agreement that they work in a team committed to relationship based practice with children and families (42%, n= 66 strongly agreed), though more respondents agreed overall that they experience good quality relationships with non-social-work professionals and partners (89%, n=113 strongly or somewhat agreed). In 2019, 25 of 31 respondents agreed somewhat or completely that they are part of a committed team and the same number said they experience good quality relationships with non-social work partners and professionals.

In the first workforce survey respondents generally felt less positive about the ability of other agencies to work in a family-focused way. Only just over a half of respondents (57% n=90) felt that multi-agency meetings create maximum opportunities for children's views to be heard and for family decision making, with 13% (20 respondents – predominantly those who were not social workers) expressing disagreement. In the second workforce survey only 10 of 31 respondents felt that multi-agency meetings worked as well as they could do. This was something that the planned partnership elements of the programme were intended to address. A senior strategic stakeholder indicated that this was due to be a focus for 2020.

Stakeholders from Early Help who were interviewed suggested that they had enjoyed the RISW sessions they attended as an opportunity to work closer with social work colleagues. They hoped that changes could be made and sustained in 2020 to ensure that joint working could be improved further, in order to provide the best support to children and families.

Costs and benefits of RISW

Cost savings related to RISW cannot be attributed

The impact evaluation identified no statistically significant changes in children's outcomes or workforce outcomes in Dorset. The evidence available therefore suggests that the programme has had no benefit to date that can be valued in money terms, i.e. there has been a net financial cost of £1.85 million.

At project start Dorset County Council estimated that annual savings of £9,314,674 would be achieved by the end of year 3 of RISW, to be reinvested in early help. The estimate of expected savings amounted to almost 26% of the annual budget (further detailed in Appendix 4). These savings were expected to result from a range of efficiencies: reduced referrals and re-referrals; lower spend on looked after children; lower average spend on packages of care; savings as a result of children safely returning home; lower spend on agency social workers; use of delegated budgets against outcomes; use of Section 17 money to fund alternatives to care; and reduction in the use of Section 20 care particularly for older teenagers.

The financial costs of the RISW in Dorset programme amounted to a minimum of £1.85 million over the period 2016-20 being the direct costs covered by the DfE grant. These costs are detailed further in Table 5 in Appendix 4. The total costs were somewhat higher than this, if the in-kind costs of senior management time and project or steering group time are included. However, Dorset was not able to provide quantifiable data relating to these in-kind costs.

If the programme was found to deliver significant and sustained impacts on children's outcomes and workforce outcomes in the future, and these could be attributed to the RISW programme, they could result in cost savings. Based on the Greater Manchester Unit Cost database, improvements in children's outcomes would be expected to result in the following cost savings:[11]

- £58,664 would be saved per unit reduction in the number of Looked after Children per year

- £1,701 would be saved in management costs per unit reduction in the number of new cases of CIN

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[11] Based on 2019 prices from the Greater Manchester Unit Cost database https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/

- At least £41,000 would be saved per full time equivalent per year gross reduction in the number of agency workers. There would be a £6,000 net saving per year per agency worker substituted with an in-house social worker.

The impact data indicated that there was a reduction of 60 in the number of looked after children between 2017 and 2019 (from 480 to 420). This impact was not found to be statistically significant, but from the fieldwork does appear important. Social worker interview participants highlighted the increased successes they had had with family reunification and returning children home and linked this to RISW. This reduction in the number of looked after children represents an annual cost saving of £3.5 million. This cost saving is roughly twice the total cost of the RISW programme. There is no strong quantitative evidence at present to attribute either the reduction in looked after children or the associated cost saving to the RISW intervention but, had they been attributable to the programme, the numbers illustrate the potential for the benefits of such programmes to outweigh the costs if they can be shown to deliver sustained improvements in children's outcomes.

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

As reported in the Department for Education's (DfE) Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from this first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds. This section relates the key evaluation findings described in the previous chapter to the most relevant features of practice and outcomes[12].

Features of Practice

Strengths-based practice frameworks: For many of the social workers interviewed RISW was seen as promoting practice that is empathetic, empowering and supportive; that is, strengths- rather than deficit-based. However, multiple barriers to working within a strengths-based framework, described in interviews, included limited time, high caseloads, administrative burden and a perceived lack of buy-in from senior and strategic management.

Systemic theoretical models: The RISW training programme covered relationship-based practice, outcomes-based practice, restorative practice and appreciative enquiry. While only a few social workers interviewed indicated that the training made them feel more confident that they have the skills to put restorative practice and appreciative enquiry into practice (with others indicating a high level confidence prior to the training), a more widespread level of confidence was indicated in the surveys. However, given the smaller sample size of the second survey and the fact that answers could not be linked to respondents it is not possible to comment on whether this was attributable to RISW.

Family focus: Survey and qualitative data shows that respondents felt confident in being able to: communicate in honest and open ways with families; convey respect for the family in their behaviour and communication; identify family strengths and protective factors rather than just risks; and include and involve families in assessment planning and goal setting. There was slightly less confidence in working with the wider network of extended families and ensuring that the frequency or duration of contact with families is based on individual family need. Practice observations confirmed that, among the social

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12 Other features of practice in the framework include multi-disciplinary skill sets; group case discussion; and high intensity and consistency of practitioner. These areas were not the focus of RISW. Outcomes

workers who were shadowed, they were able to be authoritatively child-centred and relate empathetically with parents and wider family.

Skilled direct work: The training programme component of RISW has some success in directly enhancing social workers skills and ability to deliver high quality support to families. A relationship-based approach that includes appreciative enquiry and some aspects of restorative practice was evident in the practice that was observed. Service users frequently spoke highly of how their social workers had helped them.

Outcomes

The impact assessment identified no statistically significant changes in outcomes for children and families, and for the workforce. There was no significant difference between Dorset and statistically similar local authorities (Somerset, Devon and Gloucestershire), nor between 2015 and 2019 in Dorset. This relates to the outcomes concerning children (reducing risk, creating greater stability, increasing wellbeing for children and families and reducing days spent in care) as well as those relating to the staff workforce (increasing staff wellbeing and workforce stability). It also meant the evidence suggests RISW has not generated better value for money. However, we can show what the interview and survey findings indicate with regard to outcomes.

Create greater stability for children: For the duration of RISW there were problems in retaining staff, and some areas have had a lot of agency workers, which created instability for the children they supported.

Increase wellbeing for children and families: Good practice was observed among social workers, and there was positive feedback from families during observation visits about the quality of their relationships with workers who had completed RISW programme in comparison with their relationships with previous workers who had not. However, no quantifiable measures of wellbeing were included in this evaluation.

Increase staff wellbeing: Organisational challenges described in interviews and the surveys indicate that staff wellbeing was not improved by RISW. Interviewees identified the following stressors: working more time than contracted hours (confirmed by survey data from 2018 and 2019); reported decreased confidence in achievements;[13] and

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[13] This wasn't apparent in the surveys in which levels of confidence in different skills and knowledge were rated individually and rated highly in many categories; but several social workers that were interviewed indicated that the pressures they were experiencing during the period in which RISW was implemented lead to a reduction in their confidence in their abilities.

increased sickness rates.

Increasing workforce stability: There was a high level of flux in the workforce. In 2018 the workforce survey found that the majority of respondents (59%) felt that staff turnover was a problem in their practice area. Despite attempts from leaders to stabilise teams through the recruitment of permanent staff and maintain caseloads at levels that permit meaningful relationship-based practice, this has yet to be fully realised.

Generate better value for money: Some social workers spoke of relationship-based practice enhancing their capacity to enable children to live at home, but the lack of statistically significant changes in outcomes suggests there have not, as yet, been any cost savings attributable to RISW.

5. Lessons and implications

Lessons and implications for policy and practice

The broadly positive response to RISW from Dorset social workers indicates that it has real potential value as a workforce development initiative. The provision of time and space for reflective thinking during RISW was very important for social workers and helped to improve and maintain good practice. The initial work to engage partners from the wider local authority in planning for RISW, and enabling their participation in programme sessions, was appreciated by stakeholder interviewees for supporting better joint working with social work colleagues.

However, due to organisational pressures not enough was done during implementation to embed and sustain the learning from RISW and the reflective culture it was intended to promote. As established in a thematic report from the evaluation of Round 1 of the Innovation Programme (McNeish et al., 2017), training programmes like RISW need to be supported by wider systemic change that embeds elements of the training in a wider learning and development programme, reduces caseloads, provides supervisory support that goes well beyond a focus on audit and performance management, and ensures social workers have time for practice that is truly 'reinvigorating' for families. This requires senior buy-in to the programme, continuous partner engagement and ongoing planning and problem solving to mitigate the impact of structural challenges such as (in the case of Dorset): office moves; a large geographical catchment area that can require extensive time spent travelling; inefficient computer systems and poor access to Wi-Fi (meaning tablet computers cannot be used when outside of the office on the move). However, it is important to note that following the implementation of RISW and structural reorganisation the programme principles have provided the foundation for and informed the development of the new service model.

To better understand the impact of a programme like RISW on individual practice, a monitoring framework that is responsive to, and fits the realities of practice is required. The OBA framework originally developed and piloted as part of the programme was experienced as difficult to translate into meaningful practice for front line staff and hence did not provide this for Dorset. In addition, the departure of an embedded researcher halfway through the programme had a detrimental effect on internal and external evaluation efforts.

Recommendations

For strategic and senior leaders developing similar workforce development projects, the following recommendations should be considered to maximise success:

- Build support and a shared vision for the programme at all levels of the system and in particular among senior stakeholders and partner organisations.

- Build engagement with partner organisations and foster a sense of shared ownership for the programme.

- All stakeholder and practitioner engagement should be undertaken with a realistic sense of what a (time or resource limited) programme might deliver.

- Embed key elements of the RISW programme in a wider learning and development programme.

- Senior managers need to find ways of communicating with frontline staff that promotes mutual understanding of the organisation's vision, the challenges in realising it and the search for solutions. This must include recognition of the demands and consequences of high caseloads and time spent travelling.

- Improve the infrastructure and environment for practice: correcting inefficient computer systems and poor access to Wi-Fi.

- Support a culture that enables RISW to be embedded within the demands of day to day work by creating reflective spaces that are routinely used for case discussion and promoting staff well-being and development.

Appendix 1 Workforce survey background

Methodology and response rate

A 2-wave workforce survey designed to evaluate any change in practitioner practice, confidence and workplace experience post-intervention. The first survey was distributed to 245 social care staff in March 2018 with a 1-month window for completion. 160 completed surveys were returned equating to a 65% response rate. Unfortunately, the second survey, distributed to a group of the same size in November 2019 received only 31 responses. It was not possible to use a longitudinal methodology nor appropriate to match survey responses across the 2 survey waves. The poor response rate was attributed by senior staff in interviews to the timing; formal restructure discussions were taking place during this time.

Demographics

Demographic information was collected from respondents to the first survey which showed nearly all respondents were women (80%, n=124), White British (83%, n=133) and worked full-time (81%, n=128). There were no large variations by age, though slightly more responses were provided by those in the 45 – 54 age category (31%, n=50) and few responses were recorded for those aged under 25 and over 65.

For the second survey the demographics were largely similar if for much smaller numbers. Once again, the majority of the respondents identified as female (n=24) and the majority were of white British background (n=24). In terms of age, a larger number of responses were recorded from the 45-54 group (n=14) and only 1 response from an employee aged 65 or greater.

Survey respondents by occupation

Table 1 shows the response percentage rate by type of occupation within the group responding to the first survey. Table 2 shows a similar breakdown by occupation for the second survey but due to the low sample size it quotes absolute values rather than the percentage of the overall totals. Social workers provided the majority of responses in both cases.

Table 1 Response rates to baseline survey by occupation type

Role	Number of survey recipients	Response rate
Social Worker	114	64.91%
Family Worker	34	61.76%
Team Manager	30	60.00%
Operational Manager	12	83.33%
Personal Adviser	10	70.00%
IRO	9	66.67%
Advanced Practitioner	8	87.50%
CAMHS Social Worker	5	20.00%
ICRM	5	60.00%
Service Manager	3	33.33%
Social Work Assistant	3	66.67%
Other	11	91.67%

Table 2 Responses to follow up survey by occupation type

Role	Number of respondents
Social Worker	12
Advanced Practitioner	5
Team Manager	5
Conference Chair or Reviewing Officer	2
Family Worker	2
Operational Manager	2
Senior Social Worker	1
Consultant Social Worker	1

Survey respondents by area of work

Just under half of all respondents to the first survey (46%, n=73) reported their primary area of work as child protection or children in need. Additionally, around two-thirds of respondents were in a case-holding role (62%, n=98), and were currently looking after an average of 11 families (range: 0-36) and 20 children (range: 1-80).

For the second workforce survey, the largest number of respondents once again considered their primary area of work to be child protection (n=12). Seven respondents considered their primary area of work to be working with looked after children and 6 working with foster children. Further information on their caseloads and nature of their work was not collected.

Survey respondents by experience

Most respondents to the first workforce survey had more than ten years of experience practicing professionally, and exactly half of respondents (50%, n=74) had been practicing in Dorset for more than 10 years. However, less than a quarter of respondents (23%, 37) said they had been in their current role for more than 4 years.

In the second workforce survey, respondents were also asked to estimate how long they had been practicing social work, how long they had been practicing in Dorset, and how long they had been in their current role. Most respondents had been practicing social work for more than ten years (17 respondents) and in Dorset for more than ten years (20 respondents). However, most (20 respondents) had been in their current role for less than 3 years.

Appendix 2 Comparative interrupted time series impact assessment

Background

Originally, ICF was commissioned to deliver a Maryland SMS level 3 impact evaluation to compare outcomes in areas first engaged with the workforce development programme with those engaged at the end (and around 12 months after the first areas) enabling an analysis of the New Delivery Model (NDM) against Business as Usual (BAU). A propensity score matching would have been applied using child level outcomes. However, as data at individual level was not available, the approach was amended in order to continue providing a comparison group, while exploring change in practices within Dorset over time. The alternative methodology selected was a comparative interrupted time series' (CITS).

Comparative interrupted time series approach

This method consists in gathering data on outcomes before and after the treatment for both the unit of analysis (treated) and a set of comparators to detect an interruption that could be causally attributed to the intervention. In other words, if both treatment and comparators were having similar trends and after the intervention the treated exhibits a statistically significant break there is evidence to claim a causal impact.

A comparative interrupted time series (CITS) approach was selected for the following reasons:

- It is suitable for analysis of outcome indicators before and after an intervention is introduced (in this case, RISW training).

- The method can be used with publicly available data at aggregate level (county) and can incorporate data from previous years to capture pre-treatment trends and the most recent data from this year.

Some prerequisites are however required. The single ITS method relies on having a clear cut-off time where the intervention starts, sufficient data points in time before and after the intervention and is based on the assumption that nothing else has occurred at the time of the intervention being introduced. For CITS, having valid comparison groups with the same kind of data available and assumptions met is also required.

The first and last training cycle starting dates, and the whole programme end date provided clear time points for this CITS analysis. While there have been structural and systemic changes which have been documented as potentially affecting practice in

Dorset[14] neighbouring local authorities were not participating in the programme (as it was created bespoke for Dorset) nor in receipt of Innovation Programme funding at the same time.

In order to provide a comparison group, publicly available data was collated from local authority areas which have been assessed as statistical neighbours: Shropshire, Devon and/or Gloucestershire.[15] These areas are the 3 considered extremely close matches[16] for Dorset in terms of socio-economic characteristics of residents – for example, income, profession, ethnicity, education and health.[17] Other matching characteristics include the percentage of pupils receiving free school meals and percentage living in overcrowded households. A caveat is that while these areas have not introduced RISW, it is likely that these areas will have implemented programmes designed to enhance social work practice at some level.

Technical details of the econometric modelling methodology applied to the datasets, and its statistical outputs can be supplied by the evaluation team on request.

Outcomes of interest

The intervention was implemented on 13 cohorts, the first starting on 13th November 2017 and the last finishing on 15th July 2019.

Table 3 below lists the outcome indicators under scope and the data sources. These were aligned with the relevant Innovation Programme and [Name of training provider] Evaluations Principal Indicators.

Table 3 List of outcomes and sources

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[14] E.g. forming of unitary Dorset authority and change in leadership, see ICF (unpublished, 2019) Interim evaluation report from the evaluation of the Dorset Children's Social Care Innovation Programme
[15] As identified by the Local Authority Interactive Tool (LAIT) Children's services statistical neighbour benchmarking tool: available online from: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait.https://www.gov.uk/government/publications/local-authority-interactive-tool-lait. This tool was developed by NFER to enable LAs to benchmark their progress and performance in outcomes from the Every Child Matters Outcome framework against areas matching theirs in terms of socio-economic characteristics.
[16] The LAIT tool defines 'extremely close' as that the Weighted Euclidean distance between local authorities is equivalent to less than 0.25 per standardised variable. The tool provides a total of ten 'neighbour' areas – the 7 remaining were: Worcestershire; Somerset; West Sussex; Wiltshire; North Somerset; Suffolk and East Sussex – all 'very close' matches with a weighted Euclidean distance of 0.55 per standardised variable.
[17] A full list of variables used to create the tool can be found in Department of Education (2017) Local authority interactive tool User guide available online at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643132/LAIT_User_Guide_2017.pdfhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643132/LAIT_User_Guide_2017.pdf

Outcome	Dataset and source
Referrals to CSC: Number of referrals and rate (%) of referrals to Dorset Children's Social Care in 1 year per 10,000 children	CIN/DfE[18]
Number and rate of CIN: Number of CIN episodes in Dorset in total and rate (%) of CIN per 10,000 children in Dorset	CIN/DfE
Number and rate of CPP: Number of CPP completed by Dorset Children's Social Care in total and rate (%) per 10,000 children in Dorset	CIN/DfE
Number and rate of children being looked after (CLA): Number of CLA being looked after by Dorset Children's Social Care in total and rate (%) per 10,000 children in Dorset	CLA/DfE[19]
Number and rate of repeat referrals: Number of re-referrals (referrals within 12 months of a previous referral) to Children's Social Care, in 1 year and rate (%) of re-referrals (referrals within 12 months of a previous referral) to Children's Social Care, in 1 year, as a proportion of all referrals to CSC	CIN/DfE
Number and rate of repeat CPP: Number of children who became the subject of a CPP for second or subsequent time (previous CPPs can have happened at any point) and rate (%) of children who became the subject of a CPP for second or subsequent time (previous CPPs can have happened at any point), per 10,000 children in Dorset	CIN/DfE
Number and rate of NFA assessments: Number of referrals to CSC that were assessed and then required no further action and rate (%) of referrals to CSC that were assessed and then required no further action, as a proportion of all referrals, in LA in 1 year	CIN/DfE
Staff turnover rate: Rate (%) of leavers of positions in preceding year – calculated as the number of leavers in preceding year divided by the number of workers in position at 1 time point; and then multiply by 100 to reach the percentage (can apply to relevant subset – for example, social workers)	Workforce/DfE[20]
Agency rate: Rate (%) of agency staff at 1 time point – calculated as the number of agency staff divided by the number of all (agency and non-agency) staff; and then multiply by 100 to reach the percentage	Workforce/DfE

[18] Department of Education Children in need and child protection statistics. Available online at: https://www.gov.uk/government/collections/statistics-children-in-need
[19] Department of Education Looked after children statistics. Available online at:https://www.gov.uk/government/collections/statistics-looked-after-children
[20] Department of Education Children social work workforce statistics. Available online at: https://www.gov.uk/government/collections/statistics-childrens-social-care-workforce

Outcome	Dataset and source
Caseloads: Number of cases per FTE social worker in Dorset CSC	Workforce/DfE
Sickness absence rate: Calculated as the number of days missed due to sickness absence in 1 year divided by the product of multiplying the number of staff by 253; and then multiply by 100 to reach the percentage*	Workforce/DfE

Because the time period was recorded in different ways across datasets, the analysis was conducted separately as well. For example, CIN data records years as date ranges e.g. 2013-14 (with year ending 31 March), while the CLA and workforce datasets record time in individual years (e.g. 2018) ending 30 September of each year.

Results of the impact assessment

None of the results from the CITS analysis were statistically significant. This means that there is not enough evidence to attribute any changes in outcomes observed to the RISW intervention. However it is possible to provide a descriptive analysis of the trends. These are discussed for the child and worker outcomes below.

Child outcomes

A summary of the main trends in Dorset is provided below, focusing in particular on data from just before and after Reinvigorating Social Work (RISW) was introduced (e.g. 2017-18 to 2018-19). This section then provides a more detailed comparison of outcomes for Dorset and the statistical neighbours of Shropshire, Devon and Gloucestershire before and after the RISW project was introduced in Dorset.

Summary of child outcome trends in Dorset 2017-18 to 2018-19

- A small reduction in referrals to CSC services from 4890 to 4690

- A small increase in number of CIN episodes from 4150 to 4490

- The number of CPPs completed in a year increased for Dorset from 350 to 480

- The number of looked after children in Dorset reduced from 480 to 420.

- A small decrease in the number of repeat referrals from 1360 to 1280.

- The number of children subject to a second or subsequent CPP increased from 80 to 110.

- A sharp reduction in numbers of referrals that required no further action from 620 to 130 (but no data available before this time).

Figure 4 Number of referrals to CSC services by local authority
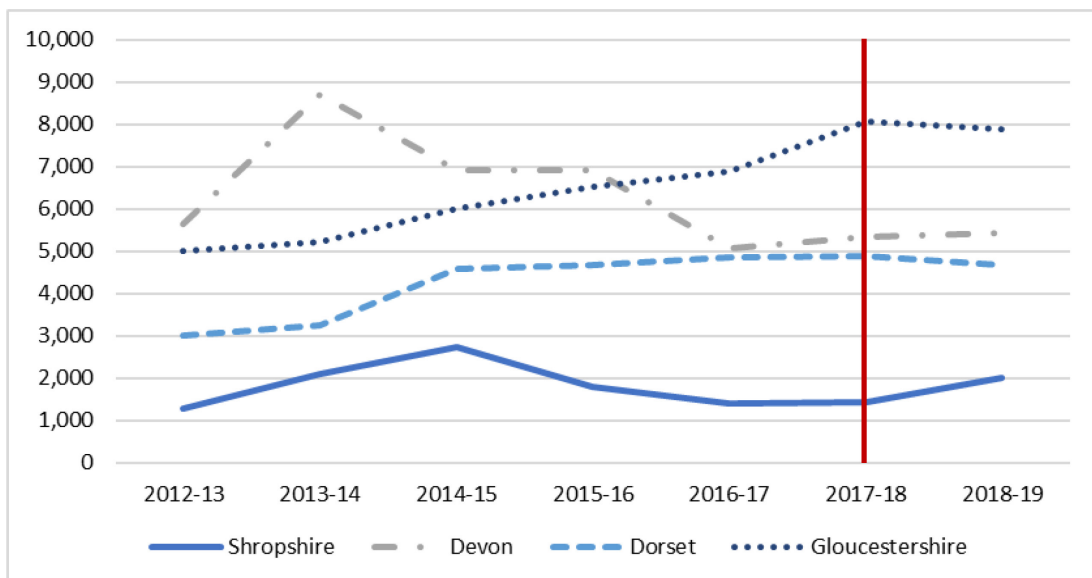
Source: Characteristics of children in need: 2012 to 2019 (Statistics: children in need and child protection) year ending. Department for Education National Statistics. Department for Education, 2019

Figure 4 above the trends in the rate of referrals to Children's Social Care (CSC) services in the Dorset and its statistical neighbours. Between 2012-13 and 2017-18, there was an overall upward trend in referrals in Gloucestershire and Dorset, and an increasing and then decreasing trend in Devon and Shropshire. However, from the 2017-18 cut-off,

which marks the start of the RISW programme, there was a slight decrease in the number of referrals in Dorset from 4,890 to 4,690.[21]

Figure 5 below shows the trends in the number of episodes of Children in Need (CIN), which showed no clear pattern. In Dorset, the number of episodes initially decreased from 5,200 to 4,700 from 2012-13 to 2013-14 and then subsequently increased to above 5000 between 2014-15 and 2016-2017, reaching the maximum number in 2015-16. It then decreased again to 4,200 in 2017-18. Devon is the statistical neighbour with the largest decrease in CIN episodes from a peak of 10,700 in 2013-14 to 6,300 in 2017-18.

From the 2017-18 cut-off in Dorset there was a slight increasing trend in number of CIN episodes, a trend also observed in Shropshire and Devon.

Figure 5 Number of CIN episodes by local authority
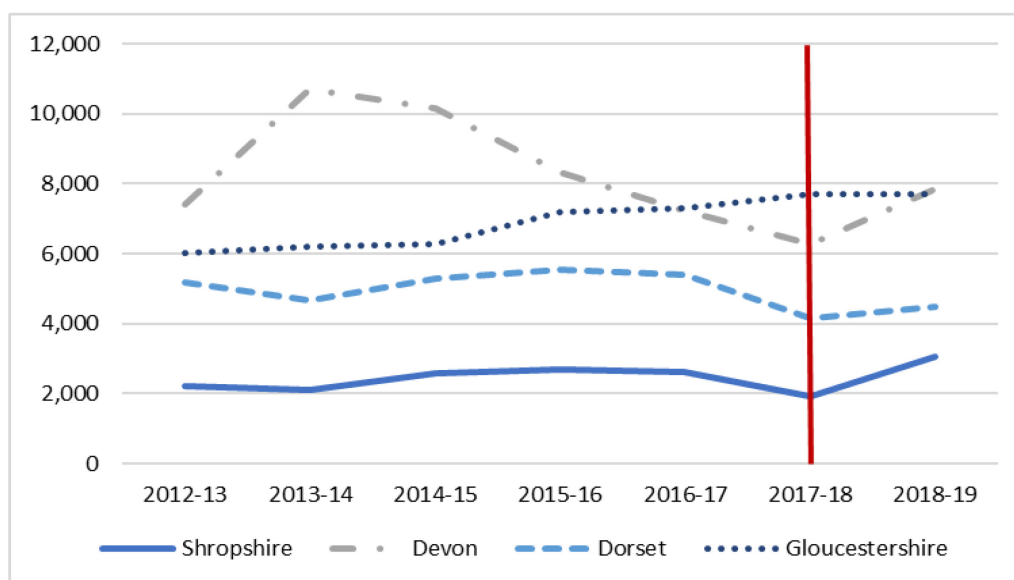
Source: Characteristics of children in need: 2012 to 2019 (Statistics: children in need and child protection) year ending. Department for Education National Statistics. Department for Education, 2019

Between 2012-13 and 2016-17, the number of Child Protection Plans (CPPs) completed in a year in Dorset steadily increased from 290 to 590 and subsequently decreased to 350 in 2017-18, as shown in Figure 6 below. In Shropshire, trends between 2012-13 and 2016-17 show an initial increase in CPPs to 320 in 2014-15 and then a decrease to 210 in 2017-18; in Devon, trends in the same time period show the number of CPPs peaked

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[21] Rounded to the nearest 10.

at 1000 in 2015-16 and then sharply decreased and; in Gloucestershire, the number of CPPs fluctuated between 560 and 800 for the same time period.

Since the 2017-18 cut-off, the number CPPs completed in a year increased for Dorset from 350 to 480 and a similar trend can be observed for the statistical neighbours. Particularly, in Gloucestershire, the number almost doubled between 2017-18 and 2018-19.

**Figure 6 Number of CPPs completed by local authority**
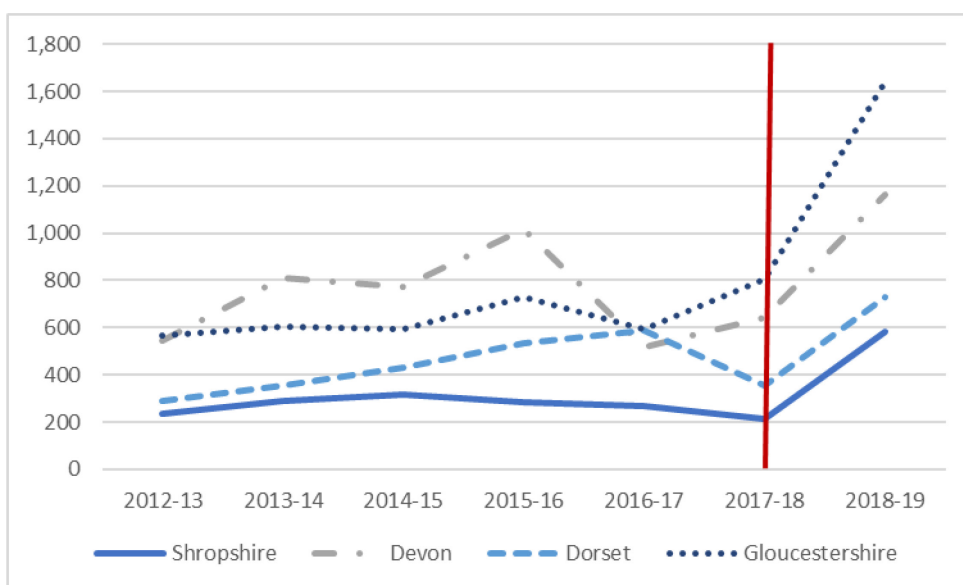
Source: Characteristics of children in need: 2012 to 2019 (Statistics: children in need and child protection) year ending. Department for Education National Statistics. Department for Education, 2019

As shown in Figure 7 below the number of children looked after by CSC services followed an upward trend in Dorset from 300 children in 2013 to a peak of 480 children in 2017 followed by a slight decrease. The statistical neighbours of Shropshire and Gloucestershire also follow an overall upward trend, while in Devon, the number of children looked after mostly remained stable at 700.

From the 2017-18 cut-off there was a decrease in the number of children look after in Dorset from 480 to 420 children; while in Shropshire, Devon and Gloucestershire there was an increase.

**Figure 7 Number of children looked after by CSC services in a local authority**
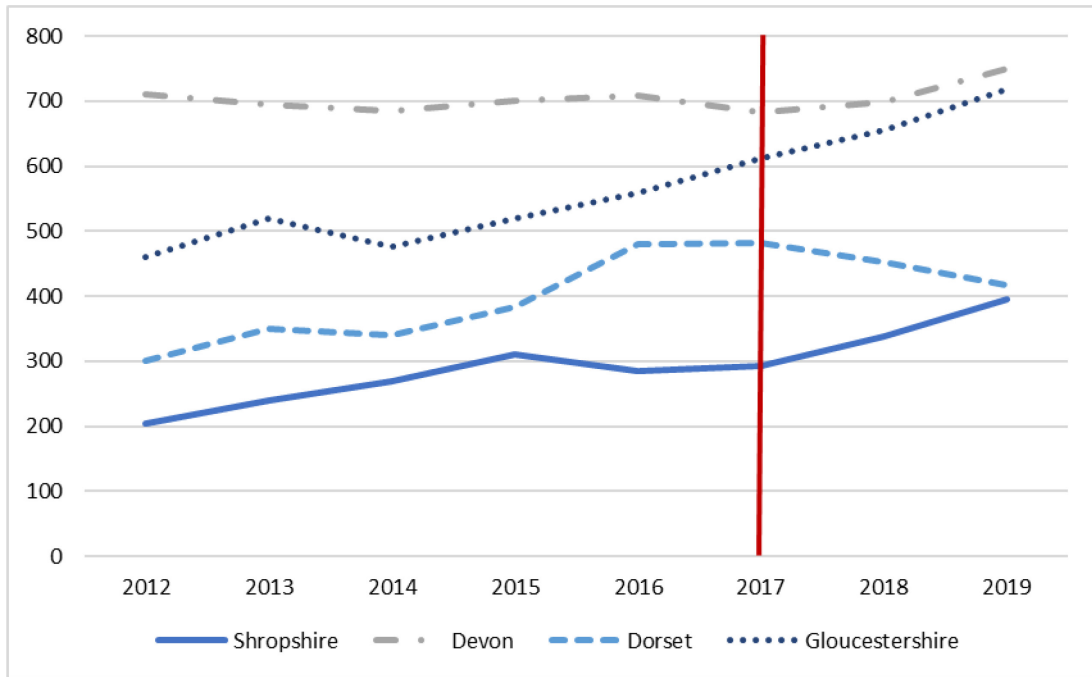
Figure 8 below shows that the number of repeat referrals to CSC services within 12 months of a previous referral followed an upward trend in Dorset from 590 in 2012-13 to a peak of 1,360 in 2017-2018. A similar trend is observed in Gloucestershire with the number of repeat referrals peaking at 2,300 in 2017-18. In Shropshire and Devon the number of re-referrals initially increased between 2012-13 and 2014-15 and then decreased.

Since 2017-18, however there was a slight decreasing trend in the number of repeat referrals in Dorset and Gloucestershire. This contrasts with a slight increasing trend in Shropshire and no obvious trend in Devon.

Figure 8 Number of re-referrals within 12 months of a previous referral to CSC services by local authority
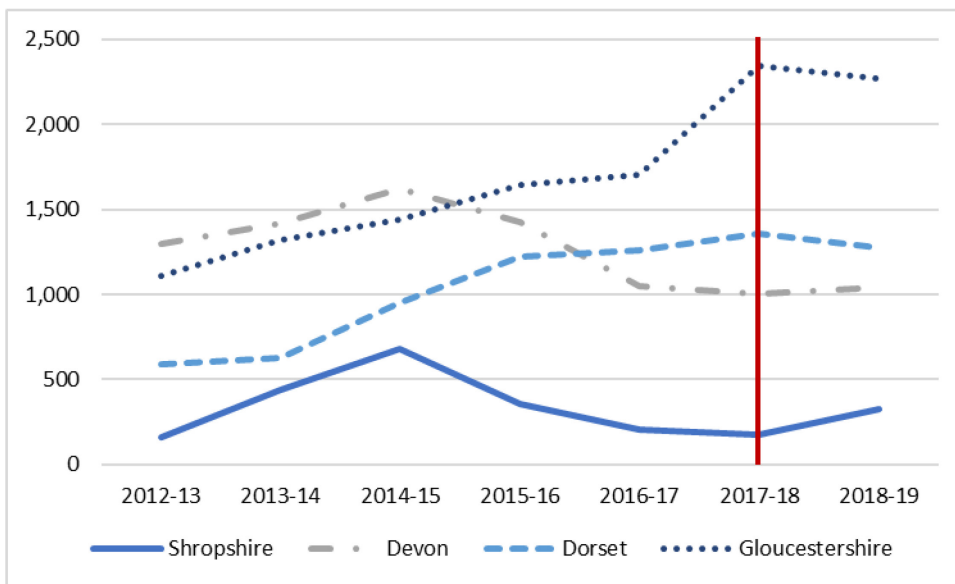
Source: Characteristics of children in need: 2012 to 2019 (Statistics: children in need and child protection) year ending. Department for Education National Statistics. Department for Education, 2019

Figure 9 Number of children who became the subject of a CPP for second or subsequent time in a year by local authority
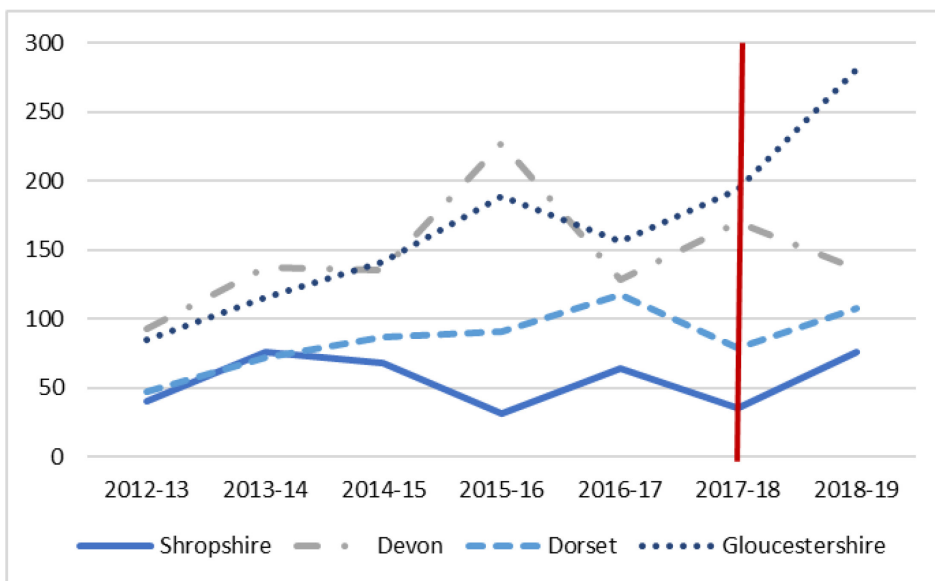
Source: Characteristics of children in need: 2012 to 2019 (Statistics: children in need and child protection) year ending. Department for Education National Statistics. Department for Education, 2019

As shown in Figure 9 above, between 2012-13 and 2017-18, in Gloucestershire, there is an upward trend in the number of children who became a subject of a CPP for a subsequent time; while in Devon the number fluctuates between 90 and 220 children and in Shropshire fluctuates between 40 and 80 children.

Between 2012-13 and 2017-18 Dorset follows a slight upward trend in the number of children who became a subject of a CPP for a subsequent time, with a peak of 120 children in 2016-17 followed by a decrease to 80 children in 2017-18. At the time the RISW programme begins, the trend moves in the opposition direction, with the number of children increasing to 110. An opposite increasing trend is also observed in Shropshire, while there is an opposite decreasing trend in Devon.

The number of referrals that were assessed and required no further action shows a wide range of fluctuation across all local authorities examined in Figure 10 examined below. The widest fluctuation is the number of referrals is seen in Shropshire with a minimum value of 20 and a maximum value of 990.

There is no data available for Dorset between 2012-13 to 2017-18. Therefore, while there is a decrease from 620 to 130 referrals between 2017-18 and 2018-19, there is no information on trends which may have been decreasing or increasing before RISW was introduced.

Figure 10 Number of referrals that were assessed by CSC services and required no further action, by local authority
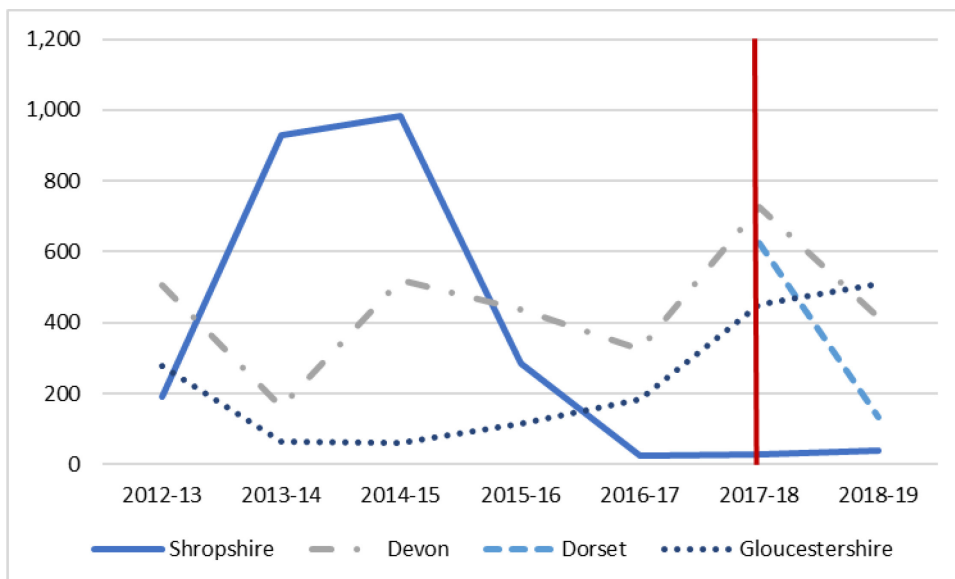
Source: Characteristics of children in need: 2012 to 2019 (Statistics: children in need and child protection) year ending. Department for Education National Statistics. Department for Education, 2019

Workforce outcomes

**Summary of workforce outcome trends in Dorset in 2017 and 2018[22]**

- Missing data prevents identification of trends in social worker turnover rates

- The rate of agency staff was recorded as decreasing from 13% in 2017 to 9.5% in 2018

- The average number of cases calculated per full time social worker increased from 15 to 18.

- The sickness absence rate remained stable at 3%.

Figure 11 below shows the turnover rate of social workers in a local authority. Turnover trends in Dorset between 2013-2017 are unclear due to missing data from 2016. Devon has an overall upward trend; Shropshire has an increasing and then a decreasing trend and there is no clear trend for Gloucestershire.

Since the cut-off marking the start of the RISW project, there is a decrease of around 5 percentage points in turnover rates; however due to the missing data, there is no information on whether there was already a decreasing trend in year before the programme was introduced.

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[22] Data relating to 2019 was not yet available at the time of the analysis.

**Figure 11 Social worker workforce turnover rate in a local authority**
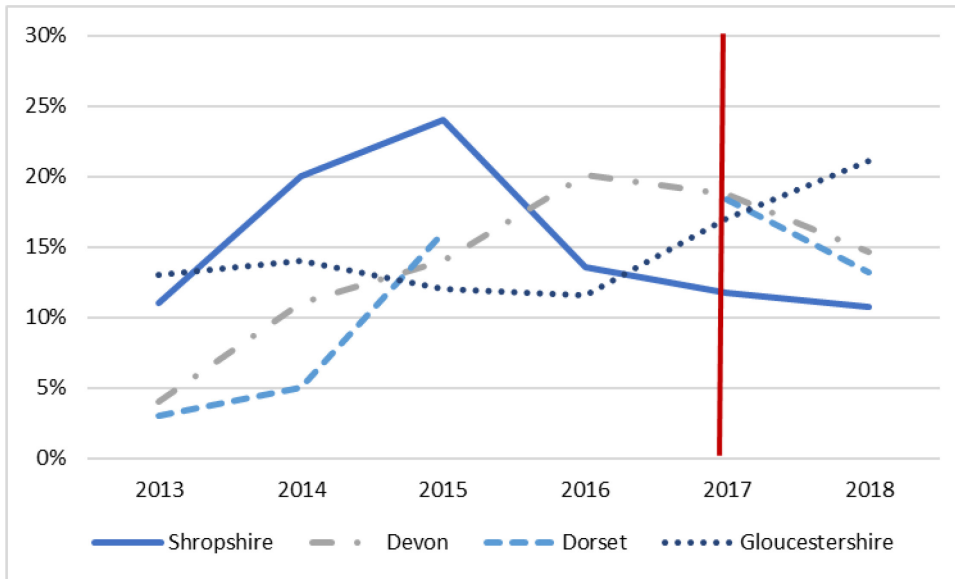
Note: Calculated as the number of leavers in preceding year divided by the number of workers in position at one time point and then multiplied by 100.

Figure 12 below indicates that between 2013 and 2017, the percentage of agency staff follows a slight upward trend in Dorset starting from 7%[23] in 2013, peaking at 22% in 2016 and decreasing to 13% in 2017. A clear upward trend can also be seen in Gloucestershire starting from 7% in 2017 to 22% in 2017 while there is no clear trend in the two remaining statistical neighbours. Since 2017, the percentage of agency staff in Dorset continued to follow a decreasing trend to 9.5%, while Gloucestershire followed a steep increasing trend to 40%.

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[23] Rounded to nearest half percentage

Figure 12 Percentage of social workforce in an agency, by local authority
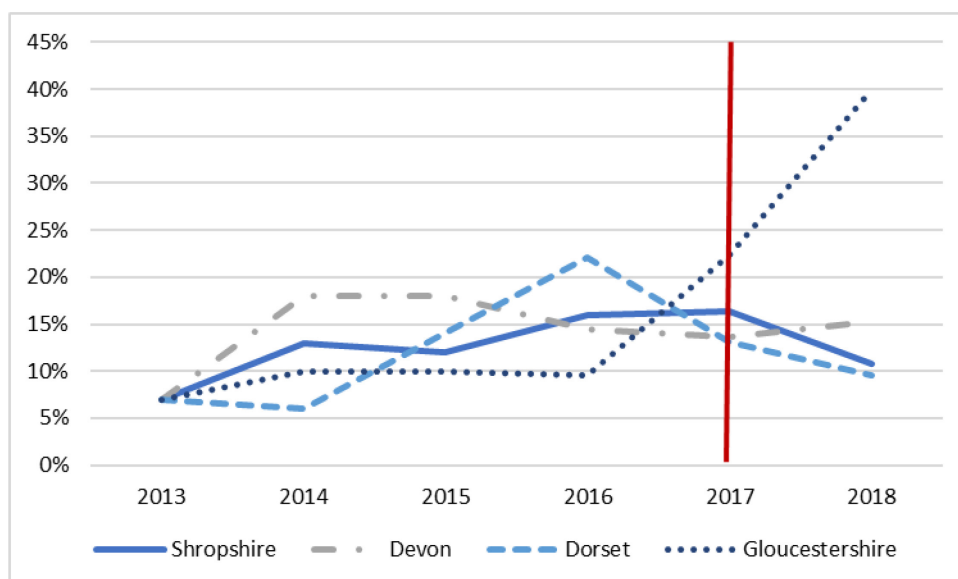
Note: Calculated as the number of agency staff divided by the number of all (agency and non-agency) staff and then multiplied by 100.

As shown in Figure 13, the trend in the average number of cases per full time child and family social worker (FTE) over time is less clear due to missing data for all local authorities between 2013 and 2016. Nonetheless, in the years observed, the average number of cases follows a clear upward trend for Dorset, Devon and Shropshire and a slight upward trend for Gloucestershire.

Since the 2017 cut-off marking the start of the RISW programme, the average number of cases in Dorset continued to follow this same upward trend as before the start of the programme, increasing from 15 to 18 cases per FTE between 2017 and 2018. Shropshire showed an opposite downward trend decreasing from 25 average cases in 2017 to 17. In Devon and Gloucestershire, between 2017-2018, the average number remained stable around 19 and 15 respectively.

Figure 13 Average number of cases per FTE in a local authority

Note: No data available for 2013, 2014 and 2015

Figure 14 below shows the rate of absence due to sickness for social workers in the four local authorities examined. Between 2013 and 2017, there was no clear trend in Dorset with the rate of absence initially increasing, then stabilising and subsequently decreasing again. Similarly, in Devon, there was a large fluctuation in absence rates which reached a peak of 17% in 2014, decreased sharply to 4% in 2015 and then increased to 8% in 2017. The other two statistical neighbours followed a clearer downward trend in absence rates between 2013 and 2017.

At the 2017 cut-off, there was no significant change in absence rates from the levels before the cut-off for Dorset, Gloucestershire and Shropshire which remained at 3% in 2018. In Devon, there was an opposite trend in absence rates, which decreased by 3% between 2017 and 2018.

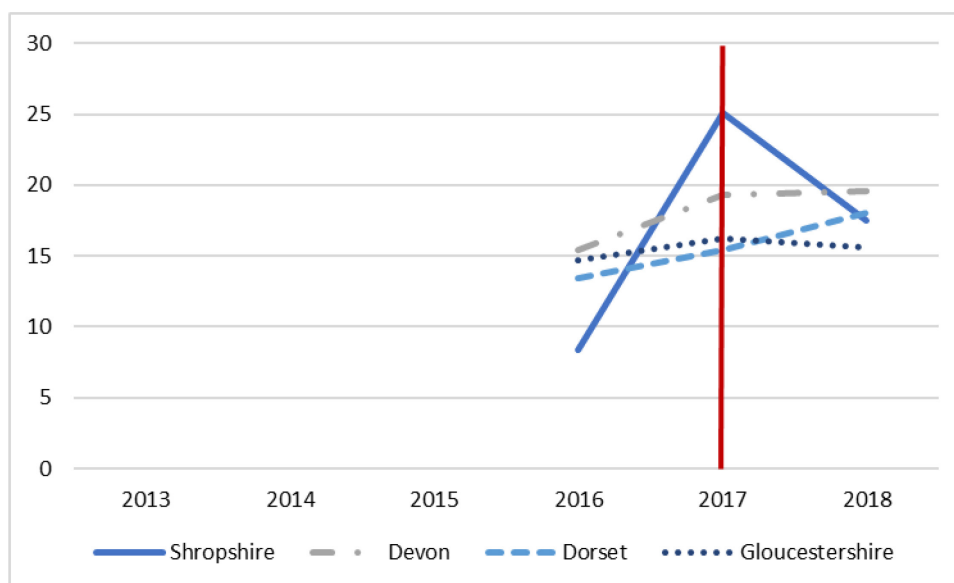**Figure 14 Rate of social workforce absence due to sickness, by local authority**
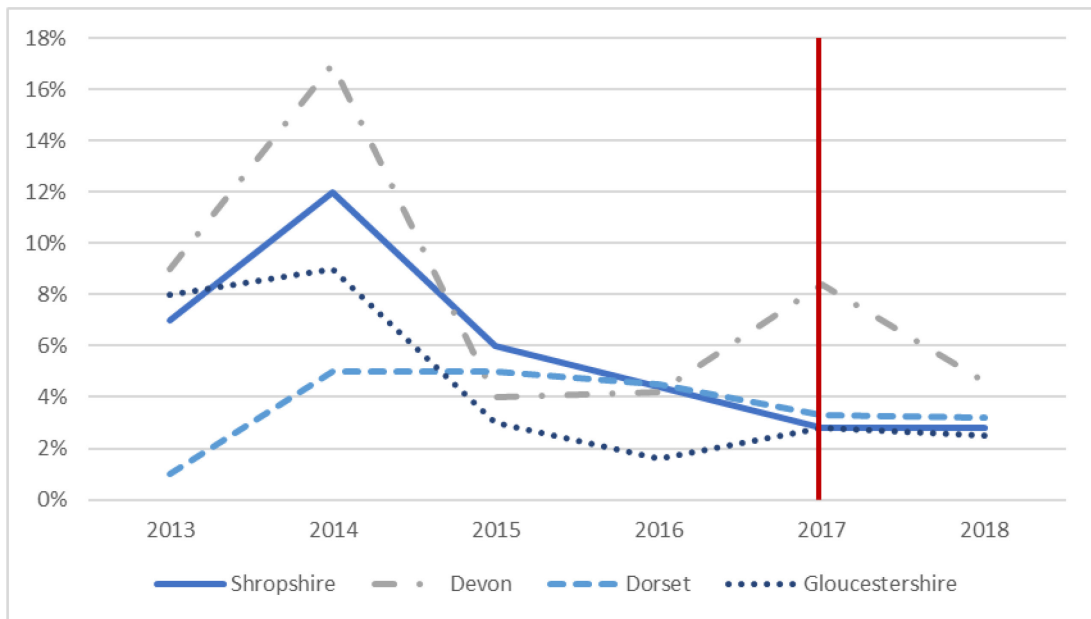

Source: Children and family social work workforce in England statistics: 2013 to 2018 (Statistics: Children and family social work workforce in England statistics) year ending. Department for Education National Statistics. Department for Education, 2019

Note: Calculated as the number of days missed due to sickness absence in one year divided by the product of multiplying the number of staff by 253 and then multiplied by 100.

Limitations

Some of the potential explanations for the lack of significance/limitations of the analysis include:

- As highlighted by DfE statistical services, some of the indicators are in a beta version. This means that the approach to data collection as well as concepts can differ from year to year.

- Data collection for the national datasets varies by local authority

- It is plausible that the timing of the data collection was not fully synchronized with that of the intervention.

Appendix 3 Cost benefit analysis

Costs and Benefits Projected in the Business Case

The costs of the programme were anticipated to total £1.95 million (Table 3). The largest costs involved staffing, programme management, training and development.

Table 4 Anticipated costs of the RSW Dorset Pilot

	Year 1 2016/17	Year 2 2017/18	Year 3 2018/19	Year 4 2019/20	Total (£)
Programme Management	69,000	138,000	69,000	-	**276,000**
Embedded Researcher	17,500	39,000	17,500	-	**74,000**
Peripatetic Social Work Team	208,500	417,000	208,500	-	**834,000**
RSW Social Workers	31,260	78,150	39,075	-	**148,485**
RSW Managers	9,158	18,316	9,158	-	**36,632**
Appreciative inquiry	5,000	8,000	2,000	-	**15,000**
Care Planning and permanence	6,600	6,600	6,600	-	**19,800**
Social work forum	5,700	14,000	5,700	-	**25,400**
User engagement	10,000	18,000	7,000	-	**35,000**
Partner Engagement	9,000	18,000	9,000	-	**36,000**
Coaching	18,000	28,000	18,000	-	**64,000**
Learning and dissemination	10,000	20,000	45,720	-	**75,720**
Learning and development contingency	11,000	22,000	11,000	-	**44,000**
Business as usual Training and Development	-	-	30,000	75,000	**105,000**
Insights facilitation	24,000	42,000	10,000	-	**76,000**
Manual, electronic tools and resources	10,000	50,000	30,000	-	**90,000**

Sub total		469,718	984,066	555,753	95,000	1,955,037

Projected Cost Savings

Substantial savings in expenditure on Children's Services in Dorset were expected to result from the programme.

Dorset County Council's proposal to DfE stated that annual expenditure was £36,036,769 at the time of the application and estimated that **annual savings of £9,314,674** would be achieved by the end of year 3, to be reinvested in early help.

The estimated savings amounted to almost 26% of the annual budget.

No workings were given in the proposal document, but savings were expected to result from 'reduced activity and less failure demand' – reduced numbers of referrals and re-referrals, lower spend on looked after children, lower average spend on packages of care, savings as a result of safely returning home, lower spend on agency social workers, use of delegated budgets against outcomes, use of Section 17 money to fund alternatives to care, reduction in the use of Section 20 care particularly for older teenagers.

Actual Costs of the RSW Dorset Pilot

Direct Costs

Actual expenditure on the programme was expected to amount to £1.83 million (Table 4)[24], slightly less than projected at the proposal stage. The grant received from the Department for Education amounted to £1,849,537. Expenditure on the Peripatetic Social Work Team was £105,000 more than anticipated.

However, there was lower than anticipated expenditure on:

- Manual, electronic tools and resources (£76,000 less than anticipated)

- Learning and dissemination (£70,000 less than anticipated)

- Insights facilitation (£49,000 less than anticipated)

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[24] Final total costs had not been calculated at time of analysis.

- RSW Social Workers (£48,500 less than anticipated)

- Learning and development contingency (£44,000 less than anticipated)

- Embedded Researcher (£37,500 less than anticipated); and

- Business as usual training and development (£31,700 less than anticipated).

Additional expenditure of £113,000 was earmarked in 2020 for a range of actions including learning and dissemination, partner engagement, user engagement, coaching and mentoring and insights facilitation, in order to sustain and expand the benefits of RISW for the workforce in Dorset.

Table 5 Actual Expenditures on the Dorset RSW Pilot

	Year 1 2016/17	Year 2 2017/18	Year 3 2018/19	Year 4 2019/20	Total
Programme Management	30,818	139,410	65,814	43,552	**279,594**
Embedded Researcher	-	31,309	5,176	-	**36,485**
Peripatetic Social Work Team	-	177,894	533,007	228,324	**939,225**
RSW Social Workers	-	26,297	40,095	33,579	**99,971**
RSW Managers		13,149	20,048	3,713	**36,909**
Appreciative inquiry	-	7,973	8,958	257	**17,188**
Care Planning and permanence	-	7,973	8,958	257	**17,188**
Social work forum		2,000	8,100	-	**10,100**
User engagement	9,500	19,363	17,489	-	**46,352**
Partner Engagement		2,231	10,001	-	**12,232**
Coaching	-	20,877	22,199	19,320	**62,396**
Learning and dissemination	-	-	-	5,720	**5,720**
Learning and development contingency	-	-	-	-	**-**
Business as usual Training and Development	-	12,565	7,408	53,298	**73,271**
Insights facilitation	-	6,093	13,923	6,901	**26,917**

Manual, electronic tools and resources	-	4,163	9,533	230	**13,927**
Sub total	**40,318**	**471,297**	**770,708**	**395,151**	**1,677,474**
Unplanned spend					
Community Care Inform licences	-	10,000	27,514	-	**37,514**
Staff advertising	-	5,176	-	-	**5,176**
Sub total	**-**	**15,176**	**27,514**	**-**	**42,690**
Committed spend 2020					
Learning and dissemination	-	-	-	20,000	**20,000**
Partner engagement	-	-	-	26,500	**26,500**
User engagement				15,000	**15,000**
Coaching and mentoring				37,500	**37,500**
Insights facilitation				14,000	**14,000**
Sub-total	**-**	**-**	**-**	**113,000**	**113,000**
TOTAL	**40,318**	**486,473**	**798,222**	**508,151**	**1,833,164**

In Kind Costs

Additional in-kind costs included management time and associated office expenses committed to the programme. Dorset Council have noted that greater than anticipated management time was required as a result of changes to senior leadership, and that keeping the programme going involved introducing a project board/steering group which incurred management time. These time inputs and costs were not quantified.

Benefits of the RSW Dorset Pilot

Enhanced outcomes for Children

The impact evaluation, using a comparison interrupted time-series (CITS) method, found that the intervention had no statistically significant impact on any of the children's outcomes examined (Referrals to CSC; Number and rate of Children in Need (CIN); Number and rate of Child Protection Plans (CPP); Number and rate of children being

looked after (CLA); Number and rate of repeat referrals; Number and rate of repeat CPP; Number and rate of NFA assessments).

Though not statistically significant, the data indicate some positive changes in Dorset between 2017/18 and 2018/19 which could reduce the costs and increase the cost-effectiveness of children's services over time:

- an overall reduction in referrals to CSC services

- a reduction in re-referrals

- a reduction in numbers of looked after children

- a sharp reduction in numbers of cases that required no further action, thereby freeing resources for more productive actions.

However, other changes between 2017/18 and 2018/19 – notably increased numbers of CIN, CPPs and repeat CPPs – could be expected to increase costs.

Enhanced workforce outcomes and cost implications

The impact evaluation found no statistically significant changes in workforce outcomes, but identified some positive trends including reduced staff turnover, lower levels of sickness and reduced use of agency staff. All have potential to deliver cost savings, although no sustained and statistically significant change has yet been found. However, interviews with staff as part of the qualitative research for the evaluation found various continuing pressures which are impacting on job satisfaction and effectiveness among Dorset's CSC workforce.

Cost Benefit Analysis of RSW Dorset Pilot

The costs of the RSW in Dorset programme amount to a minimum of £1.85 million over the period 2016/20, which represents the direct cost of the pilot, covered by the DfE grant.

The total costs are somewhat higher than this, if the in-kind costs of senior management time and project/steering group time are included. However, these inputs have not been quantified.

The programme has had some benefits in enhancing the skills of social workers and in encouraging a new approach to children's social care in the county. However, at this stage the impact evaluation was unable to identify statistically significant impacts on either children's outcomes or workforce outcomes.

The delivery of outcomes appears to have been constrained by continuing organisational pressures within the Dorset Children's Social Care service.

The evidence available therefore suggests that **the programme has had no benefit to date that can be valued in money terms**, i.e. there has been a **net financial cost of £1.85 million**.

If the programme was found to deliver significant and sustained impacts on children's outcomes and workforce outcomes in the future, and these could be attributed to the RSW programme, they could result in:

- a cost saving of £58,664 per unit reduction in the number of looked after children per year[25]

- a saving of £1,701 in management costs per unit reduction in the number of new cases of CIN[26]

- a saving of at least £41,000 per full time equivalent per year gross reduction in the number of agency workers, and £6,000 net saving per year per agency worker substituted with an in-house social worker.[27]

The impact data indicate that there was a reduction of 60 in the number of looked after children between 2017 and 2019 (from 480 to 420). This impact was not found to be statistically significant. Such a change would be expected to result in **annual cost savings of £3.5 million.** This cost saving is roughly twice the total cost of the RSW programme. Though there is no evidence at present to attribute any such saving to the RSW intervention, the numbers illustrate the potential for the benefits of interventions of this nature to outweigh the costs if they can be shown to deliver sustained improvements in children's outcomes.

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[25] Greater Manchester Unit Cost Database: https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/
[26] Greater Manchester Unit Cost Database
[27] https://www.communitycare.co.uk/2018/02/28/revealed-social-worker-pay-differences-agency-permanent-adults-childrens-staff/

Appendix 4 Detailed social worker observation notes

The following data analysis provides a more detailed exploration of how social workers who had completed RISW were performing in practice in Dorset. These notes focus on 2 social workers whose practice was observed at each of the 3 points of data collection across the period of the evaluation and some of their service users interviewed. There is not space to provide examples from all their casework that was shadowed, so the chosen examples were selected as representative of theirs' and others' work and the issues arising. All names and other information that could possibly identify family members or professionals have been changed.

Social worker 1

Over the time of the project, Sophie worked in 2 different services, but 3 different teams, and had 5 different managers. She had been qualified as a social worker for 8 years and also drew on her previous work experience to shape her approach. The first day of shadowing at stage 1, was spent with her in her car, travelling to various visits, and she never once went to an office. When asked about this, she laughed and said, 'My office is my car. I keep everything I need in here. It's because I spend so much time driving around. If I went to an office, I wouldn't get anything done!'. During the first stage, when discussing managers and the organisation, she was cavalier, suggesting 'I take them all with a grain of salt.' Her work life at stage 2 was better, as she liked the new manager, who she found supportive and helpful. The final research stage, however, found her struggling to get along with a new manager in a service that she had previously relished: 'I'm not sure how much longer I can work with them. It would be better if they didn't try to micro-manage me, but I think they have really tough targets to meet.'

In all of her practice we observed Sophie was confident, authoritative, and compassionate, whether it was working with teenagers and supporting their parents or with younger children. She explained to the exasperated parents of a 15-year-old boy who was at risk that she also had a son and could relate to how challenging parenting can be. During the final stage of the evaluation, Sophie was shadowed on an unannounced visit to a family she had been working with for several months. Mother, Becky, was home, as was her partner, Mason, and her adult sister, Charlie. The case concerned Mia; 4 years old, due to concerns of neglect. Charlie was assertive and very direct, suggesting that things had improved, and there was no need for social work to be involved. Both Becky and Mason were more circumspect, with Becky saying several times she was aware of the reason why Sophie needed to keep meeting with her.

During the visit, Sophie went to great lengths to present herself as unthreatening to the parents, while using authority to insist that she must carry out her child protection role. When Charlie, whom she had not met before, stated that she had no right to make Becky and Mason uncomfortable, Sophie replied, 'you're right. It's important that they feel comfortable. I can see how hard they are working, and hope that things continue to get better. Soon I may not have to come and see you anymore – although I do like to come and visit Mia.' She was deft in her questioning of the parent's activities and their care for Mia. She appeared interested and engaged without being overly cynical or questioning. A very telling sign of the worker's relationship with the child and parents was when at this point Becky asked if Mia wanted to sit on Sophie's lap, as she was starting to get bored and restless. Sophie quickly pulled a few coloured markers out of her bag and a colouring book and sat down on the floor with Mia and started drawing with her, all the while keeping up a conversation with the 3 adults in the room. She moved easily from complimenting Mia on the colour of pen she chose to ask about the family's plans for the weekend. The visit ended after 45 minutes, with Becky offering for Sophie to join them on their family outing to a local children's centre on Saturday. Sophie thanked them but said she had plans – 'I hope you have a good time.' It is a powerful indicator of meaningful relationship-based practice when parents want the workers' attention, despite resentment and ambivalence about having social work involvement.

When asked how she felt the visit had gone, Sophie said, 'I think it went well. I love playing with children, and Mia is very sweet. I'm worried about her development, but she's getting better since she's been going to nursery more regularly.' The worker displayed several core social work skills on home visits, including multi-tasking by being able to carry on a conversation with 3 adults and the child simultaneously, while playing with the latter (Ferguson, 2018; Forrester et al, 2019). When asked about this she replied in her usual self-deprecating manner, 'it's not as hard as it seems. You just have to be interested in what people are saying, and I'm generally a bit nosy and want to help.' The worker's playful, child-centred practice was very evident, and it emerged that she had to change to much larger handbags as it allowed her to carry age-appropriate toys for a range of children. She said, 'I have something to engage all of them.'

When interviewed for the evaluation, mother, Becky, was positive about the social worker:

> 'I won't lie, it's been hard to have a social worker come to the house. [She's] been really good, though, really helpful. I know she has a job to do, and there are concerns for my child's welfare, but she was really good at showing us how to get on to a programme [parenting programme]. If we had to have a social worker, I'm glad it's [her].

The social worker was very unhappy with a new manager, having been happy in the team for some time before that. She felt that it may be time for a change to another team, but said, 'I'm not keen to move again, with all the shifting that's taking place in the teams, but I don't think we're going to be able to get on.' She felt watched and scrutinised, and that her autonomy was being questioned. This social worker, who had been observed and interviewed several times and in several different settings, and who had never been anything other than resolutely cheerful and optimistic, now felt deeply frustrated and was considering making a change to yet another team.

Social worker 2

Another social worker, Sandra, was shadowed at each of the 3 points of data collection across the period of the evaluation and some of her service users interviewed. She had been qualified for over 10 years. Over the period of the evaluation she moved offices twice and had 3 different team managers. For the final year or so of the evaluation period she had 'a massive area to cover now, they merged 2 teams and they are now a district.' This was on top of the big restructuring 2 years ago. 'I'm hot-desking and I hate it. [Pointing at lots of papers on desk] I've got to move all of this every time I leave' and she points at the cupboard where she has to store things.

Just over a year on from her completing the RISW training, during that 12 months there had been 1 'recall day', but it wasn't a refresher. No space had been created to think about or embed and develop the learning from RISW. She was never observed in her practice. There was a strong organisational focus on audits, with an emphasis on writing things down for managers and Ofsted. It recently emerged that 2 internal auditors looked for different things. Computer systems and IT are still poor. 'Supervision isn't reflective, it's case management, it isn't about all the feelings we've been talking about, the dilemmas we face.'

At stage 2 of data gathering, Sandra was observed on a home visit to a mother, Mary, who had 3 children, 2 of who were not in her care, while her youngest child, Grace, was allowed to live with her. Mary was in a very violent relationship and would go on drinking sessions that lasted days. Sandra has worked with her for a year. She did a Parenting Assessment, had a Family Group Conference, and feels they've done really well. Grace, now 10 months old, came off the Child Protection Plan 2 weeks ago and this was the first visit since that. Grace was in her bouncer for half of the visit and spent the other half on her mother's knee. The social worker sat on the edge of the settee leaning forwards towards the child and engaged with her in a direct way, looking into her eyes and the child smiled broadly. The atmosphere was upbeat, loving towards the child. Mary looked at her adoringly, smiling while she talked about her. The social worker's questions were

about everyday routines: feeding, weaning, ablutions, the family dog (who was present in a cage), housing and how hard it is to heat the home, and mother's relationship with her partner, the child's father, who was at work. Twenty minutes into the visit the social worker asked Mary about her health and 'what about alcohol? Mother: No, I'm fine. I haven't felt like drinking.'   Sandra spent 3 minutes checking the child's bedroom. She raised the question of the older child who is in foster care and when Mary plans to see him again and was authoritative in stating this child 'needs therapeutic parenting – unlike Grace with whom you have a good attachment.' Mary said she understands that and confirmed the social worker's sense that she can see the errors she made in the past and that it would not be right for her 8 year old to come home from foster care as it would jeopardise her ability to care of the infant at home.

The mother was interviewed on the same day the home visit was shadowed. She has had about 6 social workers during the past 7 years or so. She didn't get on with 1 social worker in particular, but 'lately the experience [with Sandra] has been really good. I feel listened to and they want what's best for Grace.'

> She's honest with me, doesn't say anything behind my back. I go into meetings knowing what is going to be said, we work together well. But in the past that wasn't the case, those social workers said things about me, and they had no clue, they don't give you a chance to say how you feel, no compassion. With Sandra I feel like she treats me as a person. She's taken on board that people can change, and she can see that and given me that chance. Obviously taking my history into account but she's not discarded me straight away. In the past they were nasty, horrible, they would say I don't have a bond and hadn't seen me with the children. They didn't want to get to know me, but I feel that Sandra has. I was in a domestically violent relationship and then I turned to alcohol and then after the bloke was in prison and I took him back and the social worker didn't want my son around a DV thing. I see my son 6 times a year, I get on well now with the children in care social worker too. The social worker is just there, if I need to, she's there to help instead of to break up my family. She's there to support, she put me in touch with, told me to do loads of different things, different services, it's the way she goes around things, she's just better than before. I just feel she's easy to talk to. I don't feel like she's judging me, but that she cares. I'm not just another person she comes to see, she makes me feel that I am a human being. It helps me to feel better about myself cos I don't have to worry, she's not there to take her away, she's here to help really. I don't want another child taken, I knew they would be there and watching me for at

least the first year and I wasn't made to feel "oh god they are going to take this child too".

At stage 3 of data collection Sandra was shadowed missing an appointment to see 10-year-old Ivy in school, so she arranged to go back later. She had been called away to an emergency in another case and was feeling deeply frustrated with how the demands of her caseload and the way the service is organised and managed was keeping her away from doing the kinds of relationship-based work she wishes to:

> The thing is it feels like, you know, this one to one work with children is really important, and should be what we are doing, but it feels like a bit of a luxury, you know what I mean. I mean, it used to be a really big part of our work and now we are either asking other people to do it or it's not happening often enough or, yeah, you're ticking boxes a lot of the time: you've seen the child, you've done this, but it doesn't ever really feel meaningful, or it doesn't to me, I don't know if that is just me.

Instead of direct work with children the social worker said she was:

> driving around, writing reports, which we've always done, but we are covering such a massive area that I don't even feel like, you know like when there's something you are not really certain of and you feel you need to do a bit of reading around it, a bit of research. I don't even have the time to do that, so I feel that makes me feel really deskilled and then I don't do a great job and also other things are taking priority. Like today, you know, this [the high-risk case that had caused her to be late seeing the child she had an appointment to see] is a really significant case, there are lots of concerns.

On the way back to the office after the missed appointment with Ivy, Sandra was asked about Reinvigorating Social Work.

> ((Laughs)) It seems like a distant memory. Yeah, feels like a long time ago. Somebody said to me the other day about relationship based social work, it's not happening, and I think that is right on some level. Look what's happening with Ivy, I've worked with her for over a year, but still don't feel that I'm doing the best job that I could be maybe for her. I haven't even done any training this year, that's ridiculous isn't it. Well I've put my name down to do things and then I

don't get to do it. I get called away on cases or there's not enough notice and you already have things booked in, so you can't do it.

Sandra was shadowed on the session with Ivy at the school later that day. Ivy had experienced abuse from a sibling and other trauma within the family and the social worker had known her for a year. It was immediately clear when they met that they have an established relationship. They sat a table, 1 each side of the corner, 2 feet apart. Sandra led the session: 'I would like us just to be concentrating on Ivy, but it depends on how you would like to work with me.' The social worker brought along a workbook that provided a structured way of eliciting information and engaging with the child's experience. Sandra posed questions ['Who are you happy for me to speak to from your family?' 'When were you worried or sad?'] and Ivy wrote and drew pictures in enthusiastically. When the social worker asked about what she worries about, Ivy produced a toy dog she keeps in her pocket and the social worker showed empathy by telling her 'and you can touch it and it helps you feel better.' Ivy then disclosed that someone visited the home at the weekend who social workers and the child protection plan have insisted shouldn't be there because of the danger they represent. The child made it clear that she didn't like them being there and Sandra assured her she will take it up with her mother and the person in question. She arranged to see Ivy again in 2 weeks. The session lasted 50 minutes.

Afterwards Sandra was justifiably satisfied with how the session went. Here again, we saw a worker displaying considerable skill and confidence at relationship-based practice, communicating with children and therapeutic technique. Doing this face-to-face work with the child transformed the worker's mood. Having gone into the session feeling deeply frustrated and pretty worthless due to all the systemic barriers to achieving relational practice, the worker's therapeutic connection to the child and discovery of key information about risks to her suddenly gave her a sense of purpose and self-efficacy again.

Ivy's mother was interviewed and was generally positive about the service she and the family had received for over a year:

> I can't really fault any of them, I mean they've worked really well with us, the only problem is that Sandra is our 4th one, … And with my children, they do talk, and they get to know someone, and it was a change again, which unsettled them a bit. That's really my only blip with them.... Sandra is our fourth one. The children like her, and she has worked hard to get resources for them. … She is at the end of the phone if I ever need her, you know I can send her a text if I've got any worries. Nine times out of 10 she responds quickly; very efficient she is. She is good at her job.

Once again, the message clearly was that RISW brought some benefits at the time it was delivered and some of this had been assimilated into the worker's practice, but it had not been embedded within the organisation. The culture continued to create distancing from children and families because of how it was still dominated by reorganisations, audit and accountability, a hot-desking working environment that kept workers apart from one another and managers at a distance too. The observation of the sample of practitioners' practice showed that this does not mean they did not do relationship-based work. The problem was a system that did not allow them to do it enough of the time to be able to help children and families in the ways RISW had enabled them to develop their knowledge and skills.

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