What Works for Children's Social Care

Cardiff University / Prifysgol Caerdydd

SOCIAL WORKERS IN SCHOOLS: AN EVALUATION OF PILOTS IN THREE LOCAL AUTHORITIES IN ENGLAND

Executive Summary

What Works *for* Children's Social Care

Acknowledgements

We would like to thank social care and education staff in Lambeth, Southampton and Stockport for their enthusiasm and cooperation with the evaluation throughout. Their willingness to welcome us into schools and communities to observe the difficult work they do is very much appreciated, and the insights they offered were invaluable. The study required large amounts of administrative data to be collated by each local authority, so we are particularly grateful to the individuals who did a great deal of work to identify, collate, and process our data requests.

We would also like to thank the young people and families who took part in our observations and interviews. It is not always easy to have a researcher observing social work sessions, or to discuss the difficulties that are the focus of Children's Services intervention. We are therefore most grateful to those who gave up their time to enable us to conduct this evaluation. The pilots all benefitted from the leadership of highly dedicated managers and support staff, and their open and proactive approach to working with us has benefitted the evaluation greatly. Finally, we would like to thank our colleagues for their assistance in preparing the report. In particular, David Wilkins and Charlotte Pitt at Cardiff University, and Hannah Collyer and Louise Jones at What Works for Children's Social Care.

Authors

Westlake, D., CASCADE, School of Social Sciences, Cardiff University; **Melendez-Torres, G.J.**, Peninsula Technology Assessment Group, University of Exeter, **Corliss, C.**, CASCADE, School of Social Sciences, Cardiff University; **El-Banna, A.**, Warwick Clinical Trials Unit, University of Warwick; **Thompson, S.**, CASCADE, School of Social Sciences, Cardiff University; **Meindl, M.**, CASCADE, School of Social Sciences, Cardiff University; **Talwar, R.**, CASCADE, School of Social Sciences, Cardiff University; **Folkes, L.**, CASCADE, School of Social Sciences, Cardiff University; **Schoenwald, E.**, What Works for Children's Social Care; **Addis, S.**, CASCADE, School of Social Sciences, Cardiff University; and **Cook, L.**, CASCADE, School of Social Sciences, Cardiff University.

Funding

Department for Education, England.

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

About CASCADE

CASCADE is concerned with all aspects of community responses to social need in children and families, including family support services, children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: **whatworks-csc.org.uk**, or CASCADE at: **sites.cardiff.ac.uk/cascade**

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: **info@whatworks-csc.org.uk**

EXECUTIVE SUMMARY

Introduction

Schools play an important role in supporting the wellbeing of children and keeping them safe, and school age children typically spend a large proportion of their time under the supervision of people who work in schools. As schools are one of the major sources of referrals to Children's Social Care (CSC), the potential for improved ways of working has been highlighted historically (Morse, 2019), and there is statutory guidance that encourages better interagency working (HM Government, 2018). But the variation between schools and the complex interface between them and social care underlines the need to find solutions that work locally. This report presents findings from three pilot evaluations, where social workers worked differently with schools.

The aim was to embed social workers within schools (SWIS) in Lambeth, Southampton and Stockport, and for social workers to work more closely with schools to address safeguarding concerns and do statutory work. We have evaluated each pilot with a focus on how feasible it is to deliver the intervention, whether it shows promise after it has been running for around 10 months, and whether there is any indicative evidence of impact.

Table 1: Summary of pilots

Pilot Area	Types of schools	Number of schools involved	Number of social workers in team
Lambeth	Mainstream secondary and primary	8	5
Southampton	Mainstream secondary and primary, and specialist education and mental health (SEMH) schools	18	6
Stockport	Mainstream secondary and primary	11	10

Methodology

The evaluations were organised into three phases. In Phase one we developed an initial logic model to articulate theory and implementation; Phase two involved refinement of the logic model and assessment of early implementation; and Phase three aimed to understand how devolved SWIS pilots worked once they had become established and explore early evidence of their impact. Our research questions explore:

a. **feasibility:** can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?

b. **promise:** what evidence is there that the intervention can have a positive impact on outcomes? and

c. **scalability:** To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?

To address these questions, we undertook interviews with practitioners, managers, children and families, focus groups with professionals, and observations of practice. We also reviewed activity logs and collected quantitative data about social care outcomes.

Key Findings

1. All the pilots were successful in embedding social workers within schools, and their base was moved from CSC offices to one or more schools in the borough.
2. How the intervention looked in practice varied across the schools. It ranged from workers being fully embedded and integrated into schools, to a more remote approach where they visited schools regularly. This pattern was found in all three pilots and suggests that a flexible approach is needed to account for the variation in schools. Factors that influenced implementation included the level of social care need within a school, its culture and management style, whether it was a mainstream or specialist school, and whether it was a primary or secondary school.
3. Social workers undertook a wide range of activities, working with children who were involved with children who were on child in need and child protection plans, and those who were not known to children's social care (CSC). They did statutory work, including Public Law Outline and care proceedings work to remove children from families where risks were high. They also provided early intervention, advice and a more universal service.
4. The pilots were perceived to be broadly successful by professionals across education and CSC, children and young people, families, and other professionals. Being on site and accessible to staff and students was thought to be a particular benefit, and there was evidence of work being undertaken that would not have happened if the social workers were not embedded. For example, young people could approach the social worker for advice and guidance on a wide range of topics.
5. Challenges associated with interagency working were highlighted by the pilot, but there is also evidence that the process of working more closely together helped to overcome these issues. For example, social workers found some schools' approaches to behaviour management unacceptable, so they used a social care lens to challenge this. They viewed lateness and poor behaviour in the context of a child's family circumstances, and helped reduce what they felt were punitive responses from schools (such as the use of internal exclusions).
6. There is some evidence that the pilot had a positive impact on reducing some of the social care outcome indicators we studied. Indeed, we found promising evidence of a reduction in one of the measures we studied in all three pilots, which is encouraging. The intervention appeared to reduce Section 47 (Child Protection) enquiries in Southampton and Lambeth, and reduce Section 17 (Child in need) starts in Stockport. Several issues mean that we must be tentative about these findings, and acknowledge the relatively small scale of this analysis. In some of our tests, for example, there was a 'floor' effect, which meant that room for improvement (and for statistically significant differences to be found between intervention and control schools) was limited. Moreover, we found no evidence of an impact on days in care in either of the two pilots where this analysis was possible. Nonetheless, the balance of our quantitative and qualitative analysis suggests the intervention is worth trialling further, and that scaling up such a trial would help us generate more robust conclusions about its effectiveness.

Discussion

We present a logic model that describes the intervention, with three key pathways:

- **Pathway A:** Enhanced school response to safeguarding issues
- **Pathway B:** Increased collaboration between social worker and school staff, and parents
- **Pathway C:** Improved relationships between social worker and young people

In Pathway A it is important that there is regular communication between the social worker and school staff, and that the social worker's expertise

and contribution is acknowledged and welcomed by the school. The social worker can give advice and support to school staff, which increases their confidence in safeguarding issues, and improves the quality of school referrals. The social worker can also identify common issues in the school and challenge current ways of working. This increases the likelihood that school staff will take a young person's wider circumstances into account, improving the service they receive.

Pathway B may be more relevant for social workers in primary school due to greater interaction with parents in these schools. If the social worker gets to know and understand the family, and parents perceive them as independent of the school, then relationships between the school and parents can be improved. As a result, parents are more likely to feel supported and have confidence in joint support offered by the social worker and the school, and parents have a better awareness and understanding of a referral if one is made.

Pathway C may be more relevant for social workers in secondary school due to the greater opportunities for direct work with young people. Frequent interactions with the social worker enable the young person to trust the social worker and to feel understood and supported. This can lead to improved school attendance and participation , better management of a young person's risks and improved outcomes.

In all three pathways, improved child and family outcomes are theorised to lead to a reduction of the number of children in care.

Conclusions and recommendations

This study aimed to describe and understand how SWIS pilots were implemented and how they might be theorised to improve interagency working, help families and reduce the need for care. We offer the following recommendations:

1. **Test the intervention on a larger scale.** Our evaluation suggests SWIS may have a positive impact on reducing referrals for children thought to be in need and in need of protection from schools to CSC. Alongside this, this way of working has received a broadly positive response from those involved, including school staff, social care staff and children and families. Despite various challenges, some clear benefits of embedding social workers in schools have been highlighted. The intervention has good potential as a way of working and is worth exploring further.
2. **Clarify the focus of the intervention.** For the scale-up we recommend in 1), the nature of the intervention needs some clarification. For future implementers, it should be developed to have a clearer focus, and different approaches could be refined for different groups. Much of the work seemed to be centred around mainstream secondary schools, although there were several examples of creative work in primaries, and examples of more contact with parents in these schools. The work with the SEMH provision in Southampton was also very promising. It is worth exploring what the focus of SWIS should be and how social work input can be most effectively distributed across different types of schools.
3. **Focus on the nature and boundaries of the SWIS role.** The expansive nature of the SWIS role is one of the most informative aspects of the intervention, as workers demonstrated a wide spectrum of activities with professionals and children and families. However, there is a risk that the scope of the role is too wide, and that social workers begin to encroach on the duties of other professionals. Further development around the boundaries of the role and the expectations of workers may therefore be worthwhile.
4. **Work on further integrating social workers into schools.** The potential for a positive impact seemed greatest where social workers were more integrated in the school they worked with. Efforts to promote integration and enable workers to spend large amounts of time in schools will help generate a clearer picture of the intervention.

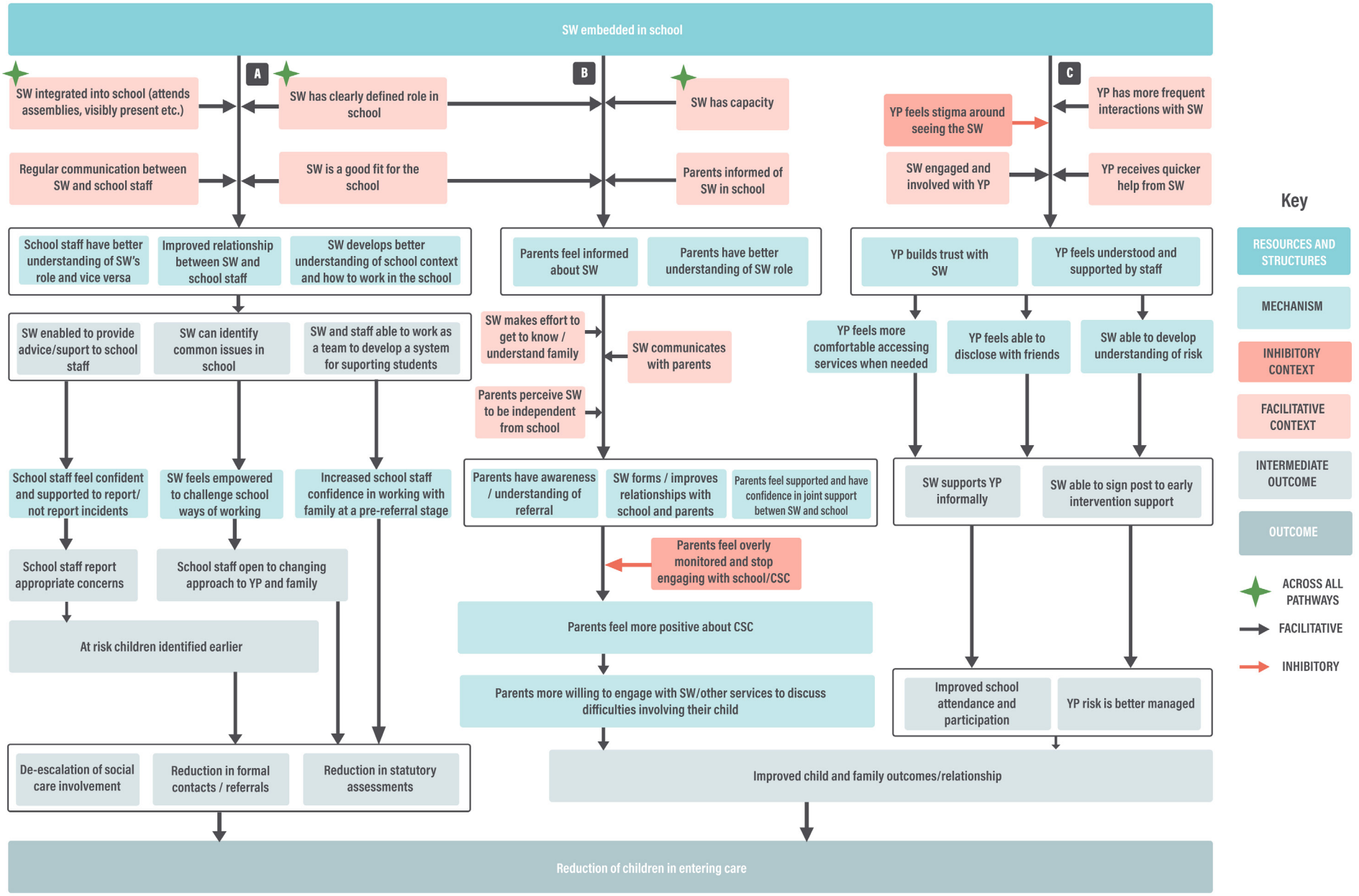

Figure 1: Overarching logic model

What Works *for* Children's Social Care

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

info@whatworks-csc.org.uk
@whatworksCSC
whatworks-csc.org.uk