

## **Hampshire County Council**

# **The Role and Impact of Social Worker-delivered Advice and Consultation for Community-based Professionals Working with Children and Families including 'Social Work Surgeries'**

## **Rapid Research Review**

**July 2015**

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# Hampshire County Council

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### Rapid Research Review

### Report

#### 1 Introduction

The Institute of Public Care (IPC) at Oxford Brookes University has prepared this summary review of evidence for Hampshire County Council. It forms part of their Innovation Fund 'Active Agents for Change' Evaluation.

Hampshire County Council and the Isle of Wight (IOW) were successful in an application to the Department for Education (DfE) for a share of the Innovation Fund in order to undertake a major change programme relating to the way in which social care services for children, young people and families are delivered.

The overall objective for the programme is to create the right conditions and capacity for professionals to work more effectively and cost effectively with vulnerable children and families in order to **get it right first time** and therefore to reduce the demand for more remedial or repeat interventions – in other words, to become 'active agents for change'.

This review has been prepared to help inform the activities of the programme work stream concerned with the provision of 'social work surgeries' and its evaluation. It has also been prepared to support lines of enquiry for the evaluation of this work stream. We note that the scope of the work stream is likely to include:

- Social workers based in accessible community settings
- Providing 'early' advice and consultation to a range of professionals working with children and families

- To support an improved understanding of thresholds and appropriate referrals to social care services; the management of risk; and better access to the full range of community-based or non-statutory options as appropriate

A number of key assumptions and implications are associated with the prospective outputs and outcomes of the 'Social Work Surgeries' work stream and these are summarised within the relevant Theory of Change (Appendix One). In turn, this Theory of Change document has also suggested particular lines of enquiry for the review and critical assessment of available evidence.

The source material for the review was obtained through a literature search comprising five main strands:

1. Thomson Reuters Web of Science and Google searches using appropriate search terms.
2. A search of the following academic journals (using the same search terms as above) for the period 2005-15: British Journal of Social Work; Child & Family Social Work; Journal of Social Work; Research in Social Work Practice; Child Welfare; and Journal of Children's Services.
3. A search for relevant articles within two practice-focused publications: Community Care and Practice (BASW).
4. A search for relevant materials within the SCIE online resource.
5. A review of recent Ofsted Inspections.

The overall picture set out below derives from a mix of academic research-based evidence, government commissioned reviews, and best practice guidance as well as observations from the field.

## 2 Context

*"Uncertainty is a phenomenon that we find hard to live with."*

(Koppenjan & Klijn 2004)

It is widely accepted that professionals and practitioners working with children value the opportunity for consultation with experienced social workers when cases are complex or worrying but do not meet a threshold for children's social care. The Munro report (2011) endorsed this view and recommended that social work expertise should be 'readily available' to other professionals to help identify and prevent maltreatment of children.

Following a series of child death enquiries over recent years, there is evidence that local areas have witnessed greater levels of anxiety with regards to the safeguarding of children both amongst social care practitioners and also amongst other professionals (Wolstenholme et al

2008, Brown 2010, 2015). These include reports from frontline practitioners in Referral and Assessment teams of increasing numbers of referrals not considered to meet the threshold for social care intervention but diverting time and resource away from those who do. Equally, there is concern that agencies may set criteria for eligibility for services at a level that excludes children who nevertheless require help.

Increasing numbers of referrals into social care services can be associated with system capacity problems, i.e. insufficient resource to address them all, and service delivery constraints in that many children do not necessarily receive the right sort of service at the right time (Platt and Turney 2014). Broadhurst et al (2010) also find evidence for patterns of referral involving the progressive appearance of new information and escalating severity before the case eventually finds its way through the front-door.

The development of Early Help Advisor roles including provision for 'Social Work Surgeries' are increasingly familiar features within local systems designed to address both these objectives. How is the role defined? The following elements have been assembled from a number of local authority job descriptions and associated guidance:

- An Early Help Advisor is a social worker who is available to all practitioners to provide case consultation in relation to the early help that they are providing to vulnerable children.
- Any professional at an early help level who has contact with children, young people and their families can have a consultation with an Early Help Advisor.
- Your experience as a social worker, specialist knowledge and understanding of advanced social work theory, legislation and research will be critical to your success in this role.
- To be a source of specialist information and advice regarding accessing early help provision.
- The consultation with the Early Help Advisor will focus on guiding and supporting the practitioner in their professional role to safeguard vulnerable children.
- The Early Help Advisor will support practitioners in their decision making. They will not take on cases themselves or facilitate child protection referrals.
- An Early Help Advisor can, where appropriate, undertake face to face consultations to help to construct chronologies and complete assessments, undertake joint home visits/meetings with families and attend Early Help partnership meetings where progress has become stuck.
- The Early Help Advisor can help practitioners consider a range of assessment tools to help inform or identify needs or generally offer safeguarding support to practitioners.

It is possible to distil from this wide range of elements a number of fundamental or underlying themes which could be said to encompass the role and its essential purpose. These include at least all of the following:

- Support for other professionals to manage complexity and uncertainty including risk.
- The collaboration and coordination of professional effort whether co-located in multidisciplinary teams or operating in more loosely configured networks.
- The ability to recognize and address short-cuts to sense-making where these may be limiting understanding and response to children's circumstances.
- The dissemination of evidence-informed best practice.
- The development and negotiation of a shared language.

The evidence for how these elements play out in practice and their impact on both individual and system behaviours is explored in more detail in the following section.

### **3 Key Findings from Existing Research**

What is known about how social worker expertise can effectively support practitioners working in early help settings particularly with regard to the identification and management of risk?

There is little published research that deals directly with the constitution (e.g. professional access only or a combination of professional and service user access), location (e.g. within a MASH or Early Help Hub) or impact of Early Help Advisor services or indeed whether prospective outcomes for this provision could be obtained in other ways. This is not an exceptional finding and one that resonates with the conclusion by Brown (2010) that there is a dearth of research evidence to support a relationship between innovation and improved outcomes.

The sections below outline a mixture of what is known about the key activities attributed to this type of role, and what has been described as 'good practice' including in particular within the context of recent Ofsted inspections.

#### **3.1 What is known from research about the key activities attributed to this type of role?**

##### **3.1.1 Providing advice and support, including about thresholds**

In an evaluation of the Common Assessment Framework (CAF) trailblazer sites, Boody, Wigfull, and Simon (2007) found that social workers played an

invaluable role in providing support and advice to other professionals in the crucial elements of risk identification. However, this was not sufficient in itself to eliminate differences in perception about what constitutes the need for protection or disagreement regarding the interpretation of risk.

In a review of the 'remodelling pilots' Baginsky et al (2011) found evidence for tensions when an initiative appeared to challenge established practice and that partnerships to secure new ways of working take time to develop. They also noted that, for early intervention to be meaningful with higher risk families, skills were required in managing complex and inter-connected risks. This could require the use of experienced social workers advising others about cases that would not normally cross the social care threshold.

Anderson (2013) in a review of local authority decision-making and early intervention finds some common characteristics in 'authorities making progress' in reviewing structures, systems and processes to support better longer-term outcomes. These include actions to develop a clear understanding of the local system and the 'journey' of children and families through it. This suggests a need for practitioners - perhaps especially, albeit not exclusively, for those in 'gateway' roles - to develop a more systemic rather than structural understanding of their role and contribution to provision.

### 3.1.2 Supporting the management of risk, complexity and anxiety

As mentioned previously, early access to social work expertise tends to be welcomed by other professionals. One of the reasons for this is almost certainly the sense of mitigating risks through the sharing of concerns in the face of what are considerable contra-influences. For example, Stalker (2003) in a review of the literature on risk and uncertainty found evidence for childcare agencies being more defensive than other welfare agencies on the question of risk. Whether this remains the case and in all situations is unclear. Nonetheless, the fear of 'getting it wrong' can be immobilising both for individuals and agencies (Barrett 2003). The Laming Review (2009) following the death of Peter Connelly in 2007 found that anxiety undermines good practice. Anxiety stemming from the pressures on practitioners can have a distorting effect on relationships, judgements and behaviour (Hood 2014).

Vyvey et al (2014) note the impact of a general rhetoric on risk avoidance and that this general tendency creates 'anxious' professionals. It is argued that one consequence of this anxiety sees workers trying to avoid risk rather than utilising reflective skills to maximize their engagement in complex situations. This clearly has implications for social workers offering external consultation who themselves may not feel comfortable in dealing with situations of risk within their own practice. The study also noted the impact of risk avoidant behaviours on the ways consultation is used in different ways in practice. For example, workers may use it 'defensively' i.e. to

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legitimise the ending of their engagement and referral elsewhere as an action to mitigate potential error by the consultee.

In an exploration of what happens to practitioners in the face of ethical dilemmas (difficult situations where often no 'right' answer can be found), McAuliffe and Sudbery (2005) found that these circumstances may leave workers feeling uncertain about decisions, responsible for outcomes, self-doubting of their professional capabilities and reluctant to face the next challenge. The ability to share common experiences, discuss problems and create an environment of trust and support can be a constructive and remedial factor in this event. The authors also emphasise the importance of recognising why, faced with these difficulties, professionals may either fail or be reluctant to seek support through consultation or supervision. Five main reasons were established:

1. Feelings of personal and professional inadequacy
2. Lack of confidence and trust in colleagues
3. Concern about negative consequences
4. Difference of ethical perspectives
5. Sensitivity of ethical issues involving colleagues

In a study on complexity, uncertainty and risk, Hood (2014, p. 33) makes a key observation that these factors are particularly relevant to practitioners occupying 'gateway' positions. *"Complexity for professionals also means having to deal with uncertainty. In that sense, cases labelled as 'high risk' may not be perceived to be as complex as others lower down on the spectrum of need, provided there is a reasonable degree of certainty about the issues and the appropriate response."* This recognises both the scope for misunderstanding and the genuine difficulty of assigning an overall level of severity to a case consisting of multiple problems in that not all of the latter may be acute—it is the interrelationship between them that makes the case complex. It is often in these situations that *"the idea of a tiered intervention as matching an overall category may be misplaced."* These observations are endorsed by Platt and Turney (2014) who argue that the concept of 'thresholds' is too limiting and that in any event threshold decisions are mediated through various 'sense-making' strategies at local level. Similarly, O'Connor and Leonard (2014, p. 1807) argue that *"contextual and negotiated knowledge is drawn on to inform understanding and decision making and the need to maintain relationships with service users and professional networks."*

In looking for practical responses to professional anxiety and uncertainty, Turney and Ruch (2015) explore the connection between the nature and quality of thinking and the emotional content and context of child-care practice. They suggest that more emphasis on cognitive interviewing techniques is likely to be beneficial given the robust evidence that exists for its ability to enhance the quality and quantity of information and the

assessment and interventions that derive from this. They also find that while critical, analytical and reflective thinking is key to best practice, all are difficult to do well and to embed effectively in organisational structures. Different strategies and approaches may be needed to support its development and maintenance at an individual **and** a systemic level. In any event, the provision of high quality supervision to these key roles remains a critical activity.

### 3.1.3 Promoting cooperation and the coordination of early help services

There is now a broad consensus that early identification of need relies in part on the effective coordination of services across the range of children's life experiences. There is also established evidence on factors that might work against early identification of children in need, and which focuses on 'barriers' to coordination and cooperation. These include poor inter-agency communication, lack of trust and the lack of a shared professional value base and language (Wolstenholme et al 2008). Use of language will involve the clarification and negotiation of meaning around for example threshold criteria, when and why these are met or not met.

Other critical activities in supporting the effective operation of professional networks include what Turrini et al (2010) refer to as 'buffering instability' and 'nurturing stability'. These are actions and behaviours that help a network to function and involve the ability to solve or resolve tensions among partners in order to strengthen 'bridges' among the participating organizations. They are likely to include developing shared perceptions and language of the network participants and endorsing the commitment (especially from key stakeholders) to the common purpose of the network. The findings echo the importance attributed by Glenny and Roaf (2008) to the role of a "system minder", someone who maintains and nurtures the network of relationships.

## 3.2 Recent practice identified by Ofsted inspections

In general terms, current Ofsted inspection arrangements and recent Ofsted inspections have placed increased emphasis on the extent to which local authority / partnership preventative services are effective, and the extent to which front door systems are fit for purpose in ensuring families 'get the right service at the right time' whether or not they meet statutory thresholds. There is also an increased focus on vulnerable children more broadly than those who are subject to a child protection plan or in care to include, in particular: those at risk of being missing from school, home and care; and those at risk of sexual exploitation.

The key standards relating to front door arrangements applied by Ofsted from December 2014 onwards are outlined in the table below alongside



examples of 'good' and 'poor' practice identified by the organisation in its recent inspections of local authorities.

Standard	Good and Poor Practice Examples (Ofsted identified)
<p>Thresholds across the spectrum of family support and between early help and statutory child protection work are appropriate, understood by partners and operate effectively and consistently.</p>	<ul style="list-style-type: none"> <li>■ A number of recently inspected authorities have been criticised by Ofsted for failing in this respect, including but not exclusively in relation to the thresholds for social care interventions. Ofsted often makes a direct link between a high number of inappropriate referrals to social care and partners not understanding these thresholds.</li> <li>■ A number of councils have been criticised for <u>partner agencies</u> not applying thresholds consistently for example by making too many inappropriate referrals.</li> <li>■ Conversely, a number of authorities have been praised for having <u>and</u> embedding 'Continuum of Family Support Need' materials in their different forms, clearly explaining the different levels of need and the most appropriate response.</li> <li>■ Ofsted has particularly liked Lincolnshire's 'Early Help Consultants' and 'Early Support Case Coordinators' located at or near the front door who '<i>really understand the thresholds</i>' and can '<i>support people working with children and families to undertake effective CAFs and apply the thresholds in practice</i>'.</li> </ul>
<p>Children, young people and families are offered help when needs and/or concerns are first identified and that is proportionate to risk</p>	<ul style="list-style-type: none"> <li>■ A number of authorities have been praised for having good, well-embedded CAF arrangements.</li> <li>■ Conversely, authorities have been criticised for not having enough or declining numbers of CAF families and Lead Professionals (which seems to have become <u>the key indicator</u> of effective early help services for Ofsted).</li> <li>■ Authorities have also been criticised for not having early help services that are able to support children sufficiently soon to prevent the situation from getting worse. Others are praised for having a good range of well-targeted and coordinated services.</li> </ul>

<p>There is a timely and effective response to social care referrals, including out of normal office hours</p>	<ul style="list-style-type: none"> <li>■ The speed issue is very significant from Ofsted's perspective i.e. the lack of delay in terms of people getting an appropriate response.</li> </ul>
<p>Information sharing between agencies and professionals is timely, specific and effective – and takes account of the need to obtain parental consent for enquiries to be made except where a child is likely to suffer significant harm or further harm.</p>	<ul style="list-style-type: none"> <li>■ Ofsted Inspectors like MASH arrangements and others <u>so long as</u> they actually do facilitate improved information sharing between agencies. They also criticise authorities for being slow to develop 'true' MASH models e.g. St Helens (January 2015) '<i>which has not yet secured the involvement of key partners to improve the quality of information sharing and risk assessment</i>'.</li> <li>■ Local authorities have also been praised for having arrangements that help a '<i>swift and accurate assessment of cases which are appropriate for early help support from partners working in localities</i>' (e.g. Early Help Social Worker located in the Access and Assessment Team).</li> <li>■ Many authorities are also praised for having child sexual exploitation workers located in their MASH.</li> </ul>

Ofsted has endorsed the deployment of **Early Help Consultants or CAF Support Officers or Coordinators** including:

- To provide timely advice and guidance on cases appropriate for early help including CAF (e.g. Kingston upon Hull).
- To gather information on cases considered potentially to need a CAF response (e.g. Halton).
- To understand and be able to explain the different thresholds for preventative responses, helping to keep inappropriate social care referrals down (e.g. Lincolnshire).
- To provide advice and consultation about professional concerns.

**The Early Help Consultants in Lincolnshire** were recently described by Ofsted as '*a significant development.. their work is improving practice and ensuring consistency. It has been particularly welcomed by schools.. supporting lead professionals to ensure that assessments are clear and families understand them. They also give timely advice and support including individual and group supervision. They provide good quality, specialist consultation to professionals with concerns. Time is taken to help the referrer decide how the family can be supported. Feedback is provided consistently and any disagreement about thresholds either resolved via discussion or escalated*'. They are social work qualified.

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## 4 Summary of Key Messages

There is a good deal of whole system, in particular Ofsted, support for social work-delivered advice and consultation for community-based professionals working with children and families. These services and supports are known by a variety of names including: 'early help advisors'; 'CAF Coordinators' or 'Social Work Surgeries'. They have evolved as the offer of particularly targeted and coordinated support for families just below the threshold for statutory intervention has become more embedded and recognised within the continuum of family support need.

However, there is very little known about what in particular 'works' with regard to these kinds of functions and the extent to which a social worker-delivered service trumps that delivered by other professionals, for example those with a more general family support or early help background. It appears that the particular benefit of having a social work-qualified practitioner operating these kinds of services is their ability to advise other community-based professionals about risk and thresholds (in addition to the availability of early help services and systems such as CAF or Team around the Family).

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## Appendix One

### Hampshire and Isle of Wight Theory of Change: Social Work Surgeries

What's the problem? What needs to change?	What do we need to do to effect change?	What will look different by November 2016 if we do these things?	What longer term outcomes will result if we succeed?
<ul style="list-style-type: none"> <li>■ High rate of referrals into children's social care services. Our hypotheses about this include:                             <ul style="list-style-type: none"> <li>■ Lack of understanding of social care thresholds by other people working with children and families (in spite of joint work on a Continuum of Need and Thresholds document)</li> <li>■ Risk averse practitioners working with children and families outside of social care services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Helping colleagues outside of social care to manage interventions with children and families in a safe way / to manage risk</li> <li>■ Building confidence and skills in working in a safe way</li> <li>■ Through (<b>in 2 pilot areas</b>):                             <ul style="list-style-type: none"> <li>■ Mapping patterns in different localities</li> <li>■ Understanding the needs within specific districts</li> <li>■ Supporting the community to understand thresholds</li> <li>■ Providing ongoing consultation and advice to practitioners who are concerned about a child / family</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ People working with children and families in the community feel more able to manage risk safely</li> <li>■ People working with children and families in the community are more knowledgeable about when a referral to children's social care is appropriate</li> </ul>	<ul style="list-style-type: none"> <li>■ Reduction in the number of children inappropriately referred to children's social care (CRT).</li> <li>■ Reduction in the number of contacts (10%), referrals, and assessments (8%)</li> <li>■ Reduction of children in need</li> </ul>