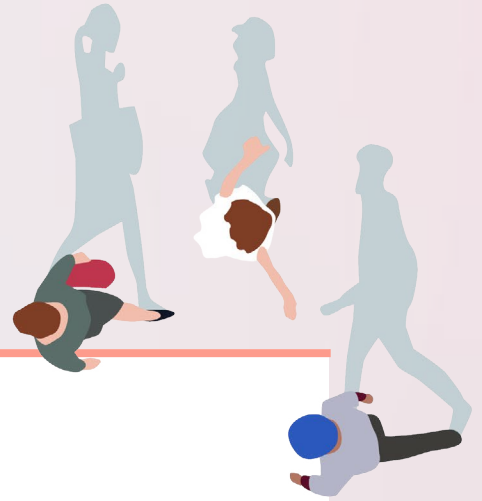




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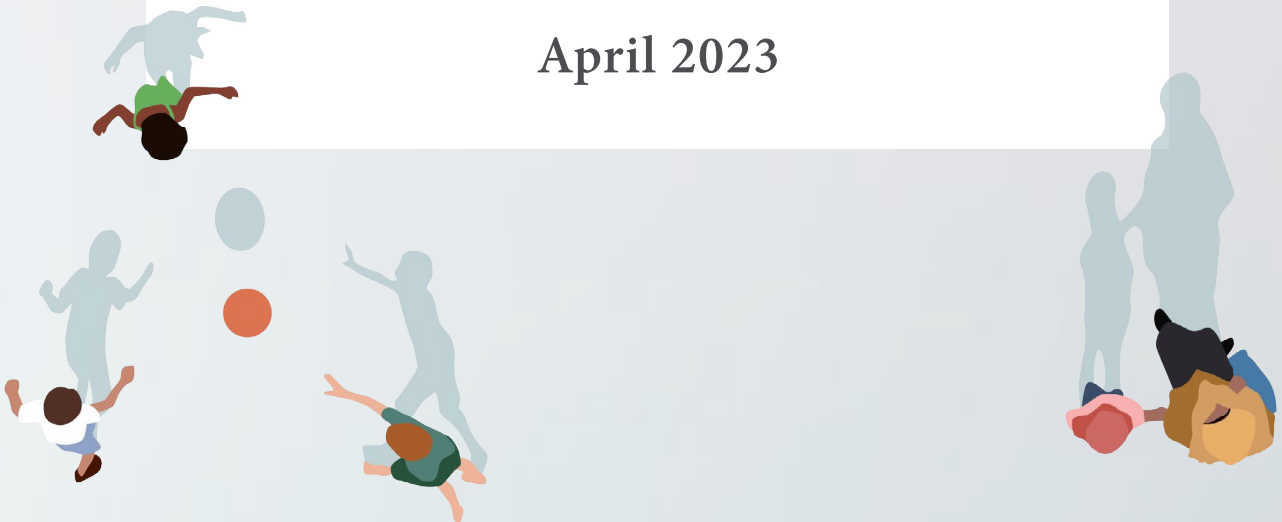


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SOCIAL WORKERS IN SCHOOLS: IMPLICATIONS FOR POLICY AND PRACTICE

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SOCIAL WORKERS IN SCHOOLS: IMPLICATIONS FOR POLICY AND PRACTICE

Embedding Social Workers in Schools (SWIS) does not impact children's social care outcomes: findings from a large-scale impact evaluation and recommendations for policy and practice.

"Social Workers in Schools" (SWIS) is a school-based intervention in which social workers are embedded within schools to undertake statutory social work with children and families, with the aim of safely reducing the need for children to receive children's social care (CSC) services.

Although embedding social workers in schools is not a new concept, there has been limited evaluation of the impact of this type of intervention. For the first time, and through one of the largest randomised controlled trials ever undertaken in children's social care in the UK, we have been able to evaluate the impact that embedding social workers in secondary schools has on CSC outcomes.¹

This evaluation has found that although SWIS is well received by social workers, school staff and students, **it does not have an impact on CSC outcomes, such as reducing the number of children who enter care, and it is not cost-effective.**

Between September 2020 and July 2022, nearly 300 secondary schools, involving around 280,000 students across 21 local authorities in England were involved in the trial of SWIS (including the control group). We undertook research to understand how SWIS was implemented and perceived by those involved, as well as on the impact of SWIS, by comparing CSC and educational outcomes between two groups of schools: one group which received the SWIS intervention and one group which did not. We also researched how SWIS affected how the Designated Safeguarding Lead for schools responded to students who experience domestic abuse.

KEY FINDINGS

- Our large scale Randomised Controlled Trial (RCT) of SWIS found no statistically significant difference in outcomes between schools with SWIS and schools without SWIS. This means that embedding social workers in schools as per the SWIS model does not improve the outcomes measured.
- The RCT found no evidence that the domestic abuse knowledge, attitudes and practice of Designated Safeguarding Leads was better in SWIS schools compared to schools without SWIS.

¹ Rates of s.47 enquiries, s.17 assessments, CSC referrals, number of children entering care, or number of days children spent in care.



- SWIS is not a cost-effective intervention: the average cost per school was almost £100,000 over the course of the trial and there was no improvement on any of the outcomes measured, including the rate of section 47 enquiries.
- SWIS was well received by social workers, school staff and students:
 - Whilst social workers found it challenging to balance the different aspects of the role (statutory social work, lower-level preventative work, and other work such as collaborating with school staff), the non-statutory work was particularly valued.
 - Social workers involved felt the opportunities for informal interactions with pupils, school staff, and parents were important, and allowed social workers to get to know students and their circumstances better.
 - Most of the pupils interviewed who had direct involvement with SWIS reported feeling positively overall about SWIS, feeling they trusted the social worker and that the social worker understood them better than any other school staff.
 - In addition, most Designated Safeguarding Leads within SWIS schools reported feeling that having a social worker in their school improved their confidence, knowledge and ability in identifying and dealing with domestic abuse safeguarding issues.
- Findings on the impact of SWIS on educational attainment, attendance and number of days children spend in care are due to be published next year.

Randomised control trials.

RCTs are an evaluation method where people are randomly assigned to programmes or service-as-usual. Done well, RCTs are more able than other kinds of evaluation to say whether programmes, rather than other factors, are the cause of outcomes. This means we can be more confident about whether an intervention is making a difference for children and families.

Children's social care outcomes:

The specific CSC outcomes measured and compared in this evaluation were:

- Rates of section 47 enquiries (enquiries carried out to assess whether and what action is needed to safeguard a child who may be suffering, or likely to suffer significant harm)
- Rates of section 17 assessments (assessments to identify the needs of a child and the most appropriate support for the family in safeguarding them)
- Rates of referrals to children's social care
- Rates of children entering care
- Number of days children spent in care



Key messages for policy and practice

- **The SWIS model tested in this trial should not be continued or further rolled out by the Department for Education or local schools:** The evaluation found no improvements in the outcomes measured including no reduction in the rate of section 47 enquiries.
- **This study highlights that there is sometimes a difference between the views held by those involved in an intervention and the findings of impact evaluations.** SWIS was well-received by professionals and families, but did not result in an impact on CSC outcomes. This study illustrates that it is important not to base decisions on process evaluations alone.
- **SWIS may have wider benefits that weren't measured; however, we do not recommend further evaluation of SWIS:** It is possible that SWIS had a beneficial impact on non-CSC outcomes, but these were not measured in this evaluation because they were not the outcomes that SWIS was designed to improve. Establishing whether SWIS has other benefits would require further evaluation to measure those outcomes, in our view, this would not present a good use of public money.
- **Understanding the impact of school-based support on outcomes upstream of CSC is likely to be best achieved by testing interventions specifically designed to improve these earlier outcomes.** SWIS was not designed to impact outcomes upstream of involvement with CSC, such as child wellbeing, or child practitioner relationships. Improving these outcomes might be better achieved by testing interventions that have been specifically designed to improve these outcomes.
- **For interventions to show effects it is important they deliver measurable difference to business as usual; it is not clear that the SWIS model represented a significant change in terms of how decisions were made.** Decisions about how children and families progressed through the CSC system were not delegated to social workers in schools but made within existing local systems.
- **Reducing the need for child protection and care may be an outcome that is most likely to be achieved by tackling the known drivers of child abuse and neglect.** As the evaluators point out, interventions which are designed to tackle the broader societal determinants of disadvantage such as families' financial stress may offer more promise in term of improving CSC outcomes.
- **It is important to test interventions for impact before they are rolled-out at scale:** The findings from this evaluation found no impact on the measured outcomes, and the intervention did not provide value for money. This demonstrates the importance of understanding whether activities have the intended impact before significant investments are made.



What is SWIS and how did we evaluate it?

Schools play a crucial role in child safeguarding and are one of the highest referring agencies to children's social care (CSC). Given longstanding policy interest in identifying interventions that can safely reduce the need for children to receive CSC services, interventions which provide opportunities for professionals to engage with children and identify any risks to their safety within the school setting have been seen as offering potential.

"Social Workers in Schools" (SWIS) is a school-based intervention in which social workers are embedded within schools to undertake statutory social work with children and families.² The intervention aims to bring social workers closer to children and their families through more regular face-to-face contact. Embedding social workers in schools was intended to improve the primary outcomes through increasing trust and improving relationships between professionals and families, creating greater opportunities for preventative work and for children at risk to be identified and supported at an earlier stage, resulting in fewer inappropriate referrals to CSC.

Pilots of SWIS in three local authorities in the 2018/19 academic year suggested that SWIS was promising, in relation to reducing the need for child protection and child in need services. The Department for Education (DfE) commissioned a scale up of SWIS to 291 secondary schools (with some refinements based on feedback from the pilots).

WWEICSC worked with CASCADE at Cardiff University to evaluate the impact of SWIS when implemented at scale in mainstream secondary schools. We carried out a large-scale RCT of SWIS which compared CSC and educational outcomes between a group of schools which received the SWIS intervention and a group of schools which did not. The evaluation is one of the largest RCTs ever undertaken in children's social care in the UK, involving around 280,000 students across 291 schools based in 21 local authorities in England.

The evaluation measured the impact of SWIS on CSC outcomes (including section 47 enquiries³ and rates of section 17 assessments⁴) because they are important indicators of levels of risk and harm to children and were the outcomes SWIS was designed to improve. Social worker and school staff also highlighted the potential of SWIS to deliver wider benefits such as improved multi agency working or improving opportunities for early help, however these were not measured in the evaluation. In addition, we also evaluated whether SWIS improved the school's Designated Safeguarding Lead's confidence, knowledge and ability in identifying and dealing with domestic abuse safeguarding issues as well as whether SWIS impacted on educational outcomes and number of days children spend in care (these results will be available in 2024).

- 2 Social workers who are part of SWIS were physically located in schools and had an allocated caseload of children who have been referred to CSC and met the local authority's threshold for a service (ranging from those who are children in need to those who are children looked after). Whilst the main focus of SWIS was statutory work, there may have been aspects of the role that could be described as preventative, such as advising staff and families when they have concerns that they would like to discuss, however SWIS did not include Early Intervention work which continued to be provided as a separate service.
- 3 Enquiries carried out to assess whether and what action is needed to safeguard a child who may be suffering, or likely to suffer significant harm
- 4 Assessments to identify the needs of a child and the most appropriate support for the family in safeguarding them



As well as measuring the impact of SWIS, the evaluation assessed the implementation and experiences of SWIS through surveys for social workers, school staff and students, and interviews with social workers and local authority team managers. The cost-effectiveness and cost-consequences of SWIS were also evaluated.

What do the findings mean?

Based on this evidence, we can conclude that SWIS does not have an impact on the CSC outcomes measured and we therefore recommend that SWIS is not continued or scaled-up further. We also found that SWIS did not have an impact on the Designated Safeguarding Lead's confidence, knowledge and ability in identifying and dealing with domestic abuse safeguarding issues.

We cannot know for certain why SWIS did not impact CSC outcomes from this study. The evaluators point out that reducing the need for child protection and care is most likely to be achieved by interventions which are designed to tackle the known drivers of child abuse and neglect (such as financial stress and poverty).

It is worth considering how likely it is that the SWIS intervention did in fact represent a significant change in terms of how decisions were made about the need for CSC. For evaluations to show measurable impact, an intervention should be different to business as usual. In the case of SWIS, whilst relationships were developed between school, family and social worker, and direct work was undertaken, key decisions about how children and families progressed through the system (for example the need for section 47 enquiries) were not delegated to the social workers in schools. These continued to happen via the usual local front door, assessment and decision-making processes such as Multi-Agency Safeguarding Hubs. This raises questions about how far the SWIS model did in fact represent a significantly different way of working to standard practice in the participating local authorities.

It is also important to remember that whilst we found that SWIS has no impact on CSC outcomes, this does not necessarily mean that it had no benefit. It is possible SWIS may impact other outcomes, as a result of improving relationships between families and professionals and improving opportunities for early help (all areas highlighted in the qualitative evidence with professionals and young people). However, we cannot draw conclusions about whether SWIS does or does not affect these wider outcomes, as these were not included in the impact evaluation. Establishing whether SWIS can affect wider outcomes would require further evaluation of SWIS. We do not, however, recommend this or view it as a good use of public money. We would argue that generating evidence on how school-based support can improve earlier outcomes, such as child wellbeing, is best achieved by testing interventions specifically designed to improve these outcomes.



Conclusion

We recognise that these findings will be disappointing for many, given the extent to which professionals and families valued SWIS. It is important to remember that these findings are not a comment on the value of non-statutory school-based family support: the SWIS model was focused primarily on statutory intervention.

As noted above, SWIS and particularly the non-statutory work were well received by social workers, school staff, and students in this study. They clearly felt the need for additional support below the statutory threshold to address unmet need in schools and so a valuable next step could be to evaluate models of delivering school-based family support which are supported by a strong theory of change. This could provide important learning to support work to develop effective services locally as well as inform current government priorities such as the Family Hubs and Supporting Families Programme and the implementation of recommendations from the Independent Review of Children's Social Care.

We welcome DfE's intentions to test new ways of working as they take forward the commitments in their recently published CSC Strategy "Stable Homes, Built on Love". The focus of policy must be on improving outcomes for children, and these findings highlight the value of early testing before activities are implemented at scale. If policies were based on solely the preferences of families and/or professionals, then this is an example of where a programme might have been rolled out at huge cost with no impact on outcomes for children.



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