



What Works for
**Children's
Social Care**

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

May 2020





What Works for Children's Social Care

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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

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CONTENTS

EXECUTIVE SUMMARY	4	FINDINGS	17
Introduction	4	Key findings	18
Methodology	4	Section 2: Towards a theory of social workers in schools	21
Key Findings	5		
Discussion	5	DISCUSSION	24
Conclusions and recommendations	6	Strengths and limitations of the evaluation	24
PART ONE: OVERARCHING REPORT	9		
		CONCLUSIONS AND RECOMMENDATIONS	26
INTRODUCTION	10		
Background and rationale	10	REFERENCES	27
Summary of interim findings	12		
Structure of this report	13		
METHODS	14		
Research questions	14		
Research design	14		
Methods	14		
Analysis	15		
Section 1: Key messages from the three pilots	17		



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.



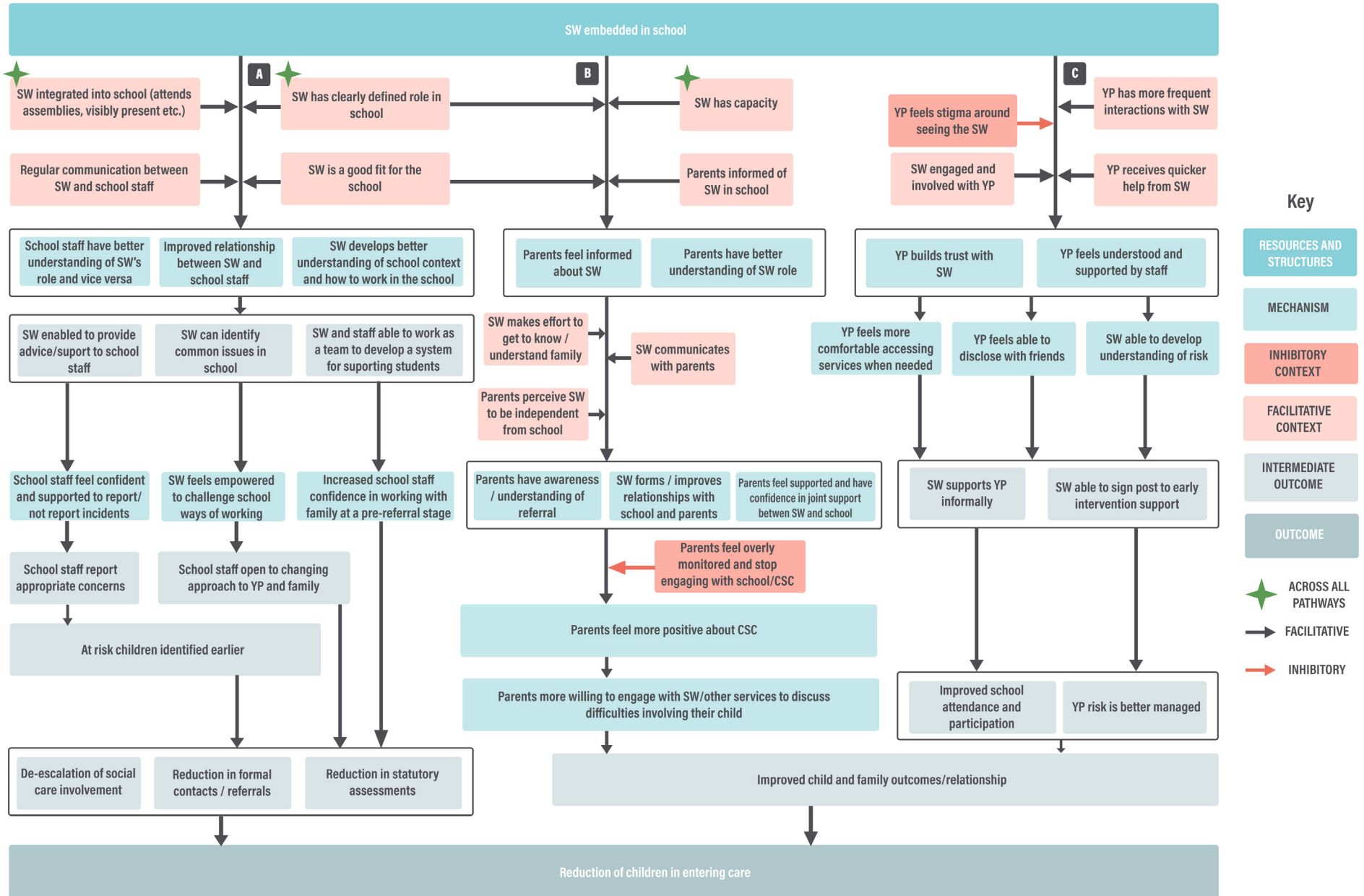


Figure 1: Overarching logic model



SOCIAL WORKERS IN SCHOOLS: AN EVALUATION OF PILOTS IN THREE LOCAL AUTHORITIES IN ENGLAND / MAY 2020

PART ONE

Overarching report



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. In their pastoral capacity, teachers and other school staff regularly deal with safeguarding issues and raise concerns with Children's Social Care (CSC). Schools are among the major sources of referrals to CSC, contributing the second highest proportion (18%) of all referrals in 2018/19, behind the police (29%) (Department for Education, 2019). That being so, 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 heterogeneity of schools and the complex interface between them and social care underlines the need to find solutions that work locally.

In recent years two forces have created a renewed drive to make progress. The first is a significant increase in numbers of children receiving interventions from social workers and being removed from their birth families into care (DfE, 2019, Biehal et al., 2014), and the second is the wide-ranging reform of the English school system (Blair et al., 2000; Morries et al., 2001). This was characterised over the last decade by sweeping changes to the structure, management and governance of schools (Thomas et al., 2004; Gunter et al., 2005). As we enter the 2020's the ongoing nature of these changes, and the upward trajectory of care numbers, make it ever more important to find better ways to improve how schools and CSC work together. In this report we explore how embedding social workers within schools might offer a way of achieving this.

This is the final report from the "Social workers in schools" (SWIS) pilot evaluations, which were commissioned by What Works for Children's Social Care. It brings together findings from three evaluations of pilot programmes being implemented in three different areas of England. The aim was to embed social workers within schools 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.

Background and rationale

The current study builds on other work which has explored the potential for placing social workers in schools. The idea of placing social workers in schools is often suggested and has been tried in some places. There are pockets of innovative practice across the UK where social workers are working closely with schools in ways that are similar to those used in these pilots. During the time we have worked on the evaluation, several practitioners have approached us in local authorities, at meetings and conferences to say that they used to work as a school social worker, are currently doing social work in a school setting, or know another practitioner who has or is doing something similar. One social worker told us that they worked for several years as a school based



social worker, employed directly by the school they worked in.

Yet there is relatively little UK research on the topic. Bagley and Pritchard (1998), evaluated a 3-year programme where social workers were placed in a primary school in a socio-economically deprived area. This had some positive impacts including a statistically significant decrease in truancy, bullying and exclusions. The authors also suggested that this could lead to a reduction in rates of children entering care.

An unpublished study Wigfall and colleagues (2008) also offers some valuable insights into this way of working. It evaluated a 6-month pilot which placed a social worker in each of four schools (three primary schools and one secondary school) for six months. Its findings have a great deal of relevance to the current study. The finding that the social workers were generally well received by the schools is encouraging, and while schools' experiences varied there was consensus that the posts should be continued beyond the pilot. Wigfall and colleagues (2008) also highlight the need to account for practical and cultural aspects of implementation, and to consider the complexities of bringing the two agencies closer together.

Other studies have focussed on the experiences of student social workers placed in schools. These suggest it can be difficult to integrate into a school as a student social worker (Hafford-Letchfield and Spatcher, 2007) but such placements can aid social workers' understanding of the education system (Gregson and Fielding, 2008) and increase opportunities for direct work with children and families (Parker, Hillison and Wilson, 2003).

More recently, Sharley's (2018) doctoral research examined the role schools play in addressing neglect in Wales, and as part of this she explored the nature of the relationship between schools and CSC, and the experiences of education colleagues. One of the key contributions of this work is in demonstrating differences between agency responses, and the factors that shape these differences. For example, different

approaches to safeguarding, the learning and training environment created for staff to develop expertise, professional confidence in identifying and reporting concerns, and the schools' relationships with families. Sharley concluded that the creation of a 'school social worker' role might improve the interface between schools and CSC. She argues such a role could enhance multi-agency cooperation; preventative work; and facilitate training around decision-making, neglect, and the promotion of children's well-being in school. The current study can therefore be viewed as an attempt to build on this work and expand the research evidence we have on the topic.

Commissioning and design of the pilot projects

Local authorities were selected via a competitive tender process managed by CASCADE at Cardiff University, the research partner for WWCS. A strong field of 30 applications were received for consideration in November 2018, and Lambeth, Southampton and Stockport were chosen. Meetings between project leads, evaluators and funders took place between December 2018 and March 2019 to develop and refine the plans, and projects launched in April 2019.

Being an intervention led by CSC, each pilot was designed by a leadership team based in Children's Services department of the local authority. However, education colleagues – primarily head teachers and their deputies from partner schools – were involved from an early stage (from when the bid was being prepared in many cases).

Brief summary of each pilot (January 2019 - March 2020)

Further details for each project can be found in the respective protocol and interim report (Westlake et al, 2019; Corliss et al, 2019; Silverwood et al, 2019). In summary:

1. **Lambeth** is an inner London borough which is in the South of the capital. It is the fifth most densely populated authority in England and Wales with a population of approximately 326,000. In this pilot Lambeth embedded a



team of five social workers in five secondary and three primary schools. Their aim was to work closely with the Designated Safeguarding Lead (DSL) and pastoral staff in each school, undertaking the full range of statutory work, as well as offering support on safeguarding issues and concerns to teachers, parents and pupils. They intended to deliver training and support for the schools and provide additional services for vulnerable children and young people where needed.

2. **Southampton** is a major port city in Hampshire, on the South coast of England. It is a unitary authority with a population of just over 250,000. The pilot placed social workers in the Secondary 1 cluster of schools, which is in the central and north parts of the city, and the Secondary 2 cluster, to the west of the city. Within this group is a trio of Specialist Educational and Mental Health (SEMH) schools. Both clusters have historically high levels of social care need. The pilot aimed to reduce the number of referrals coming from schools by having social workers physically

present in the schools and working with the DSL at each school.

3. **Stockport** is a large town in Greater Manchester. It is situated about 7 miles from Manchester city centre and has a population of around 290,000. The pilot placed social workers in a cluster of schools in the East of the borough. The cluster has been using a Team Around the School (TAS) model since September 2016, which places early help practitioners alongside school nurses, teachers, and other school professionals. In this pilot Stockport have placed social workers within the TAS model to enhance it. The pilot aimed to reduce the number of referrals coming from schools by working with the DSL and other staff at each school. In addition, due to their location within the school they aimed to improve working relationships with the senior management team, teachers, parents and pupils, offering them support on safeguarding issues and concerns.

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

Summary of interim findings

In August 2019 we published three interim reports which focussed on the initial launch of the projects (Westlake et al, 2019; Corliss et al, 2019; Silverwood et al, 2019). In Lambeth, social workers were embedded in five secondary schools and three primary feeder schools and in Southampton they were based in three school clusters, which included two mainstream

schools and three specialist provision schools. In Stockport social workers were placed into two secondary and eight primary schools. There were positive signs that the pilots were starting to become established and that aspects of this way of working had the potential to improve interagency working and safeguarding within schools. Nevertheless, there were challenges in setting up such an approach in all three authorities,



and Southampton had experienced particular difficulties in transitioning to the SWIS model. All pilots experienced some initial problems related to caseloads, as some embedded social workers worked to reduce their existing caseloads while simultaneously working within schools. There were also practical challenges, around providing social workers spaces to work and access to IT systems. As this was a new way of working it took time for both social workers and school staff to adapt to a model which met the needs of both social care and education.

Structure of this report

The aim of this report is to draw together key findings across all three pilots and present an overarching programme theory for social workers in schools. We distil the key messages across the pilots and what we have learnt about implementation. This is designed to inform decisions about rolling out further projects based around social workers in schools. Further detail about what happened in each individual pilot can be found in Part 2 of this report, where we focus on the journey of each local authority in turn.





METHODS

Research questions

We aimed to understand how and why the project was implemented as it was and gather indicative evidence about the outcomes it may lead to. We were also interested in barriers and facilitators of implementation. Specific research questions fall into three areas:

- 1. Feasibility:** can the intervention be delivered practically and are there systems and processes to enable the intervention to be easily scaled?
 - How is the intervention implemented?
 - What types of work are undertaken by social workers, how is this similar or different from the work they do anyway?
 - What are the characteristics of the families involved?
 - What training and support is provided for social workers?
 - How acceptable is the intervention to parents/ carers, children and young people, professionals?
 - What are the barriers and facilitators for delivery?
- 2. Promise:** what evidence is there that the intervention can have a positive impact on outcomes?
 - What potential benefits do stakeholders (e.g. social workers, children, and families) identify?
 - Do there appear to be any unintended consequences or negative effects?
- 3. Scalability:** To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?
 - Are there quantitative indications that the pilots effect the outcomes they set out to target?
 - What other evidence is there that they are having a positive impact?
 - Is there a clear description of the service that would allow it to be implemented and evaluated in other places?

Research design

The evaluation had three phases. The first two phases, Initial theory development [January - February 2019] and Implementation [April - June 2019], were detailed in the interim reports. They focussed on how the pilots were designed and implemented in their early stages. The third phase [November 2019 - January 2020] is the focus of this report. This explores the ongoing implementation of the pilots as they became more established and identifies indications of the impact they might be having.

Methods

Between December 2019 and January 2020, we undertook a series of interviews with social care practitioners and managers, interviews with school staff and senior managers, young people and parents, focus groups with professionals, and observations of practice. Further details of how these activities took place in each local authority can be found in Part 2 of this report. A key output of this phase is the updated logic model (p. 22), which brings together what we have learnt about how the interventions works. The logic model was refined through meetings involving the research



team, where we worked through our thematic analysis and deliberated how the findings could feed into the theory contained in the model.

Summary of data collection in Phase 3

Table 2: Data collected in Phase 3

DATA COLLECTION TYPE	LAMBETH	SOUTHAMPTON	STOCKPORT	TOTAL
Interviews with managers	2	4	6	12
Interviews with social workers	5	7	5	17
Interviews with designated safeguarding lead/ assistant designated safeguarding lead	6	-	1	7
Interviews with other school staff (including headteachers and senior managers)	7	2	3	12
Interviews with local authority staff	8	-	-	8
Interviews with Children/Young People	3	-	1	4
Observations of social work practice	10	1	3	14
Observations of meetings or panels	3	3	4	10
Administrative data for matching, re Autumn terms 2016 - 18 (n = schools)	86	75	107	268
Administrative records from schools, re Autumn term 2019 (n = schools)	17	9	27	53
Activity logs (individual events recorded)	842	132	481	1455

Analysis

We analysed interviews, focus groups and observations using a qualitative thematic approach. Transcripts were coded by researchers using NVivo 12 to explore key themes that could be identified. The framework was then shared with the lead author and the research team, and the analysis was discussed and refined with their input. Overarching themes were brought together by the lead author and, in a final stage of analysis, these were discussed and agreed by the whole research team. The discussion incorporated our learning from wider data collection activities,

including observations and other informal discussions. Activity logs were categorised in various ways based on an inductive approach.

For our impact analysis, we compared what happened in schools with social workers compared to schools without social workers in relation to Section 17 referrals, Section 47 enquiries and children spending time in care. We used statistical tests to match schools together based on existing similarities in relation to historical trends for these outcomes for the autumn term periods over years prior to the pilot, and then measured whether and how they



differed once the pilot started. To estimate the impact of social workers in schools, we used a difference-in-differences model with cluster-robust standard errors by school. More detail on the way this analysis was undertaken can be found in Part 2 of this report where we describe the analysis done for each pilot. This details the nature of our statistical analysis, including the data we used, what assumptions we made, and what the main limitations are.

To calculate how much the intervention cost to set up and deliver, we collected information on the financial claims reported by each of the local authorities over the study period. From these, we extracted data on the staff costs directly involved in the intervention and the costs incurred in the setup and implementation of the project. Staff costs included the costs of team managers and the social workers implementing the intervention.





FINDINGS

Our findings are presented in two sections. The first section summarises key findings from each local authority pilot, more details on which can be found in Part 2 of this report. The second section draws these findings together into a logic model that attempts to describe the core features of social workers in schools. This is an important part of developing a coherent profile for the intervention and will be informative for commissioners looking to trial it further. Alongside this, there are considerations for implementation which will aid organisations who are interested in delivering such a service elsewhere.

Section 1: Key messages from the three pilots

Summary of what happened in Lambeth

Lambeth embedded social workers within five secondary and three primary schools, and although some changes in the team meant schools had more than one link social worker, they have made progress in building good working relationships within the schools. Social workers have worked closely with DSL's and other school staff, providing advice around safeguarding concerns and reducing professional anxieties. They have also done a wide range of direct work with pupils across the schools, not just those known to CSC. Their input included one-to-one advice and support, as well as group work, along with their statutory duties.

The comparative analysis, which included schools involved in the pilot and a set of matched schools, showed a promising impact on the numbers of Section 47 enquiries, which were significantly lower in pilot schools. We found no impact on Section 17 starts, and we were unable to compare care outcomes due to issues of data availability. However, this is a tentative finding because across the data set an unexpectedly low rate of events meant that regression coefficients

were imprecisely estimated. As we found in all three pilots, those involved felt the approach had great potential and our qualitative findings therefore suggest the intervention should be explored further.

Summary of what happened in Southampton

Southampton re-launched the pilot in the summer of 2019, after they had encountered initial difficulties in implementing their plans. This seems to have been a success, and since then the SWIS team have maintained a presence in all the schools involved. This varied in format, from a more embedded model whereby social workers were based within schools and worked closely with the DSL and other school staff, to a more remote approach where scheduled twice-weekly drop in sessions were held by workers. Social workers undertook a range of work, including giving advice and support to staff and students, helping students maintain attendance, doing activities with young people and undertaking statutory work.

Qualitative analysis consistently indicated that for both education and social care staff, the pilot was a promising way of working. This was supported by our quantitative comparisons, which suggested the pilot has some potential in terms of reducing Section 47 enquiries, which decreased in rate by



35%. There was no statistically significant impact on Section 17 starts or the number of days children spend in care, but there was a non-significant increase in the number of Section 17 starts (of 24%). This may indicate that social workers were becoming concerned about children not currently involved in CSC as a result of being in schools and working with children who are not currently known to CSC.

Summary of what happened in Stockport

Stockport also took a flexible approach to working with schools, and the SWIS team was embedded within the school cluster. Social workers were centrally located in a large secondary school, which they used as a base for visits to the schools they are allocated to. They also had access to desks and office space in other schools. The amount of time spent in the other schools depended on the size of the school, the levels of need identified and the type of involvement they require.

The perspectives of social care and school staff suggest that a lot of good work was being done as part of the pilot, and that the addition of a social worker to the existing TAS model helped improve the service. Social workers appeared to have more time to do direct work, were more accessible for young people to talk to in school, and developed a better understanding of the ways the schools work. In contrast to the other pilots, we found no evidence of a reduction in Section 47 enquiries in Stockport, but instead we identified a significant reduction in Section 17 starts. This may reflect the contribution social workers made within schools to intervene informally and help prevent the escalation of concerns.

Key findings

1. Degrees of integration: different approaches to working with schools

Each pilot had its own unique features, but in some respects, they set out with similar aspirations. They all aimed to embed social workers within schools – physically locating them inside the

school building with the expectation that this would be their base for much of the working week. Yet, in practice, how far this materialised varied between schools in all three authorities.

There were examples where what happened on the ground measured up well to this vision of the pilot; where social workers became, as one manager put it, “part of the furniture” of the school. They occupied office space in the schools, either dedicated spaces or shared with school pastoral and safeguarding staff. In Lambeth, workers had office bases in several schools and moved around the schools freely, enabling them to be visible and accessible to staff and students during breaks and between lessons. In Southampton, two workers were embedded in one of the secondary schools, where they had their own office in the heart of the school, a short distance down the corridor from the DSL’s office. In contrast, in Stockport, the whole SWIS team were based in a small but well-located office in one of the secondary schools, for where they were accessible to staff and students.

However, there are also examples in each pilot where it looked very different. In many schools, social workers remained visitors, though often they could come and go as they needed and schools welcomed them. Some schools lacked the physical space to accommodate workers more fully, and some were deemed to need less input than other schools which were larger or had greater social care need. Some schools were more reluctant to adopt an embedded model and opted instead for scheduled drop-in sessions or ad hoc input that fitted better with their routines and ways of working.

Even when workers were embedded, the extent to which they were integrated into school varied. Some were absorbed into the school’s pastoral team, with constant contact with staff and students and portrait images of them featuring on safeguarding posters. Others were more isolated, in back offices where their computers did not work. Considering all the iterations of the model, it seemed to work most effectively when workers spent more time located within the schools, and where they appeared to be more



integrated in other ways. While it is clear that some of the schools involved would prefer a more remote service from the social workers, the most compelling evidence of promise emerged from where workers were fully embedded.

2. Types of activities and scope of the role

The role and remit of social workers in the pilots was expansive. They undertook a wide range of activities and types of work – from statutory work dealing with serious safeguarding concerns where children were taken into care, to preventative activities with a wide range of children, many of whom were not involved with CSC.

They clearly adapted to the school setting and provided a service that was, in most part, positively received. Some of the most promising examples were clearly enabled by their position within schools; such as informal discussions with students about issues that concerned them, or things that were happening that they wanted to know more about. One example of this was a child who wanted to know more about the private law proceedings their parents were engaged in; another is where a young person was given support around the process involved in disclosing sexual abuse. Being on hand was also described as a benefit by education staff, as social workers could respond to a crisis by supporting them immediately and in person, rather than via email or phone contact.

There were some examples where workers were doing tasks that might otherwise be done by other professionals, such as education welfare officers or school attendance workers. While this was noted as a positive, and there may be advantages to a social worker collecting a child from home and taking them into school, there is a risk that the SWIS role becomes unmanageably broad and merges into that of other agencies. Similarly, workers provided some informal and formal services at a more universal level, such as one-to-one advice to children who were not known to CSC, and group work sessions open to all children in a school.

3. Challenging cultural and organisational differences

Differences between organisational cultures and approaches to safeguarding issues are central to the literature on inter-agency working, but often the challenges are discussed in general terms (Darlington, Feeney and Rixton, 2005). This can obscure the specific issues and make them more difficult to address. The experiences of Lambeth, Southampton and Stockport make the challenges more transparent.

For example, the pilots all illustrated differences between how schools and social care interpret issues such as lateness and behavioural problems. Often, schools would take what social workers felt was an inflexible approach to these matters, whereas the social care approach was more curious about why children were late, or what was going on at home to cause them to misbehave. Similarly, when children arrived wearing attire that deviated from the school uniform, social workers felt they were more likely to consider issues of neglect.

The differences between the working patterns of the two agencies, and how this influences their collaboration, also became clearer. Social workers developed a better understanding of how the regimented timetabling of school days leaves school staff small pockets of time to attend to safeguarding issues. Likewise, school staff seemed to have a better grasp of the unpredictable and crisis led nature of social work, and how this shapes their whereabouts and routine.

4. The impact of SWIS on social care outcomes

We found some evidence of a positive impact on the key outcomes we studied in each pilot, which is encouraging and suggests the approach is worth exploring further. Interestingly, we found a reduction in Section 47 enquiries in two of the pilots (Lambeth and Southampton), but no evidence of an effect on numbers of days children spent in care in the two pilots (Stockport and Southampton) where we examined this. In Southampton and Lambeth there was significantly fewer Section 47



enquiries in the schools that were doing SWIS. However, interpreting the data from Lambeth is difficult because the regression coefficients were imprecisely estimated because of limited sample size and low incidence rates. Although this suggests a significant and substantial benefit of the pilot, it should be replicated at a larger scale before we can draw firm conclusions. Findings in relation to Section 17 starts were also mixed. In Stockport there was a significantly lower rate of Section 17 starts in intervention schools. Conversely, Southampton exhibited an increase in Section 17 starts among intervention schools, though this was not statistically significant.

Our qualitative impressions can aid the interpretation of the effects that we have identified on Section 17 and Section 47 starts, though further work is needed to draw more reliable conclusions. Certainly, social workers within the schools seemed to have a better understanding of the issues children faced through being immersed within the school and in regular informal contact with staff and students. This may help them reduce the risks to children directly, and consequently the need for Section 47 work, as well as offering reassurance to school staff who may otherwise refer to CSC. It is also logical – and supported by what social workers told us – that some families, who were not on the CSC radar, will enter the system through Section 17 because of the social worker’s presence in the school. The worker may become concerned about such children, or endorse the existing concerns of school staff who were – until that point – hesitant about making a referral.

Using the autumn term as our frame of analysis maximised the time for a measurable impact to emerge, but there is no doubt that a longer follow up period would give us a better picture of the potential impact of SWIS. Being a short period, our analysis is limited by low incidence rates for some of our outcome variables. In addition, the relatively short timescale between implementation and impact measurement limits what magnitude of change in these variables that we can expect. It is perhaps unsurprising, given these constraints, that we found no evidence that the pilots had an impact on days in care. It may be more likely that a change to how social workers work with schools would, relatively soon after it is established, have more of an impact at the earlier stages of their involvement than it would on care outcomes.

5. The costs of setting up and implementing SWIS

The cost of having social workers based in schools ranged from £84,387 to £155,274 over the autumn term, the majority of which was staffing costs. Lambeth did not report any ancillary costs in their financial claims. Southampton purchased six phones, six laptops and carried out a refurbishment of a room at one of the schools where social workers were based. For Stockport, ancillary costs were made up of setting up a base for the social workers and training.

Table 3: Total costs of Social works in schools over an Autumn term

Resource inputs	Total cost (£,2019)		
	Lambeth	Southampton	Stockport
Staffing: Team manager and social workers ¹	£100,681	£83,788	£154,091.42
Ancillary costs ²	£0	£599.91	£1,182.88
Total	£100,681	£84,387.91	£155,274.30

- 1 The currency used in this estimation was pound sterling (£), with 2019 as the reference financial year. No discounting was applied to staffing costs as all costs occurred within the study period, which did not exceed one year.
- 2 We annuitized all ancillary costs based on the replacement cost and the useful life of the item. A 4-year life span was assumed and a discount rate of 3.5% was applied to estimate the annuitization factor and thus the value of ancillary costs over the Autumn term. We estimated the cost of the intervention over the four-month Autumn period (September to December).



Section 2: Towards a theory of social workers in schools

Overarching logic model

We have synthesised insights from each pilot to develop a theory of social workers in schools. This details how social workers in schools might work to safely reduce the number of children in care, mapping the key features of the intervention and setting out the way it might be theorised to operate. It is intended to serve as a basis for further theoretical and empirical development.

We propose three main pathways through which SWIS may work to reduce the number of children in care:

- **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

Assumptions

In each pilot authority the schools involved were chosen because of their levels of social care need. Variations in levels of need within a school reflect variations in the communities they serve, and the scale of the theorised impact is likely to be greater in schools with highest social care need. However, aspects of the logic model are also based on other assumptions. For example, that there are practices within schools, including some in the pilots, that social workers feel are detrimental to vulnerable children. The use of internal exclusions for long periods, punitive behaviour management approaches and over-zealous school uniform policies were all noted as having a potentially negative impact. Similarly, there is an assumption that in many schools, referrals are made to CSC that would be more appropriately directed to early help services. Pathways in the logic model below incorporate some of the ways SWIS can challenge these issues.

Prerequisites

For any of the pathways to occur, the social worker must have capacity to spend a significant amount of time within the school engaging with staff and pupils. This seemed to work well when workers started the role without existing cases, as having a high caseload could reduce the amount of time they could spend at the schools they were linked to. The intervention worked better when social workers were more integrated and visibly present in the schools. They may need to do some work elsewhere, as aspects of the role such as visiting family homes and court work cannot be done within the school, but the intervention tended to be perceived most positively where social workers balanced this with spending substantial time within the school and using it as their main base. A further pre-requisite is that the social worker has a clearly defined role that is understood by all in the school.

Pathway A: Enhanced school response to safeguarding issues

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. Together with the other prerequisites, these contexts facilitate school staff to have a better understanding of the social workers role (and vice versa), improves the relationship between the social worker and school staff and enables the social worker to develop a better understanding of the school's context and how to work effectively within it.

This enables three sub-pathways. First, the social worker is able to give advice and support to school staff. This increases their confidence in safeguarding issues and makes them better equipped to either report their concerns to CSC via a referral or decide they are less serious and can be addressed in other ways – such as through advice, signposting to other services, or ongoing monitoring. This improves the quality of school referrals and leads to appropriate concerns being reported and at-risk children being focussed on

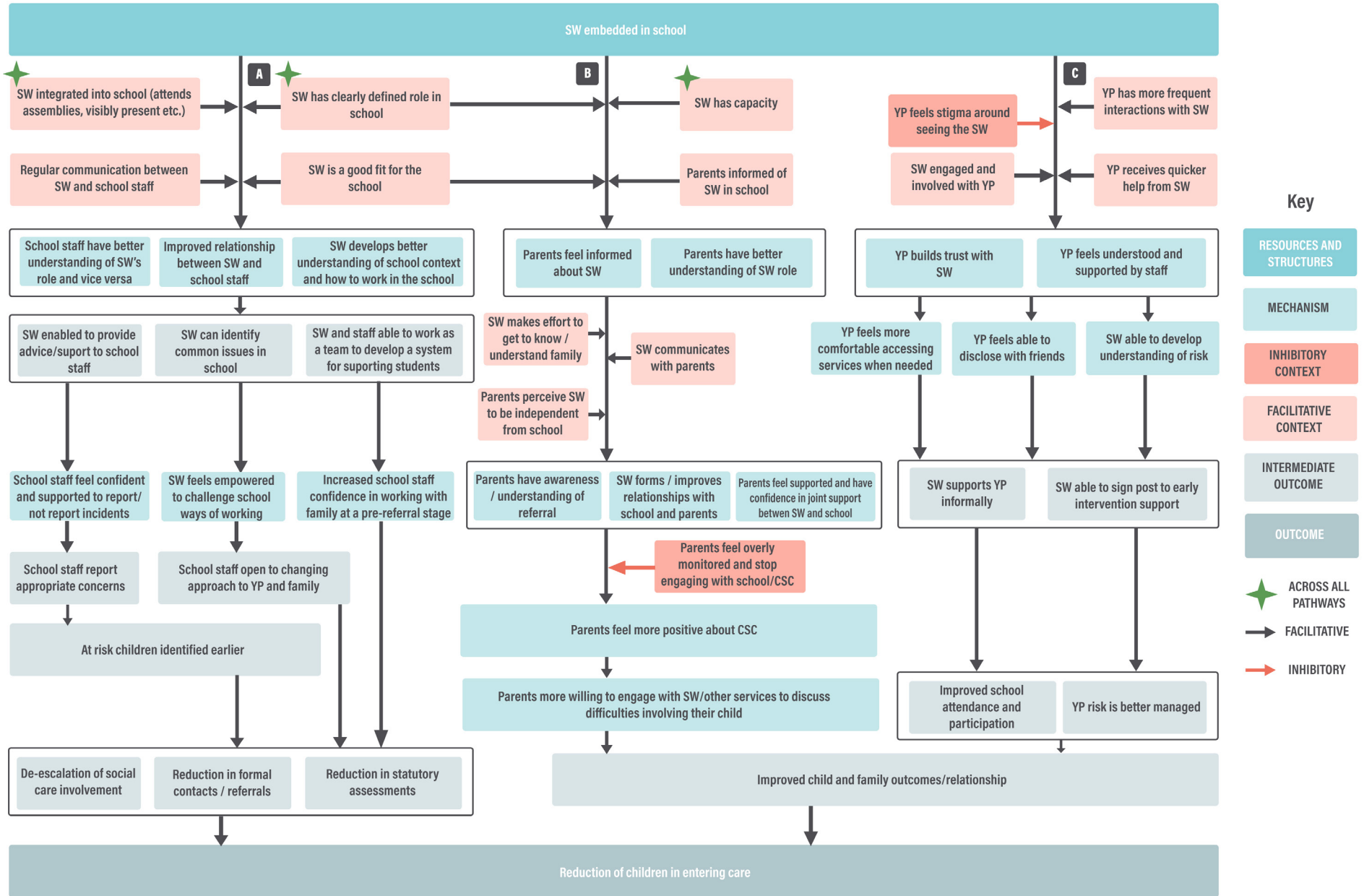


Figure 1: Overarching logic model



earlier. This can lead to the de-escalation of social care involvement, a reduction in formal contacts, a reduction in statutory assessments and improved child and family outcomes/relationships.

Second, the social worker can 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. Third, the social worker and school staff can work together to develop new systems to support young people and equip them to work with families at a pre-referral stage.

Pathway B: Increased collaboration between social worker and school staff, and parents

Pathway B may be more relevant for social workers in primary school due to greater interaction with parents in these schools. In this pathway it is also important that the social worker is a good fit for the school, and that parents are informed of the social worker's presence in the school. Together with the other prerequisites, these contexts facilitate parents to feel informed about the social worker, and they can build a better understanding of the social worker's role.

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.

Ultimately this can lead to improved child and family outcomes/relationships because parents feel more positive about CSC which then increases their willingness to engage with the social worker/other services to discuss difficulties involving their child. Notably, this is unlikely to occur if parents feel closely monitored by the social worker's presence in schools, in which case they are more likely to stop engaging with CSC and the school.

Pathway C: Improved relationships between social worker and young people

Pathway C may be more relevant for social workers in secondary school due to the greater opportunities for direct work with young people. It is important that the young person has frequent interactions with the social worker, the social worker is engaged and involved with the young person and responds quickly to their needs. This pathway is unlikely to work if the young person feels stigma around seeing the social worker. This enables the young person to trust the social worker and to feel understood and supported. They are then more likely to feel comfortable accessing services when needed and feel able to disclose, and the social worker can develop a better understanding of potential risks to the young person. This allows the social worker to support the young person informally and to signpost to early intervention services. 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. More research would help inform several aspects of this model, as some of the assumed links are not well understood. For example, links between better child and family outcomes and care entry are complex, and the association between better relationships and other outcomes has a much stronger theoretical basis than it does empirical support (Forrester et al, 2019; Platt, 2012; Forrester, Westlake and Glynn, 2012).



DISCUSSION

In all the local authority pilots, the SWIS intervention was shaped by the schools that were involved. To some extent, each social worker – with the support of their manager and wider team – had to develop their own version of the intervention that was tailored to the particular school/s they were working with.

Nonetheless, there appears to be a few components of the model that were thought to be particularly important;

- Social workers need to be available and accessible.
- The intervention is open to the whole school not just those who are known to social care.
- There needs to be space to provide constructive challenge to school practices.

For some schools this was best achieved by a drop in approach, where workers would regularly spend time in the school and interact with staff and students. This itself varied, from scheduled time slots to more regular, longer periods of time spent in schools. In others, being based full time on the school premises seemed to be more in keeping with the aims of the pilot. If the more embedded and integrated approach is thought to be more effective – as it was by many social workers and school staff – then this is a systemic challenge of delivering the intervention, as the same pattern was evident in all three pilots. The approach seemed to work better when workers were more integrated, because they were visible, accessible and available to staff and students. However, some schools seemed to prefer a more remote interaction with social workers, so equally it could be interpreted as a sign that the approach needs a degree of flexibility built in.

Social workers in all three pilots came into contact with young people who were not known to CSC and who did not become subject to child

in need or child protection plans. Some creative work was observed with young people who would not otherwise encounter a social worker. There were clear benefits of a social worker talking to young people about healthy relationships, for example, or group sessions where specific risks are discussed. However, implementers will need to consider how this might fit alongside statutory social work for practitioners who have limited capacity.

Finally, an important feature of the SWIS role was thought to be the ability for social workers to act as a critical friend within schools, challenging practices where they feel they could be improved. There was a consensus that this worked better when social workers were experienced, assertive, confident, and comfortable in working in isolation from their own colleagues among a team of professionals who worked in a different way.

Strengths and limitations of the evaluation

The chance to explore SWIS in three contexts generated a nuanced picture of how such an approach can be done across a range of schools. The common themes we observed across the three pilots suggest that the challenges and opportunities that were faced are - to some extent - generalisable. Being a set of feasibility studies, it was more important to understand how social workers interacted and engaged with schools than it was to examine the impact they might have on care outcomes. Nonetheless, our comparative analysis does give some useful indications of impact and, alongside the promising qualitative



evidence, this suggests they should be examined further. The timescale available for the evaluation precluded the inclusion of medium or long-term outcomes, and longitudinal work may help to address this in future. The amount of data we collected varied between pilots, due to practical and logistical issues such as the availability of workers and families during our fieldwork visits. These constraints unfortunately also limited the number of interviews we were able to conduct with children and young people.





CONCLUSIONS AND RECOMMENDATIONS

This feasibility study aimed to describe and understand how SWIS was implemented across three local authorities. Embedding social workers into schools required boldness from both education and social care professionals, and particularly from the social workers who took up positions within schools. They were asked to work in a different way and in different places, which sometimes created challenges and dilemmas. As one senior practitioner noted, mimicking a well-known adage attributed to various historical figures³, “if you’re always going to do what you’ve always done, you’re going to get the same results”. We have explored how this new approach can be theorised to help families and reduce the need for children to enter care and explored the evidence that it may improve outcomes for children and young people.

Our findings are encouraging, and 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, and gives an indication of the potential of the model for children with specialist needs. 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.

3 The adage is “If you always do what you’ve always done, you’ll always get what you’ve always got!”



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