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The Islington ‘Doing What Counts: Measuring What Matters’

Evaluation Report

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Executive Summary

The Islington 'Doing What Counts (DWC) and Measuring What Matters (MWM)' Project

The project intended to improve the impact of direct social work practice with children and families referred for a statutory assessment of need (CIN) in the London Borough of Islington. It aimed to improve outcomes for these children and families, indicated by reductions in the need for extended or repeated periods of social work intervention. The project was designed and delivered by an innovative partnership between senior leaders in the London Borough of Islington Targeted and Specialist Children and Families Service and an embedded research team, based in the Tilda Goldberg Centre (TGC), University of Bedfordshire. A novel Motivational Social Work (MSW) practice methodology was developed and implemented as the core offer for CIN cases. Where need and risk were complex, an enhanced offer added in-house multi-professional team support to the core MSW intervention. The TGC research team aimed to evaluate the core and enhanced MSW, and the planned improvements in practice conditions. Practice evaluation findings were fed back to practitioners (through a coaching relationship) and managers (in practice reports for the team and service) in order to form the basis of a new model of continuous practice improvement. In the final stage of the project, it was intended that the DWC and MWM methodologies, and their funding, would become mainstreamed in the London Borough of Islington with the development of practice system capability and demonstration of positive impact on child outcomes. Wider dissemination across local authorities in England could follow.

Overview of the evaluation

The role of the external evaluation was to validate and enhance the findings of the TGC embedded research team during the first 15 months of project implementation, to July 2016. The evaluation questions were:

1. Was Motivational Social Work confirmed as a cost effective method of achieving child outcomes as expected? (Were Islington social workers and managers doing what counts?)
2. Was the Measuring what Matters model of practice improvement and performance management implemented successfully?
3. Were project assumptions about the practice system conditions necessary for successful implementation of DWC:MWM confirmed in the light of experience?
4. Was project capacity for learning developed sufficiently to enable initial findings on design and implementation to inform further improvements in the practice system?

A 2-stage mixed methods, collaborative approach to data collection and analysis was agreed between the London Borough of Islington project leads, TGC and the University of Sussex research team.¹ The 3 data sources included:

- all relevant TGC and London Borough of Islington project documentation
- a sample of 50 CIN cases extracted purposively from the whole population of 281 cases which had been identified for tracking and MSW practice evaluation by TGC embedded researchers. Interviews were conducted with 27 of the 34 social workers (80%) holding responsibility for these 50 cases
- interviews with Deputy Team Managers (DTMs) (11 out of 14) and Team Managers (TMs) (7 out of 7) responsible for supervision and immediate line management of the social workers, Operational Managers (3) and Heads of Service (2)

Key findings

- parents reported positively about the quality of practice, and the Motivational Social Work methodology was shown to improve practitioner skill and confidence. However, there is as yet insufficient evidence to demonstrate improved outcomes for children
- novel models of practice evaluation, improvement and performance management, which focus attention on quality and impact, benefit significantly in their design, implementation and refinement when embedded researchers work alongside local authority project and service leads
- whole service re-design consumes significant amounts of time and money without the guarantee of demonstrable returns on investment in the short and medium term

Child outcomes

Child impact

Key indicators of child impact following MSW had yet to be shown directly by the end of the initial project period, July 2016. Nonetheless, demonstrable improvements in MSW practice skill and parent engagement were reported by the TGC embedded research team. These suggest that MSW might be an effective approach to enhancing practice impact for children in their family and wider social lives. Project design and implementation did not enable that impact to be tracked effectively, nor any association with enhanced skill demonstrated. The primary objective of MWM, 'to obtain robust and meaningful evidence about the quality of practice and the outcomes for children and families and use it to feed back to workers, managers and leaders.' (Westlake et al. 2016; p.5.), proved harder to achieve than had been anticipated by the project team.

¹ The TGC and the London Borough of Islington internal evaluation data collection methods and results are reported in (Westlake et al. 2016).

First, there is sound evidence demonstrating enhanced parent engagement following skilled MSW intervention:

- project design (training, plus coaching and improved practice conditions) enabled direct practice skill in MSW to improve on scores achieved previously. An average level of 3.11 (on a 5 point scale) was secured. This compared favourably with an original baseline of 2.64 and a score of 2.97 where training alone was provided
- the level of parent engagement achieved as a result of more skilled practice was notable. Parent engagement scores, based on self-report, rose modestly, from 5.17 to 5.56 on a 7 point scale. Researcher ratings were lower, at 4.92. Although this score is reasonably high, no discernible difference in ultimate practice impact was expected to result

Second, objective (quantitative) evidence of positive child safeguarding and welfare outcomes following MSW intervention has yet to be provided:

- very limited data on child impact was collected by the TGC research team, due to a high attrition rate of cases included in the practice evaluation sample. Only 23 cases (8%) were retained at T2 follow up, around 4 months after referral and allocation
- this data generated positive, but indirect, evidence of child impact. Parent reports (provided mainly by mothers) indicated that life satisfaction had improved sharply following referral. It had continued to improve during MSW intervention, if more slowly. Statistically significant reductions in stress and in disrupted communication in the family were reported

Despite these modest results, the potential of MSW to have a positive impact on parent engagement and change was endorsed by social workers and managers. Anecdotal examples of exemplary practice were provided.

Child service status

Key indicators of child service status gathered by the London Borough of Islington for reporting to the Department for Education are yet to provide unequivocal evidence of project impact as intended.²

- at the end of the first project year to March 2016 the number of children looked after (CLA) in the London Borough of Islington had levelled out at 300 (excluding Unaccompanied Asylum Seeking Children (UASC)), following a rise in the previous year. Unsubstantiated figures from local performance information reports (LPIR)

²All figures cited are taken from Department for Education tables to enable comparability with other local authorities: <https://www.gov.uk/government/statistics?departments%5B%5D=department-for-education>

indicate a further fall to 277 in CLA numbers by 30 November 2016 (a 7.7% reduction over the project period to this date)

This outcome is consistent with project expectations. However, it is too soon to say whether reducing numbers of CLA resulted from improved child safety and permanence planning following the introduction of the DWC:MWM model.

First, for those children living at home during the year, there was some indication of more focused child safeguarding:

- the rate of referral for social work assessment reduced. While contacts with the service increased by 14%, and extra-familial risks, including peer violence and exploitation, were highlighted for improved safeguarding attention, the number of children allocated to CIN teams fell by 9% during the year
- the rate of re-referral of children for social work intervention within 12 months reduced negligibly, from 12.4% to 12% of all referrals during the year
- the percentage of referred children receiving a formal child protection response increased marginally. The use of initial child protection conferences (ICPC) rose by 8% and the use of child protection plans (CPP) by 1%. LPIR to 30 November 2016 suggested this trend had continued
- the rate of response to extra-familial risk, including through peer violence (in gangs and otherwise), was judged inadequate by inspectors (HMI Probation 2016)

Second, for children 'looked after' during the year there were mixed indications of more focused permanence planning:

- there was a 33% increase in children becoming looked after through a care order (from 30 to 40), and a 14% reduction in those under 20 becoming accommodated (from 145 to 125)
- consistent with this shift towards more focused intervention, the number of cases subject to a legal planning meeting began to increase towards the end of the first year, rising by 30% after 18 months
- meanwhile, the proportion of CLA who returned home permanently and avoided a sustained stay in care or accommodation remained low, with almost half (46%) of those leaving doing so on their 18th birthday
- the proportion ceasing to be looked after through permanent placement, other than return home, remained low. Only 4% of children were adopted from care and 10% through a special guardianship order

Service outcomes

Combined evaluation results relating to improved service capacity achieved during the initial phase of project implementation provide a qualified endorsement of DWC:MWM project theory and methods. The results can be summarised as follows:

- practitioner trust in the efficacy of MSW principles, theory of change and practice methodology (DWC), and self-confidence in working in the new way, developed significantly, but unevenly, across the CIN service in the transition stage to full model implementation
- established agency culture and climate was facilitating, as well as inhibiting, of active engagement by practitioners and supervisors on the ground
- testing the efficacy of the MWM model took longer than anticipated, but this enabled plans to be refined, new evaluation questions to be identified and LPIR methods reviewed

Meanwhile, cashable cost savings associated with project impact to date had yet to be realised. A funding gap developed, due to the need for the TGC embedded research team and the London Borough of Islington project team to be retained longer than anticipated. This increased the local authority financial commitment with regard to the level of cost avoidance required (now £5.1m) through reduced CLA numbers, resulting from improved support, protection and permanence planning.

Summary of implications and recommendations for policy and practice

The main implication of evaluation findings is that novel practice methodologies require enough time for impact to be demonstrated. Time provides an opportunity for learning, where the decision is made to confirm efficacy and evaluate effectiveness simultaneously, and where risk, as well as opportunity, attaches to the new practice model. However, time has to be used productively if trust is to be secured, especially in child safeguarding and permanence planning, where anxiety is raised by heightened expectation of practice improvement and impact. Any tendency to rush to judgement about whether or not to confirm MSW as currently constituted, and adopt the embedded research practice evaluation model, is likely to be counter-productive and should be avoided.

Recommendation 1:

- the TGC proposal to use an extended second stage to test MSW effectiveness and trial a revised methodology for practice evaluation should be implemented without further delay. MWM practice evaluation should be integrated with the statutory responsibility to use the LPIR management accountability process to track child safety and permanence outcomes. Child outcome measures should be strengthened, to enable the association between practice quality and statutory duties to safeguard and promote welfare to be tested robustly

- meanwhile, the Islington DWC:MWM practice model should not be introduced in other local authorities until the findings of the extended internal evaluation are published and a fully informed decision made. This is consistent with the original intention of project leads

A second implication concerns service re-design principles. The drive to confirm and implement the DWC:MWM without delay, on the assumption that it would prove effective, meant that less attention was given to the design process itself, and who should be involved in it. Social work practitioners and managers thought that workforce engagement in project design and development needed more careful consideration. Parents could feed back on project impact as it affected them, but child voices were not placed centre stage in project design and methods. Legitimacy and trust are most likely to be generated by statutory child and family services engaged in changing those practice methodologies and systems where the dialogue about theories of change is extended to everyone affected. This is the case especially where risk is not factor associated with parenting quality alone, and safeguarding duties are expected to extend beyond intra-familial relationships to include peer, and other forms, of violence and exploitation.

Recommendation 2:

- to enable fuller representation of participant voices from the outset, all future innovations should include a specification of mechanisms of practitioner, parent and child involvement in service re-design, implementation and review

A final implication concerns the specification of the child safeguarding process itself. The project focus on the family as the primary unit of intervention, seeking to elicit change for children by engaging more effectively with the main parent (mother), took attention away from extra-familial social risks faced by children. MSW, and other practice methodologies designed with family support in mind, will need to ensure that the child's right to protection from all sources of harm is not lost from sight.

Recommendation 3:

- the policy commitment to support social workers with new practice methodologies and systems, enabling them to 'know how to effect change *within* families' (Department for Education, 2016. p.16. Emphasis added), should be revised. The child's right to safety requires a broader and more nuanced account of risk to be developed, where extra-familial dynamics of exclusion and exploitation are engaged

Overview of the Project

Doing What Counts (DWC)

MSW is novel practice methodology in which the principles and communication skills underpinning the person-centred counselling method of motivational interviewing (MI) (Miller and Rollnick, 2013) are aligned with a 'task-centred' and time-limited approach (Goldberg et al., 1985) to the statutory social work role in practice with children and families at risk. Defined in this distinctive way, MSW was expected to become implemented effectively only when the local practice system provided the conditions deemed necessary for the intensity of the skilled social work intervention required to be secured reliably. To be effective for the most complex cases, MSW was embedded within an enhanced service offer, bringing in-house multi-disciplinary expertise to bear in support of the social work relationship formed with children and parents. In this way social workers would be DWC.

Practice methodology design

MSW is an integrative practice methodology, each component presenting its own particular expectations of the social worker:

Motivational interviewing: MI is described by its proponents as being:

'a collaborative, goal-oriented style of communication with particular attention given to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion' (Miller and Rollnick 2013, p.29).

In this way MI combines a relational stance from the person-centred counselling tradition, with a set of technical skills designed with a clear purpose in mind. The overall assumption is that an empathic, non-judgmental, affirmative approach will support client and patient autonomy in making less harmful lifestyle behaviour choices, but only where clinicians use direct methods and skills to elicit and elaborate the change talk necessary for client and patient goals themselves to be confirmed, and progress towards their achievement reviewed.

Task-centred practice: this is a distinctively social work approach, in which specific, measurable, and achievable goals are expected to be achieved in relatively brief periods of time (Kelly, 2013). The underpinning theory of change emphasises the particular significance of intensification of intervention within a set timeframe. This is consistent with the therapeutic assumption (Goldberg et al. 1985), that processes of change will increase and quicken where 'a deadline against which both client and practitioner must work' is set

in advance and expectations are heightened that 'changes can occur within the time limit' (, p.5).

Statutory social work role: within the statutory social work context, the risk posed to child outcomes from shortfalls in task accomplishment and goal achievement by parents was addressed explicitly in the MSW model design in 2 main ways. First, 'clarity about concerns' and 'child focus' were included in the 7 core expectations of MSW skill which informed both training in, and evaluation of, direct practice. Second, a risk assessment methodology was built into MSW model design, with the intention of ensuring the family goals set would address child impact explicitly as the ultimate focus of changed parent behaviour. Where need and risk were complex, the core MSW relationship would be enhanced by multi-disciplinary professional intervention.

Practice system conditions

The context and conditions in which social workers practised in the agency were highlighted for particular attention in the project design and implementation process.³ MSW was expected to prove effective where practitioners were enabled to develop the skill, and devote the time, for more intensive methods of direct practice demanded by the model, and to be supported appropriately by their practice colleagues, supervisors and leaders, in accordance with the statutory demands attaching to each case. To enable these outcomes, the following changes to the existing practice system were intended to be put in place:

- training and continuing professional development: intensive (4 days) skills training in the new practice methodology, supported by individual coaching on live cases (see below) for all social workers in the CIN service. Supported by an in-house programme of continuous professional development, and the refocusing of group supervision at team level, to enhance MSW practice reflection
- time to practise effectively: increased social work time to support expectations of more intensive direct practice relationships, to be achieved through reduced caseloads (12-15 children intended) and enhanced business support, at case, or team, level
- impact and outcome-focused casework: a revised case recording, reporting and decision-making system based on a RAG (red, amber, green) risk methodology designed to be both consistent with MSW practice methodology, and integrated within the current statutory scheme for assessment, planning, intervention and review (HM Government 2015)

³ The conditions in which parenting and childhood were taking place were not emphasised especially in the MSW model itself, and neither children nor parents were consulted formally about project design or review.

- a graduated process of intervention: consistent with the recognition that level of need varies across children, a core offer would be made to families in all cases where a statutory social work assessment by a social worker in the 7 CIN teams indicated the need for continued social work support. During the year ending on 31 March 2015, immediately prior to Project inception, 2411 children were newly assessed as being in need of social work support. An enhanced offer of multi-professional intervention, designed to support MSW in the much smaller number of complex cases where individual social work practice alone would not be sufficient to elicit change, would be available too. As few as 60 cases were expected to require the enhanced offer during the first year of Project implementation, to March 2016

During this period, a revised method of recruiting and selecting social workers, based on screening for characteristics important to practice (empathy, collaboration, child focus) in advance of appointment, was put in place, too. In addition, although this had not been identified as a priority at the outset, attention was actively given from the second half of the initial project year to the purpose and quality of individual practice supervision for social workers.

Measuring What Matters (MWM)

Project implementation and impact was intended to be enhanced and evaluated internally, by the extension of an existing performance improvement collaboration. This aligned the London Borough of Islington project team, chaired by the Service Director, and a University research team, already embedded in the local authority. The role of the embedded researchers - members of the TGC at the University of Bedfordshire - was to deploy a bespoke combination of quantitative and qualitative methods, including direct observation of social work practice, child and parent interviews, and standardised measures to gather, analyse and feedback findings on practice quality and impact. We expected to use embedded research findings in 2 ways. First, they could be compared with results (under review) from a previous randomised control trial (RCT) undertaken in the London Borough of Islington by the TGC team, designed to test the efficacy of an earlier attempt to introduce motivational interviewing (MI) into direct social work practice in the CIN service in the London Borough of Islington. It was the finding of this earlier research - that skills training alone was not sufficient to change practice quality and impact as intended - which informed current project design. Here, the primary focus was on confirming the efficacy in practice of the revised MSW practice model. Second, the current findings were intended to be used directly to inform quality assurance and practice improvement, through the project period. In this latter case, the reporting of results was expected to be of 2 kinds:

- social workers observed in their practice would receive individual feedback on their performance, as evaluated on each of their cases, within a week, as part of a

coaching relationship with the embedded researcher or practice evaluator established for the purpose

- team and service managers would receive reports on a quarterly basis, or more frequently, in the form of a Practice Report. This would describe aggregate practice performance derived from individual observations and interviews, respective to their quality assurance and practice improvement roles

The overall expectation was that TGC research findings would confirm the efficacy of MSW as redesigned (MSW skills plus new practice conditions), while embedding the practice evaluation methodology as part of the DWC approach to practice improvement and performance management. Rather than measuring and managing performance primarily by auditing and reporting the level and timeliness of practice activity (such as visits and reviews), the intention was, rather, to gather and feedback evidence of practice quality and impact, including on outcomes for children in each case.

The implementation process

Project implementation was expected to be achieved in 3 phases extending from December 2014 to March 2017. Subsequently, these were collapsed into 2, as outlined here:

Phase 1: Building and delivering the model (December 2014 – July 2016)

By July 2016 it was expected that DWC practice methodology design would be concluded, and the practice conditions deemed necessary for its effective implementation put fully in place. The MWM methodology of practice evaluation and improvement would be established, and plans for mainstreaming confirmed.

Phase 2: (August 2016 – March 2017)

During the concluding phase of project implementation (to 31 March 2017), responsibility for the embedded research process and feedback arrangements would be taken on by local managers, who would have been trained and coached by the TGC embedded research team. That team would have then concluded its work. The role of practice evaluator was likely to be extended to a new cadre of Senior Social Workers. Some existing quality assurance methods would be replaced by the MWM methodology in due course, as appropriate. The precise way in which the MWM element of the project would be brought wholly in-house had not been confirmed at the point of Project inception in April 2015.

The funding plan

Project funding for the 2 project phases was expected to be significant, with £4.8m - comprised of £2.9m from the Innovation Programme and £1.9m from Islington- being designated to support implementation to the end of the first full year (to 31 March 2016) and a little beyond. Thereafter, with Innovation Programme funds spent and the practice

evaluation process undertaken initially by the University of Bedfordshire now embedded 'in-house', the full cost of sustaining the MSW model was expected to settle at £3.7m per annum. Ongoing costs would be covered in 2 ways. Funds already re-designated to the Project from London Borough of Islington children's social care service and corporate budgets would need to increase to £2.3m in the year to 31 March 2017. The shortfall of £1.5m would be met largely by cashable savings of £1.1m from the children looked after (CLA) service, achieved as a result of the need, by this stage, to take 15% (or 48) fewer children into local authority care. During the following year to 31 March 2018, the full effect of cashable savings would be realised, and a small surplus of £200k would be available for reinvestment.

Relevant research relating to this innovation

The DWC:MWM project model was genuinely innovative, being both original and creative in the design of its components, and in the proposed research-based approach to implementation. Although MI has attracted attention from social work researchers and educators in recent years, the theory and practice of MSW itself, as a generic methodology, remains emergent (Forrester, Westlake and Glynn, 2012). The current project was designed explicitly to test the dual hypothesis, that MI principles and skills were indeed positively indicated for their impact on parenting engagement, behaviour change and subsequent child outcomes, and that this impact would be achieved more reliably as a result of the bespoke project design and implementation methodology. Project design was evidence-based, in as much as it was informed by the (unpublished) findings of the previous RCT undertaken in the agency. These indicated support for the view that the use of MI skills was associated positively with parent engagement and wellbeing. Where parent resistance is found to result from more confrontational approaches (Forrester, Westlake and Glynn, 2012), this finding is promising in itself. It is consistent with the growing body of research evidence now published on the effectiveness of MI in clinical and related service settings. This demonstrates a positive impact on individual behavioural change where adult substance misuse is the focus of concern (Madson et al., 2016), and for medical and health care problems more generally (Lundahl et al., 2013). Nonetheless, evidence of a consequential effect on a child of enhanced engagement with a parent, following MI, is not yet available. MI has been recruited more recently still for use in home-based health interventions (Channon, S., et al., 2016). In this case, although the intervention was designed specifically to have a third party effect, it was the quality of the therapeutic relationship between the family nurse and the parent alone that was tested once again. The consequential effect of improvement in this relationship on the parental (maternal) relationship with the child was not explored.

In the meantime, there has been no research in recent years on task-centred social work (Kelly, 2013) itself, to enable that aspect of project theory to be put to the test. By contrast, research evidence on risk assessment methodologies, such as the one included

in the MSW practice model, has proliferated. However, although it has become accepted that professional judgment must be structured in some way if risk is to be estimated most effectively, no consensus has been reached about how this might be done to best effect (Barlow et al., 2012). The DWC:MWM model included a risk ruler in which significant discretion over scoring on a simple RAG rating was delegated to the individual social worker, in consultation with the parent or parents in question. This was consistent with the suggestion, supported in some studies, that risk assessment always needs to combine dialogue with diagnosis (Sen et al., 2013). The designation of an enhanced MSW intervention was congruent with this insight too, where specialist clinical expertise was intended to be aligned with the core social work offer. The positive findings of a local service evaluation of a forerunner to the current model were used to inform project design here too (Brodie et al., 2008).

The novel practice improvement and measurement methodology, and the use of a team of embedded researchers to introduce and mainstream the methodology, was being tested for its efficacy for the first time in the London Borough of Islington. Meanwhile, a recent research review highlights the positive contribution that coaching can make 'to initial and ongoing professional development, the implementation of new practices at the practitioner and organisational level, and in the supervision process.' (HSCB, 2014; p.13).

Changes to intended outcomes or activities

During the initial implementation period to March 2016, one substantive change was required with regard to project intended outcomes and activities. The original plan, to have established the conditions necessary for embedding the DWC:MWM model of MSW in routine practice and within budget from July 2016, had to be revised. Additional resources had to be secured from a combination of internal Islington funding streams and the Department for Education Innovation Programme transitional funding budget. £573k was provided by the Department for Education, bringing the total project cost to £5.1m. This allowed the London Borough of Islington project management and TGC research team capacity alike to be retained beyond the initial design and delivery phase, into 2017. At the same time, the basis on which cashable savings from the CLA budget were anticipated was recalculated to allow for an expected delay in project impact. Original plans to achieve reduced numbers incrementally from the first year of Project implementation were revised, such that the 15% target (48 children) would now be achieved by the end of the 2 years to March 2018. In the meantime, the scope of the project was widened. The decision was taken to extend the use of the MSW model to incorporate practice in the CLA teams, with effect from January 2016. By this stage, the anticipated practice conditions for the principles and methods of the core offer to become embedded in SW practice in the CIN teams were for the most part in place, as intended. Furthermore, the enhanced offer was becoming established more or less to plan too, in the form of what became known as the 'Islington Multi-Disciplinary Service' (MDS).

Subsequently, the London Borough of Islington was selected by the Department for Education in January 2016 to be one of 8 Partners in Practice. The Partners in Practice programme was intended by government to bring together 'the country's best performing local leaders' in a process of 'redefining what a children's services department looks like' (Department for Education, 2016a, Para.10.). Funding was agreed in September 2016 and programme implementation planned for February 2017.

The service context

London Borough Islington is a local authority in which familiar demands on child and family social work in the inner city are intensified by the prevalence, and intensity, of child and family poverty, deprivation and social inequality, and the challenge posed in responding to the level of need this generates. The overall effectiveness of safeguarding services led by the Islington Children and Families Board was judged to be 'Good' by the Care Quality Commission and Ofsted in 2012 (CQC/Ofsted 2012). Celebrated in particular were the 'shared vision across the partnership... [and]....staff at all levels strongly committed to the same priorities', 'the consolidation of existing provision and resources within a coherent, jointly agreed framework' and 'excellent, highly visible leadership from senior managers with good support and challenge from councillors, led by the lead member for children's services' (p.6). The Board strategy demonstrated a continued commitment to collective investment in prevention and early intervention, within which service context specialist social work intervention was expected to fit (Islington Children and Family Board, 2015). The intention was to pre-empt a situation where the children's services response at a time of austerity was reactive only, narrowly targeting children with greatest needs at the risk of increasing cost, and worsening outcomes for children and families. This posed a significant challenge where relatively high rates of targeted intervention by statutory social work had long been entrenched in Islington.

The extent of local need

The London Borough of Islington is the most densely populated local authority area in England and Wales, the estimated figure of 224,600 people being more than double the London average, and expected to grow by a further 10% by 2015 (JSNA 2015). There is also a constant population mobility, with an estimated 10% of residents moving in and a similar number moving out of the Borough in recent years. Approaching 1 in 5 of Islington residents is a child (0-17 years); the adult population is relatively young and there are approaching 3000 additional births each year. The proportion of children from a BME background is relatively high at 66% and a significant proportion of children live in households where English is not the first language (London Borough of Islington, 2015a). Life chances for many children living in Islington are compromised significantly by the distinctive levels of deprivation and inequality in the borough.

The London Borough of Islington was the 5th most deprived borough in London (and the 26th most deprived in England) on the IMD, the official measure of relative deprivation for small areas in England. In the London Borough of Islington, 1 in 3 children (32.4%) live in income deprived households. On this index, Islington had the third highest levels of child poverty in the country at project inception (Lesser, 2016; Department for Local Government and Communities, 2015). Local research confirmed that a only minority of households were prospering economically and socially, due to rising property prices and high incomes, while the large majority of those on low incomes living in rented accommodation were falling further behind (Penny et al., 2013). Almost 30% of children and young people lived in lone parent households at the time of the most vulnerable children needs assessment (London Borough of Islington, 2015b). Of the families with dependent children, 60% lived in social housing, compared with 20% nationally, and 1 in 9 households were crowded. In most cases, children lived in flats with no outdoor space, and had far less access to green space than children elsewhere in London. The borough has only 12% of its land designated as green space, significantly lower than the London average at 38% (London Borough of Islington, 2015b).

Physical and mental health outcomes for children and parents suffer significantly where the distribution of risk factors are so starkly unequal. Consistent with the research evidence on health inequalities (Marmot, 2005), high levels of poverty and social polarisation in London Borough of Islington are associated with very high levels of mental ill-health in children and adults, when compared to London and England as a whole (Camden and Islington Annual Health Report, 2015). Residents' own accounts confirm the extent to which the stigma and discrimination that attach themselves in these circumstances amplify the experience of deprivation and inequality (Penny et al., 2013). In the meantime, a long and sustained increase in reports of inter-personal violence and coercively controlling relationships continued (NHS/London Borough of Islington, 2014). Most recently, the recognition that child safety is at risk beyond the family home and direct parenting behaviour, from exploitative peer and other coercive relationships, now presented a series of new service demands on social work (Islington Safeguarding Children Board, 2016).

The established service response in brief

On project inception Islington Targeted and Specialist Children and Families Services were routinely and consistently identifying a relatively high proportion of children in the borough and their families as being in need of a statutory social work service and working with many of them over a period of time, compared with other local authorities. This was consistent with the corporate commitment to achieving greater social equality, as well as personal safety for local children, through early, preventive intervention at each service level. The service received around 12,000 contacts in each of the 5 previous years. These contacts related to just over 7,000 children each year, which represents as many as 1 in 7 of all children in the borough. During 2014-2015, returns to the Department for Education (2015) indicate that:

- 2,411 children were allocated to social work following referral, representing one in 17 children in the borough (616.7 per 10,000). This is a much higher rate of social work intervention (almost one half again) than was the case in other local authorities, including those in inner London boroughs, where the rate was one in 25 children (390.4 per 10,000)
- 2,353 children had their case closed during the year (comprising children allocated prior to, as well as during, the year). This resulted in 2094 children being supported on 31 March 2015, representing one in 19 children (535.6 per 10,000). Again this compares with lower rates elsewhere (435.5 per 10,000 in inner London or 1 in 22 children)
- an overall pattern of social work intervention had become established whereby both a high level of assessments were being undertaken, and a high level of cases were closed speedily by the CIN service (72% within 6 months). Nonetheless, at the end of the year, a high proportion of all cases receiving social work support had been open for a long time (35.4% for 2 years or more)

The pressure on the CIN service, resulting from high levels of intervention and activity, was associated also at project inception with rates of child protection intervention in family settings (s47 and child protection plans (CPP)) which were low when compared to practice nationally and in inner London. Additionally, while the service response to child sexual exploitation was now established (Islington Local Safeguarding Children's Board 2016b) the response to new modes of gang and related coercion and violence were had not be secured at project inception (Islington Local Safeguarding Children's Board, 2016b). Meanwhile, the rate of care applications on CIN was amongst the highest in inner London (CAFCASS, 2017).

It was in the context of these high, or very high, levels of intervention and activity, especially using s17 Children Act duties and powers alone, that the DWC:MWM practice model was introduced into the 6 area-based CIN teams. A seventh team, holding responsibility for children in need by virtue of disability, was not included in the same way.

Overview of the evaluation

The role of the independent external evaluation was distinctive in this case, where the effectiveness of the DWC:MWM project methodology, as designed and implemented, was intended to be tested by the TGC embedded research team itself. The evaluation questions were consistent with the role of the University of Sussex team, which was to validate, and then enhance, internal evidence of project results in the first 15 months to July 2016.

Evaluation questions

1. Was Motivational Social Work confirmed as a cost effective method of achieving child outcomes as expected? (Were Islington social workers and managers, 'Doing what counts?');
2. Was the Measuring what Matters model of practice improvement and performance management implemented successfully?
3. Were project assumptions about the practice system conditions necessary for successful implementation of DWC:MWM confirmed in the light of experience?
4. Was project capacity for learning developed sufficiently to enable initial findings on design and implementation successes and shortfalls to inform further practice system enhancement?

Methodology

A 2-stage mixed methods, collaborative approach to data collection and analysis was agreed, covering the first phase of project implementation to July 2006. Latterly, data from London Borough of Islington 'local performance indicator reports' (LPIR) was also used to provide evidence of service outcomes for children which was not available from the internal research process in the ways expected originally.

Validation of internal evaluation data collection methods and results

Independent scrutiny of the validity and reliability of TGC research design; data collection methods and instruments; analytical methods; and data presentation and interpretation were facilitated without difficulty. TGC research documentation was made available to the Sussex team for inspection at the outset of the evaluation, and subsequently, as the methodology was consolidated. All reports of embedded research team findings produced during the initial project stage to July 2016 were also shared. TGC and Sussex research team leads met during the early stage of internal data collection, and again one year later, when data had been analysed, and findings were being prepared for final reporting.

The primary task of the Sussex research team was to validate the quantitative findings of the TGC embedded researchers with regard to outcomes for those children included in a sample of cases where need had been assessed and the MSW service model implemented. Such outcomes were expected to be associated with the quality of MSW practice, as measured systematically by the TGC research team. MSW practice quality was intended to be compared with the results of the previous RCT, which reportedly showed no substantive impact on social work skill in direct practice of ML training alone. The RCT did not track child outcomes, so that particular comparison could not be made.

In the meantime, the Sussex team was given access to London Borough of Islington data related to local authority internal audit and survey findings, undertaken during the initial project period.

Enhancement by complementary qualitative enquiry

Two data sources were employed to inform the Sussex complementary qualitative evaluation in the first phase of project implementation.

Firstly, a sample of 50 cases was extracted from the whole population of 281 cases which had been identified for tracking and MSW practice evaluation by TGC embedded researchers. Interviews were conducted with 27 of the 34 social workers (80%) holding responsibility for these 50 cases. The objective was to understand the practitioner experience of doing social work with the children and families identified using the new DWC:MWM practice model. Did the new approach make sense in theory and was it having a positive impact on practice confidence and effectiveness on the ground?

Secondly, interviews with Deputy Team Managers (DTMs) (11 of 14) and Team Managers (TMs) (7 of 7) responsible for supervision and immediate line management of the social workers. Subsequently, Operational Managers (3) and Heads of Service (2) were interviewed also. Once again the focus was on lessons learned about the efficacy of the new practice model as implemented to date. The large majority of interviews were conducted in person, on-site in London Borough of Islington offices, and lasted approximately an hour. All interviews were conducted by the PI and a research team member, both trained social workers. Interviews were audio recorded and transcribed, and both the PI and research team member analysed the qualitative interview data using NVivo.

In addition, and throughout the early project phases to July 2016, regular consultations and reflective discussions took place via email, telephone discussion and also face-to-face individually and in Project Board meetings between the PI and London Borough of Islington and TGC project leads. This allowed joint understanding to develop as findings from both the embedded research and the independent external scrutiny emerged.

Estimation of indicative cost implications with regard to model sustainability

Indicative cost implications with regard to project sustainability were intended to be estimated simply, using data made available by the Islington Finance Manager on conclusion of the first 2 project phases to July 2016. The primary test here would be the extent to which the initial calculation of expected costs both incurred and avoided by project implementation, and initial mainstreaming, was accurate in the light of events.

Changes to evaluation methodology from the original design

In the event, the original plan to use the first stage evaluation to July 2016 to show initial project impact on practice quality and child outcomes, using TGC embedded research findings, did not succeed as fully as hoped. Difficulties faced by the TGC embedded research team in tracking sample cases forward in time meant that outcome measures were not available from that source to be verified by the Sussex team as intended. High levels of sample case attrition meant that social work interviews had to be framed by the Sussex research team to enable accounts of practice to be given more generally.

The decision was made also to suspend original plans to conduct follow up interviews with parents additional to those undertaken by the TGC team, where it was apparent that the sample was not as representative as had been anticipated. Instead, it was agreed with the London Borough of Islington project team lead that plans should be suspended and reformulated, to enable a more focused study to be launched in phase 2 of the project. This would also allow MSW impact on enhanced offer cases to be prioritised, where the decision had been taken already that it should be project effectiveness in the more complex cases that should be the primary focus of research attention.

Meanwhile, with the novel goal-focused RAG risk assessment and planning methodology itself yet to be consolidated in routine practice by the end of the initial project stage, conventional child outcome measures used for the LPIR, produced monthly and on an annual basis by London Borough of Islington, had to be used for this analysis instead.

Key Findings

Motivational Social Work (DWC) was shown to improve practitioner skill and confidence and produce positive parent reports of practice quality but evidence has yet to be demonstrated that outcomes for children improve as a result. Novel models of practice evaluation, improvement and performance management (MWM), which focus attention on quality and impact, benefit significantly in their design, implementation and refinement where embedded researchers work alongside local authority project and service leads. Whole service re-design consumes significant amounts of time and money without the guarantee of demonstrable returns on investment in the short and medium term.

Outcomes for children

Child impact

Key indicators of child impact following MSW had yet to be shown directly by the end of the initial project period, to July 2016. Nonetheless, demonstrable improvements in MSW practice skill and parent engagement were reported by the TGC embedded research team. These suggest that MSW might be an effective approach to enhancing practice impact for children in their family and wider social lives. Nonetheless, project design and implementation did not enable that impact to be tracked, nor any association with enhanced skill demonstrated. The primary objective of MWM, 'to obtain robust and meaningful evidence about the quality of practice and the outcomes for children and families and use it to feed back to workers, managers and leaders.' (Westlake et al. 2016; p.5.), proved harder to achieve than had been anticipated by the project team.

In common with all local authorities, the London Borough of Islington returns to the Department for Education provide very limited evidence of the actual safety and welfare of children following social work intervention (National Audit Office 2016; La Valle et al., 2016). The MWM element of the Islington DWC:MWM practice model was intended explicitly to overcome this shortfall in social work service impact evaluation. In the event the TGC research team embedded practice evaluation produced evidence of MSW impact on children which was more limited in its scope than intended. Results of MSW impact on child outcomes could not be reported directly by the end of the initial project period, to July 2016. The TGC team concluded that, 'to obtain robust and meaningful evidence about the quality of practice and the outcomes for children and families and use it to feed back to workers, managers and leaders.' (Westlake et al, 2016, p.5.).

The relevant results reported in the summary report are as follows:

The impact of MSW on child safety and welfare cannot be reported directly as TGC data gathering and analysis⁴ was limited by the high case sample attrition rate between allocation for a CIN social work response following referral (281 cases), and the 2 data collection points (T1 at 4 weeks following allocation (101 cases) and T2 (23 cases))

The impact of MSW on children, as reported indirectly by parents (mainly mothers) at T1 and T2, is illustrative, at best, of practice methodology potential. For the 23 cases (8%) where social workers and parents consented to participation in the TGC evaluation at both T1 and T2:

- on average, life had improved sharply for the parent interviewed between referral (3.12) and T1 (5.64) and had continued to improve, albeit at a lesser pace, by T2 (6.13)⁵
- the mean level of stress reported by these parents⁶ (23 cases) reduced from 11.7 (SD=5.50) at T1 to 9.1 (SD=6.57) at T2. This was a statistically significant reduction ($t(22) = 2.74, p < .05$). However, there was only a very small reduction in the proportion reporting clinically elevated levels of stress
- the mean improvement (20 cases) in disrupted communication⁷ between T1 (10.57) and T2 (8.75) was statistically significant ($t=2.387, df=19, p=.028$)
- the project impact on levels of practice skill, and parent engagement with statutory involvement in family life, is indicative of MSW potential to facilitate the change in practitioner and parent behaviour required for child outcomes to be secured
- the average level of MSW direct practice skill⁸ demonstrated at T1 was 3.11 (101 cases), which was a little higher than the level achieved in the previous RCT (2.97), where MI training alone was provided. The baseline figure previously (no MI training) was 2.64⁹
- overall engagement of parents¹⁰ was 5.56 on a 7 point scale (59 cases at T1). However, this was only slightly higher than the previous score (5.17), where MI skills alone were taught and MSW practice conditions had not been introduced. It is judged unlikely that this difference would have made a discernible impact in practice. Furthermore, TGC research observer ratings of quality of engagement were slightly lower (4.92 on the 7 point scale, based on 82 cases at T1)

⁴ Using the Strengths and Difficulties Questionnaire (Goodman, 1997)

⁵ Using a 10 point life scale. NB 22 cases

⁶ Using the General Health Questionnaire-12 (Goldberg et al., 1997) total score.

⁷ Using 'SCORE 15' test of family functioning (Stratton et al., 2014). NB 20 cases

⁸ Using the 5 point scaling system in the bespoke Methodology for Coding MSW practice (Tilda Goldberg Centre, 2015)

⁹ Cohort membership overlapped in some cases between the respective groups. Some observations in the latter cohort were of social workers who had yet to receive the training and feedback. Furthermore, the representativeness of this cohort was diminished by parent and social worker self-selection.

¹⁰ Measured by the Working Alliance Inventory (Horvath and Greenberg, 1986).

Child service status

Key indicators of child service status¹¹ are yet to provide unequivocal evidence of project impact as intended. These indicators have to be relied on because direct evidence of outcomes for children in families receiving MSW, in the first stage of implementation, could not be generated as intended by the embedded research process:

- at the end of the inaugural project year to March 2016 the number of children looked after (CLA) in the London Borough of Islington had levelled out at 300 (excluding Unaccompanied Asylum Seeking Children (UASC)), following a rise in the previous year. Unsubstantiated figures from local performance information reports (LPIR) indicate a further fall to 277 in CLA numbers by 30 November 2016 (a 7.7% reduction over the project period to this date)

This outcome is consistent with project expectations. However, evidence that reducing numbers of CLA resulted from improved child safety and permanence planning was equivocal.

First, for those children living at home during the year, there was some indication of more focused child safeguarding in the face of increasing demand:

- the rate of referral for social work assessment reduced. While contacts with the service increased by 14%, and extra-familial risks, including peer violence and exploitation, were highlighted for improved safeguarding attention, the number of children allocated to CIN teams fell by 9% during the year¹²
- the rate of re-referral of children for social work intervention within 12 months reduced negligibly, from 12.4% to 12% of all referrals during the year
- the percentage of referred children receiving a formal child protection response increased marginally. The use of initial child protection conferences (ICPC) rose by 8% and the use of child protection plans (CPP) by 1%
- consistent with this shift towards more focused intervention, the number of cases subject to a legal planning meeting began to increase towards the end of the first year, rising by 30% to 30 November 2016
- the rate of response to extra-familial risk, including through peer violence (in gangs and otherwise), was judged inadequate by inspectors (HMI Probation 2016)

Second, for children looked after during the year, there were mixed indications of more focused permanence planning:

¹¹ All figures cited are taken from Department for Education tables to enable comparability with other local authorities: <https://www.gov.uk/government/statistics?departments%5B%5D=department-for-education>

¹² The fall in the number of referrals to the CIN teams was outweighed by a fall in the number of case closures to the service as a whole, including the CIN teams (by 23% to 1811). By the end of the year the number of children open to the service as a whole had actually increased significantly (by 17% to 2459).

- there was a 33% increase in children becoming looked after through a care order (from 30 to 40) and a 14% reduction in those becoming accommodated under s20 (from 145 to 125)
- consistent with this shift towards more focused intervention, the number of cases subject to a legal planning meeting began to increase towards the end of the first year, rising by 30% after 18 months
- meanwhile, the proportion of CLA who returned home permanently, and avoided a sustained stay in care or accommodation, remained low, with almost half (46%) of those leaving doing so on their 18th birthday
- the proportion ceasing to be looked after through permanent placement (other than return home) remained low. Only 4% of children were adopted from care, and 10% through a special guardianship order

Despite the shortfall in the quantifiable evidence of MSW impact on child outcomes the potential of MSW to have a positive impact on parent engagement and change was confirmed by social workers and managers, who gave a number of positive anecdotal accounts to the Sussex research team. It was apparent in these cases that the risk to the child had remained the main priority for practitioners and managers, as was intended by the practice model. A number of these accounts were strongly indicative of the potential of MSW to have the effect required, when implemented as intended. Two separate case examples are presented here by way of illustration, addressing both the core the enhanced offer.

Case vignette 1: Safeguarding a young child using the MSW core offer

In this first case, the Deputy Team Manager explained how an avoidant father was engaged effectively by the social worker, to enable a young child to remain safely at home:

‘So initially, dad was very reluctant to really work around some of those issues and really think about his role in that. And I think it's quite a good case, thinking about Motivational Social Work, actually, and the MI work and the tools that were used in that. Because the social worker has worked really hard at kind of adapting that in bringing that to her work with the family. And we just had the first child protection review, and it was positive to see quite a shift in dad's thinking. That level of taking on some responsibility for what's happened and some ability to stay actually, I'm holding my hands up, I'm struggling, particularly with this little boy, I'm struggling to know what to do to manage his behaviour. Which was a shift from it's nothing to do with me, this is him and his behaviours.’(Deputy Team Manager)

MSW enabled a social worker, with the time and confidence to do so, to engage parents in changing their mind-set towards a child-centred stance. Most important though, is that

risk assessment was enhanced, too, because much more became known about what was happening in the family:

‘I think we had a dad... at first he was working with us... that didn't really... wasn't open to talking or exploring and was quite closed, really, was very closed. So we've had... it opened up that ability for him to be able to talk, and as a family to be able to talk and to be able to hear things from each other, not necessarily just from the professional, but from each other that they haven't heard before. And that has helped us to understand what is going on in that home and what is going on in that relationship, why is this dad finding this child so difficult to manage? Why is it that actually, he resorts to using physical chastisement? What is that about?’ (Deputy Team Manager)

Also endorsed positively in this case was the project assumption that space for reflection by the social worker in supervision was required, if the refocusing and intensification of her direct practice was to be achieved with confidence and in a skilled way:

‘So we've kind of explored quite a lot with supervision around where this family are at, the difficulties between mum and dad's communication with each other as well, the impact of that on the children and upon their parenting. In thinking about that kind of work that the social worker is doing for that family, what might be effective in helping them to kind of shift and move forward. And that's something I think the social worker has kind of reflected on, as well, that it takes quite a lot of planning, preparation for that work’ (note: this included doing a family tree together as a family) (Deputy Team Manager)

Having refused resolutely to attend a parenting programme previously the father had now signed up to do so and had started attendance alongside the boy's mother. The child protection goal had become more genuinely a joint one, having been authorised as such by the quality of the direct practice in a situation where insistence and threat alone had failed previously and the social worker had been little more than a signpost to a service:

‘Having that time and that planning has been helpful for the social worker to think about how she is delivering that. And that shift from it not being ‘this is what you got to do’, you are in the situation, to more of a well, actually, let's really explore what's going on here, let's explore what is going on in your family. That helps them, I think, to think about it themselves... it feels like it has come from them much more than it had come from necessarily us or the network, the system.’ (Deputy Team Manager)

Case vignette 2: Clarifying the permanence decision using the enhanced offer

In this second case a Team Manager reports how the enhanced offer was recruited to support rather than substitute for the direct MSW undertaken and enable a plan for permanence elsewhere to be confirmed:

‘So the social worker remained very much involved doing the parenting assessment of the child and family. But we brought in these experts in to help us with what we are seeing and what we are understanding. We had a psychologist involved....we asked the mental health worker to have a look at the case and there was a perinatal team involved. So, under letters of instruction, we asked them to look at the case of mum's parenting in relation to does her mental health have an impact on her ability to parent the child. We had the psychologist work alongside mum and particularly the older child, to look at does mum have the capacity to meet the younger child's needs, and also look at their relationship and their dynamics within that. We know the social worker from a social work perspective was coming up with some of her views. However, we wanted to look at, does mum have the capacity to change her parenting skills in a way that will meet the child's needs? And within the child's timeframe?’(Team Manager)

Better informed decisions could then follow as result of practice that combined statutory authority with enhanced knowledge and skill, as intended:

‘I think we were able to help her to think why would we be worried about it? Because she was very often like, well, you know, I did that with my other children and it was fine. The social worker said she needed to change that a bit and sort of say to mum, well, why do you think I will be worried about that? And then... but I think mum got a bit stuck with that. And I think that actually gave us some insight in terms of mum not being able to think beyond her own perceptions and desires. So that was one of the things that we were able to do to put in our statement as evidence.... it helped us to safeguard the child.’ (Team Manager)

In this case the CLA team could then pick up the social work role in permanence planning for the baby, in the more timely way intended, knowing that analysis of parental capacity to change undertaken in the CIN team had been skilful and informed, rather than superficial, as the social worker herself thought might have been the case previously.

Outcomes for the local authority

The overall finding is that the DWC:MWM project as implemented initially in one distinctive agency context, had made a promising start in its initial stage in building the practice system capacity necessary for change for children and families to be achieved and demonstrated. The potential of the MSW practice model (DWC) to improve the

quality and impact of social work engagement with parents at the outset of intervention can be demonstrated, suggesting that safe decisions and plans could be made routinely for children, once the model is improved in the light of internal and external research findings. The extent of the challenge faced in establishing a radically new and reliable practice improvement and performance management process (MWM) has been illuminated. The embedding of a dedicated research team in the service enhanced agency capacity to learn from early experience of innovation, and ensure evidence-based changes were put in place without delay, and tested further in turn.

Combined evaluation results can be summarised as follows:

- practitioner trust in the efficacy of MSW principles, theory of change and practice methodology (DWC), and self-confidence in working in the new way, developed significantly but unevenly across the CIN service in the transition stage to full model implementation
- established agency culture and climate was facilitating, as well as inhibiting, of active engagement by practitioners and supervisors on the ground
- testing the efficacy of the MWM model took longer than anticipated but this enabled plans to be refined, new evaluation questions to be identified and LPIR methods reviewed

Meanwhile, cashable cost savings associated with project impact to date had yet to be realised. A funding gap developed, due to the need for the TGC embedded research team and the London Borough of Islington project team to be retained longer than anticipated. This increased the local authority financial commitment with regard to the level of cost avoidance required (now £5.1m) through reduced CLA numbers resulting from improved support, protection and permanence planning.

Developing practitioner trust in MSW and self-confidence in working in new ways

Progress in embedding the MSW model in practice was uneven and sometimes hard won: 'I don't think we quite realised what a big transformation or a systems change project we were actually launching ourselves into.' (Deputy Team Manager). Nonetheless, the evidence that progress was being made in building trust, confidence and skill was unequivocal. Pivotal here was the significance for practitioners and managers on the ground of the confidence being placed in them by their agency. Although wary when they detected any overhyping of the project, people wanted to celebrate the new expectations:

'I think there's something in the fact that we are being invested in, in this way ... there is a thought from those, the senior managers... that our experience and professionalism is being taken seriously.' (Social Worker).

The London Borough of Islington in-house health check, survey and consultation findings confirmed that this investment had to be realised effectively by project leads through the designated transition period. Where service management changed during the project period, the challenge was exacerbated.

Operational aspects of the transition process were identified as being especially significant in influencing the development of practitioner trust and self-confidence, where expectation and anxiety were raised. A continuum could be identified in the extent to which the personal motivation and reflective functioning capacity of practitioners (and supervisors) had been nurtured through the transition period. Categorical and mechanistic thinking gave way unevenly to a more imaginative and attuned state of mind with regard to managing uncertainty and anxiety.

Making the transition

Three operational aspects of the transition process were identified as being especially significant in influencing the development of practitioner trust and self-confidence where expectation and anxiety were raised. These were practice model incompleteness; practice model overlap; and time to consolidate understanding and commitment to new ways of thinking.

Practice model incompleteness

Various metaphors were used to suggest change had been scary: 'we're putting the plane together whilst we're in the air, you know' (Social Worker), and 'it feels like we've been, kind of, dropped in the deep end to see what works' (Social Worker) and 'it felt like something new was being introduced when we weren't fully steady or didn't feel like the foundation was like firm and we had another bit to be added on top.' (Social Worker). Sufficient reassurance was not always forthcoming:

'even though they've been very open, this is what we're planning to do, we want a lot of feedback.....but then because they haven't really been able to answer people's questions of what will it look like, so it's caused a lot of people being a bit unsure about it.' (Senior Manager).

Where change to practice system and methods was expected to be comprehensive, but model design was unfinished, and the core components not yet in place, the pace of the transition posed a threat to its success: 'I think my overall view is there some really, really positive parts to it. As a model as a whole, I think it's a little bit unfair because I'm not sure that we had the opportunity to really embrace it as it's come in a little bit in dribs and drabs'. (Social Worker). This could exacerbate uncertainty in the early stages of implementation: 'I think there is a little bit of feeling about people being muddled and not really 100% sure about what they're supposed to be doing.' (Social Worker). Questions about the underpinning architecture for statutory case planning remained unresolved: 'I don't think that there is an answer, yet, for how we're going to make the 2 (core groups and intervention planning meetings (IPMs) mesh together.' (Team Manager).

Practice model overlap

Uncertainty and anxiety were lessened significantly where overlap between existing and new practice expectations and methods could be minimised, allowing the opportunity for MSW to be employed without distraction. Accounts suggested that trust and confidence in MSW was facilitated where it was introduced in newly allocated cases, and where parallel processes of case management and decision-making were minimised:

- starting work afresh on newly allocated cases helped in confidence building: 'In our team we started bringing in the new way of working for every case that started to become open.....so it wasn't overwhelming' (Deputy Team Manager).
- the lack of time to develop and demonstrate practice improvement and impact, to the level expected on newly allocated cases, was a concern, where work on existing cases, which used different methods, had to continue. This was especially so where existing cases could not be closed and the level of new referrals requiring an MSW response had escalated. This happened unevenly across teams: 'Some stuff's been introduced, some stuff hasn't, and also we're in the middle of a situation where I've got half... more than half my cases that are old and maybe 2 or 3 that are new.' (Social Worker). In this situation, intensifying contact was a challenge: 'I'm finding that actually the weekly visits are what's tipping it over the edge from being, my caseload from being just about manageable to actually being overwhelming.' (Social Worker). Where new social risks, including peer violence, had to be addressed too, the pressure increased
- the introduction of MSW methodology into the existing procedural regime for statutory social work at case level meant that a parallel process of case management and decision-making became established. The time taken in introducing the new RAG risk assessment and planning methodology took most of the first project year

Existing statutory requirements continued to prevail, and reconciling different procedural demands added to practice demands:

'I've got both CIN and CP in one family and although I might be able to combine the meetings of CIN and CP in the Family Intervention Planning meetings, you know, that occur on a regular basis, the paperwork is totally different. And so, therefore, I have to do a set of corporate minutes, there's an interview, I have to do review outcome notes which are set up differently, I have to do 2 different sets of goals each time and that, to me, takes all the time' (Social Worker)

Managing parallel processes could be unhelpful to the direct work with families:

'it hasn't really fitted that well into the model because we're also working with the child protection framework, which they were already on. So I was already doing increased visits, and actually, with this family, they also had 2 visits anyway with the family support team as well, so in conjunction with my manager, I'm actually

not doing weekly visits with this family because they were just becoming overwhelmed' (Social Worker)

These problems might be expected to be temporary. Once existing cases had been closed and the RAG methodology, and the enhanced offer, become embedded the social work relationship will become central and other agency visitors experienced as complementary and reinforcing, consistent with the project model. This assumption was supported by a number of practitioner and manager accounts of examples where this had started to happen (see below). Similarly, as there is nothing in current statutory regulations and guidance (HM Government, 2015) which disqualifies MSW protocols for the timing and focus of decision-making meetings about risk, any reconciliation with the legal rules should pose no significant problem.

It might be that these problems of overlap contributed to the variation in levels of MSW skill reported by the TGC team. Where practice conditions in a team were such that work on pre-existing cases could be concluded, and new MSW caseloads could be built up as intended, celebration replaced concern and discontent:

'this is the first time, since I qualified, that I've really had the opportunity to spend a bit of time thinking and doing some reading and preparing myself for the visits. I had a little boy who liked a particular television character, and I found he was quite monosyllabic with me, and so I tried to learn a bit about... I had a bit of time to have a little bit of a read around that so that I could talk to him about that, which was nice.' (Social Worker)

Those social workers in teams which found they had time, because the intended practice conditions had been established more readily in their case, were more likely to speak in this way.

Time to consolidate understanding and commitment to new ways of thinking

Practice conditions aside, there was concern that the change model underpinning MSW might in itself not be sufficiently trustworthy. Doubt centred here especially on whether or not the strong theoretical base that clinicians, such as psychologists, brought to their practice was matched by the theory of change underpinning MI, such that MSW as implemented would enable social work to be effective. This concern was expressed especially where parent capacity to change and learn was significantly compromised by parent mental health problems. This anxiety was amplified by the expectation that more children, in precisely these situations, were expected to remain safely at home following CIN service intervention.

Questions were raised about the theoretical depth of MSW:

- attention was drawn to the risks associated with not having the depth of knowledge and skill necessary to work effectively in these circumstances: 'there's some mothers where I don't think it would work, the MI approach, and that's usually

because of, I'm thinking in particular, of a mother who's got a personality disorder, undiagnosed' (Social Worker)

- practitioners worried about the extent to which the theory embedded in MI was sufficient to help them explain and address parent capacity to change: 'I feel with motivational interviewing it's almost, like, a technique, but then, you know, where is the theory that underlies that technique?' (Social Worker)
- the theory of change seemed superficial to some, or unfinished: 'I like the idea of what it's kind of leaning towards, but I don't know if it's completely there yet.' (Social Worker) Indicated here is the fact that, although the training had explained the theory of change of MI (and of task-centred and timely practice), this did not persuade practitioners where their practice experience of the constraints on parents' capacity to change challenged that theory
- the timescale for practice became a pre-occupation where MSW theory appeared to assume a speedy resolution either way: 'sometimes, actually, change takes a long time and there are not necessarily, sort of, easy, quick fixes to people's problems, you know. They are really entrenched.' (Social Worker) Practitioners asked 'we're talking about change but change in what exactly?' (Social Worker)

Practitioners also expressed concerns around the ethical implications of MSW. 2 different kinds of uncertainty about the legitimacy of the MSW model were voiced:

- firstly, some practitioners struggled with challenge of incorporating the MI practice principles with the ethical requirement to be transparent about the authority embodied in the statutory social work role: 'The motivational interview techniques are very difficult to work with when you're trying to... well, when you need to be very clear about concerns and you have legal issues that you have to say very clearly' (Social Worker)
- secondly, there was concern about assuring professional accountability to parents where expectations of change had been enhanced: 'Should we be a bit more expert in MI before we start really using it properly? Some of us feel like we're going round in circles with some of our clients' and 'if it's not done very well, if you're doing that kind of session, a parent could be felt... left very uncontained by that. And we're not trained therapists, and as much as you can summarise, as I said, you need to be a very skilled social worker' (Social Worker)

Additional training workshops, especially on child development, attachment and related theory, were welcomed but: 'I feel like I need something a bit more intensive, if that makes sense..... I still feel that we need more knowledge in these particular areas if we're going to be going there every single week.' (Social Worker) Those registered on external training courses in support of their continuing professional development were able to enhance the theory in this way, and gain confidence in themselves in the newly intensified practice relationship:

'I try to get parents to mentalise the children at all times. So it's constantly using their own words and being in their space and then for them to sort of mentalise the social worker as well. So from my perspective, how does that look, you know? Constantly having those conversations and that brings up... that brings up un-comfort for parents and it's about working with that un-comfort.' (Social Worker)

Access to psychological expertise and explanation through the enhanced offer (itself developed out of the well-indicated team around the worker model (Bevington et al. 2013) was celebrated universally, as being a means of theorising parent (and child) states of mind. This was seen as being enhancing of therapeutic understanding as well as supportive of effective intervention planning: 'What the psychologist very eloquently, very nicely said, don't be afraid to challenge, and you're going to have to say, after 5 minutes, you've talked enough now, and I need to talk. And I must admit, I - I'm speaking personally here - I didn't know I can do that. But maybe in the MSW setup, if we'd have had access to the psychologist much earlier on, in the referral stage...' (Team Manager).

It is important to note here that practitioners were expressing fears, not simply that the integrity of the statutory role was compromised by MSW methodology, but also that their capacity to elicit change through the use of MI theory in practice, once that role was confirmed, still fell short. Without this understanding of how to engage parents and children, where changed thinking and behaviour were not so readily accessible, the risk was that social workers would conclude that MI theory was ineffective in practice.

Moving through and beyond uncertainty and anxiety

The personal motivation and reflective functioning capacity of practitioners (and supervisors) had had to be nurtured through the transition period, where the practice conditions required to support MSW uptake had not been secured as consistently as intended. Social worker uncertainty about the change to MSW, and anxiety about their own capability in the early months, required careful attention by project leads and trainers:

- practitioners were not always sure that training and the practice conditions had left them with 'the ability or the skills in MI' (Social Worker) now required. Anxiety was amplified where training which was offered subsequent to the core compulsory MI sessions allowed insufficient time for reflection on concerns about model theory that had arisen in the meantime: 'when we went to the training, it was almost if you wanted to ask a question about what had gone before, it was almost like it was frowned upon and it was like, you know, why are we going back.' (Social Worker)
- social workers recognised project lead and trainer frustration but wanted their own anxiety to be recognised as part of the learning process: 'it wasn't embedded enough for us to be feeling secure to move on to this next bit.' (Social Worker) In turn, leads and trainers were unsettled by the extent to which previous training,

including during qualification, had left practitioners uncertain about their capability to form core helping relationships

- making the change to a much more intense level of personal intervention, by seeing children and parents much more often, was hard work: 'I'm knackered, absolutely knackered. One of my children that I saw yesterday asked me why I look so tired, yes. But it's a lot of work. It is a lot of work and yes, it is a lot of work' (Social Worker)
- where practitioners were hard-pressed in their teams, they could become cross when they thought their experience was not being recognised fully as the new expectations were unrolled: 'The emotional impact and the amount of work is not taken into consideration in social work jobs, and if we're moving towards a more clinical and therapeutic model, then those are the things that they might want to start considering and putting in place for social workers as well' (Social Worker)
- questions were raised also, especially by those recognising that change was not taking place for them as intended, about agency capacity to see the project through: 'is it even possible for them to put in the amount of input, financially and time wise for us to all become confident in using MI?' (Social Worker)

A continuum could be identified in the move to greater trust, confidence and skill, where categorical and mechanistic thinking gave way to a more imaginative and attuned state of mind with regard to managing uncertainty and anxiety.

Trying to fit MSW in

In some cases, categorical thinking which had come to dominate understanding of the relationship between the statutory function and the practice skill continued to pose a challenge to practice change: 'child protection is very clear of what we need to do, and I find it hard to try and fit in the MI stuff.' (Social Worker) Attempts to fit the new MI skills into customary practice in a mechanistic way indicated how much more was still required from training and other support: 'I gave her (a mother) choice, these are all the different options, and this is what will happen – this is what I think should happen, but this will happen if this happens, if this happens – and left them to kind of make the choice.' (Social Worker) Developing an integrative mind-set was a struggle for some: 'we're the children's social worker, and we're not the adult's social worker, so we can't really be kind of catering to what the adult wants all the time– so their needs actually come second to the child's.' (Social Worker) What counted as effective change had yet to be fully grasped:

'some parents, especially those, you know, their ability to hold things within their memory is not maybe as good as what it could be, and when you're in a situation where you need... something needs to change quickly, sometimes you don't have that time to be doing all that change talk.' (Deputy Team Manager)

Confidence in taking on ownership and control of the new practice methodology as required could take time to develop, too:

‘the intervention planning meetings, the goal-based stuff and going through that booklet, I don't find... I don't work prescriptively. I tend to work more intuitively but use the tools that I develop and change for myself, if you know what I mean? It doesn't allow for flexibility. It feels like a chore.’ Developing a child-centred mind-set, and capacity to see what was happening and what needed to change from the child's perspective, was the hardest thing to do for many. Sometimes, the lack of progress in achieving this foundational practice task of imagining the mental state of the child was alarming: ‘She's a baby. I can't put my mind... I can't think of... I can't relate to that.’ (Social Worker)

Making sense of and trusting in MSW

Mostly, though, the qualitative accounts confirmed that social workers had become engaged actively in making sense of, and managing, the new expectations placed on them:

‘I think it's so that social workers can engage more and, I think, make more change, hopefully, to the lives of the people who they're involved with, so the work that's done makes a change, a lasting change. And so these families don't come back through the system....if an individual makes the decision or comes to the realisation that they want to make changes in their life, it's more long lasting, whereas if a social worker is actually, telling you what you should do, or anyone is, you're not going to be as likely to sustain that change than you would if it was your own decision.’ (Social Worker)

There was recognition that responsibility for achieving change was a 2-way process:

‘often people talk about families talking more meaningfully with us, but, you know, it goes the other way around as well because I think, you know, when you've got lots of cases it's really easy to just, sort of, not really think about them and what's going on for them, so. I think it's, sort of, a 2-way stream which is really good.’ (Social Worker)

Tentative, yet coherent, accounts of the practice relationship could be developed as understanding and confidence developed:

‘she knows what needs, essentially what needs to change. There's times when she's just not sure how to get there and she gets very confused and very kind of caught up with different things and side-tracked, but again I think she recognises that a lot of that is linked to the kind of chaotic thinking and things, is linked to kind of the substance misuse and that's something she, you know, she needs to address and that I would say is the main thing that she needs to work on.’ (Social Worker)

Heads could be held above the water enough for the benefits of components of the new MSW practice methodology to be celebrated: 'I think it is better [the new assessment form], actually breaking things down from the child impact analysis. I'd probably not really recorded that through case notes as much as, like, for court. So it probably would be better to kind of see patterns and things, sometimes you can kind of just run with families, and kind of, because you're busy, just let things... not notice things as much.' (Social Worker)

Feeling confident about achieving change

In some cases, trust and self-confidence were well advanced, and accounts were informed and enthusiastic:

'She (a mother) had to really think. And then, I guess that gives you more of an idea of actually how much they understand what you're asking. I think it's a really planned way of working too, which I like. I think you know what you're hoping to achieve from each session, which has been really helpful when working with families.' (Social Worker)

MSW started to make sense in the child protection role too:

'I guess this is where it differs from the child protection plan because you're far more specific about: and we will be doing... you know, first session, I'll do a genogram, second session we'll do some work on, you know, child development. You know, you're far more specific about what you'll be doing at each session, with the parents, with the children, as a family as a whole.' (Social Worker)

Social workers could start to see how a real impact could result:

'It speeds up, but then I also think it also think it slows it down in terms of the amount of information that you might find and I also think that we're uncovering a lot more information which then increases our risk because we've had a lot more children in care proceedings since all this started.' (Team Manager)

Practice became more sophisticated:

'I'm leaving them to think about it so after a home visit I'm not giving you the answers. I'm just depositing little seeds for you to think about and then we revisit it again next week and then we carry over our agenda and our purpose of this meeting to go back and to have these conversations and to reflect back with parents on these conversations, you know? The more it's in their mind the more they've got work to... the more they've... the more work they've got to do, not just physical work but more thinking work.' (Social Worker)

Many examples of change were cited, especially following more intensive work with parents. Several practitioners also described creative practice with children, supported by tools and methods researched and developed themselves.

Overcoming stigma

While the social work service may have changed its mind-set with regard to parents as collaborators in achieving change, and introduced more effective methods, the significance in practice of the continuing stigma attaching to statutory intervention in family and social life and the social work role was a factor not included prominently in project design. Stigma could be a significant concern at the outset: 'some families have got set minds about what social services is and it's hard to break that'. (Deputy Team Manager) This could persist despite the care taken by the social worker: 'I think that she felt very anxious about us being involved, children's services being involved, and I'm not sure that we ever really got over that initial... like the stigma attached to us.' (Social Worker) Some social workers found a way to use their MI skills to enable a parent to get 'a really difficult experience of children's social care....out of his system' by enabling him to feel 'a little bit safer and less frightened by us'. (Social Worker)

Agency, culture and climate

Agency culture and climate was both facilitating and inhibiting of active engagement in change by practitioners and supervisors on the ground. The qualitative accounts confirmed project lead assumptions that agency culture (understood to be the way things were normally thought about and done in the London Borough of Islington) might be expected to impede progress on MSW implementation, even where the practice methodology was in place, and the workload pressures resolved as intended. This assumption had been suggested to project leads by the findings of the previous RCT, that training alone had no demonstrable impact on skill in practice. Nonetheless, a more nuanced account was provided, too, by social workers and supervisors or managers. Three main findings emerged here: agency social context understood should be in the round to include climate and culture as understood within the wider political context; managerial and corporate authority and resources could be facilitative, as well as constraining, of change; and organisational social context at team level is especially significant.

Agency social context understood in the round

Consistent with the idea that trust (in others and in self) was the lynchpin for implementation success, agency social context (Glisson et al., 2012)) understood by reference to organisational climate and culture combined was indicated to be the key factor here. That is to say, it was how it felt to work in the London Borough of Islington (climate) as well as the way the agency thought and behaved in practice (culture) that counted too. This much was indicated strongly by accounts provided in the transition period, as reported above, where strong feelings stirred up by the extent and pace of the

expectation of practice change became the driver of progress themselves once they were contained and channelled and trust established. The importance of attending unwaveringly to agency climate (containing anxiety and consolidating trust) as a key factor in project success was indicated through the initial transition stage and beyond, as further evidence was presented in the annual Social Work Employee Health Check survey (March 2016) that feelings stirred up by project implementation continued to run high¹³. The overall survey finding, that morale appeared to be lower than 12 months previously, was consistent with external evaluation analysis of the significance of project lead and agency management attention to feelings on the ground throughout the change process. The recommendation that, senior managers should continue to be more readily visible and available to their teams and take the temperature of morale periodically to allow an opportunity for staff to voice their frustrations directly captured the core need precisely: to show recognition that, even where new ways of thinking and behaving have been confirmed, care and concern needed communication too.

Furthermore, the significance of local public legitimacy for service innovation emerged as a key matter for consideration. The importance to practitioners and managers of the political support they had come to rely on from council leaders was notable. The trade-off between firm service management and continued trust by politicians, demonstrated in high levels of resource, is an important consideration here.

Managerial and corporate authority and resources

Managerial and corporate authority and resources can be facilitative as well as constraining of change. The organisational social context in place at project inception was indicated in the qualitative accounts to be facilitative, as well as constraining. While there is much evidence in the accounts that customary ways of thinking about, and practising, supervising and managing social work were constraining of innovation, it was the case also that confidence in the existing practice system provided the sense of safety demanded on the ground, if risks were to be taken appropriately to develop practice effectively, and not just be avoided. That is, when practitioner wariness about making a risky decision for a child was respected rather than dismissed, practitioner wariness about taking on the new MSW practice model seemed more likely to be diminished not less. The idea that there might a simple trade-off between management direction of casework and practice 'innovation' was not supported by the evidence of the accounts. Instead, the need for a more considered way of thinking about the relationship between professional and managerial authority to act was indicated. The key theme here was the importance of integrative, rather than split, thinking about managerial authority and leadership (including giving direction) and professional autonomy. This applied to

¹³ It should be noted that the survey extended beyond practitioners in the CIN service, whose morale was likely to have been affected in ways other than those raised by CIN workers. The project lead view was that this included feeling excluded from a new initiative.

managerial direction in general; the focus of supervision; and the availability of specialist resources to support MSW.

Managerial direction

Throughout the initial project period the London Borough of Islington provided practice leadership at AD level from the Director of Specialist Services, who had long been respected and trusted for getting the balance right between protecting the service and demanding practice of high quality. One team level manager drew the analogy with permanence planning:

‘You know, it's been like, brought into a family, where the standards were high, resources were excellent, and do what you need to do with those resources and this management structure. We're all in it together. We're all doing the same thing.’ Another referred to one Head of Service as ‘the mothership’. (Team Manager)

Consistent with this mind set, the evidence was that those in positions lower down the hierarchy were not expected to let the service down:

‘I've always felt quite safe. We've got a Director that doesn't take prisoners. She fights our corner tremendously, which is why we've probably been saved from, you know, job losses, etc. here. But my God, you don't take it for granted. It's, you know, you've got to do good work or face the music.’ (Team Manager)

‘Good work’ here meant practice which met service and corporate requirements in ways susceptible especially to established performance management conventions. It was this which had led to positive judgments of the service, including by Ofsted, and which was understood to have resulted in the social work service in the London Borough of Islington maintaining strong political support, and hence public legitimacy.

The need of team level managers to demonstrate that good work was being done, and to contain cost in tight times: ‘because costs spiral pretty rapidly’ (Team Manager), contributed to a decision-making hierarchy in which team level managers, rather than professional social workers, were expected to provide case direction. Managers not social workers chaired routine case level meetings, such as core groups and IPMs to ensure good work was being done. Managers took cases to the Access to Care and Resources Panel (ACRP). If social workers wanted to take on more leadership and authority they had to apply for a management job. This was one of the causes for complaint in the Social Work Employee Health Check survey (March 2016), where concern at lack of career development opportunities in practice itself was shown to be growing: ‘If you don't want to be a DTM (Deputy Team Manager), where do you go?’ (Team Manager). Nonetheless, social workers did not speak in ways that suggested they wanted a simple trade-off, with an overbearing managerial grip set aside simply for more professional autonomy. Instead, they valued the availability of the significant management support provided in the London Borough of Islington:

'In fact my caseload is higher, there's more pressure than (previous local authority) and the reason I left there was because of high caseloads. The only different factor with Islington is that there's good support from management, you know, from the line practice manager and the team manager.' (Social Worker)

Social workers were prepared to take on more responsibility, once trust and confidence in MSW had developed, but they expected management to provide 'a bit of a safety net' (Social Worker) should things go wrong in practice. The requirement to show corporate accountability through strong management facilitated, rather than undermined, risk taking in practice. It was when management was distant, rather than determined, that anxiety and annoyance were expressed.

The focus of supervision

Some managers thought an earlier emphasis on MSW supervision would have been beneficial:

'We trained social workers and they went on a lot of training, and we didn't train the team managers. We've not been... Well, it's slowly coming. My manager could have been trained and led me, and I could have been trained and led my team, and I think we've actually pushed our team, social workers, out to do it. Not quite sure what we're asking them to do, but... We were, kind of, left to get on with it.' (Team Manager)

In fact, during the period June 2015 to February 2016, 3 half day and 2 full day sessions on MSW leadership and supervision were provided. Meanwhile, an exploratory study of 34 individual supervision sessions undertaken by TGC between September and December 2015 confirmed the need for the training. The findings were that supervision sessions did enable managers to have oversight of the work undertaken by social workers and for social workers to be accountable for their work. However, they did not act as a more constructive influence on practice, as would be required if supervision was to become central to the process of enhancing MSW practice performance.

Once the shortfall had been identified, and training rolled out, a shift in practice started to take place, and was confirmed by social worker and manager accounts. In the same way that social workers had been uncertain and anxious, more or less, as they found their way, so too were managers. This applied to the way in which time was used in supervision (as it had been in direct practice):

'I'm finding that the new model, the intensity of the input and the tools and much more emphasis now on quality and aim, actually not just going to tick a box to say you've been on a visit; actually, what are you really doing on that visit and focusing in. The actual work itself is much more vocal. I think that there's more conversation. I feel that when I'm hearing things, I've got a better feel sometimes

of the children we're working with. We hear a lot about the parents, but they're bringing back direct work tools that children have completed.' (Social Worker)

Managers, in their corporate role, imagined they could start to let go of anxiety about cases losing direction in risky ways as a result,: 'I don't see why we have to chair every core group. They're (social workers) already chairing more of their intervention planning meetings themselves. Yes, I would give them back the core groups.' (Deputy Team Manager)

Specialist resources

Almost everyone spoke about how significant to their loyalty to the London Borough of Islington was the political commitment of officers, and the strategic skill of corporate and service managers in protecting resources for children and families. This in itself was a double-edged endorsement from the project perspective, where it was social work reliance on stepping cases down, or referring children and parents on for an intervention by the well-resourced early help services, that had impeded the development of practice confidence and skill. Some social workers confirmed their anxiety in this respect:

'a lot of the areas that we're dealing with now are very specialist, whereas before you would project manage the specialised areas. But now, even though some of those services are available, I'm the one who's having to go into the house and I'm the one who's having to do that parenting change, and I've had, like, 2 or 3 afternoons of, like, training. I don't feel like I'm doing some families justice.' (Social Worker)

However, most had grasped project theory that justice would be secured by MSW so long as the enhanced offer was mobilised as intended. Significantly, perhaps, the anxious social worker cited here was one of the few who attached specialist need to a child rather than a parent. As discussed earlier, it was concerns about either parental mental health or capacity that dominated.

Social context at team level

Social context at team level is especially significant. The accounts from those on the ground suggested strongly that team culture and climate was itself generative of progress, both individually and collectively, towards MSW uptake. The contrast was striking. When the social context of the team was positive and purposeful, and validated as such, practice endorsement of new ways of working was unequivocal: 'the word on the street is that we're known as being a good team that's up for change and has embraced the new kind of working. And that with, you know, a supportive and a nice team to work in, which is totally my experience. I love it.' (Social Worker) When this was not the case, practitioners could find themselves stranded in the face of the new demands:

'I'm still a bit sort of uncertain about that and not really sure. And especially because it's not something that's kind of becoming particularly integrated, it's not something that's particularly integrated into our team or it's not, it's new to everybody, it's not something that, you know, you can sort of ask about or there's a clear example or anything.' (Social Worker)

The use of managerial authority was important here, consistent with long-standing agency culture. Where team level management was committed on behalf of the service, change could be facilitated effectively:

'it was really well managed by our team manager, because I know some other teams haven't quite settled into it and that worked really well for us. It wasn't overwhelming. We had our reservations, like, oh my goodness, it's a lot of change, we're going to be expected to do a lot of work, but actually, before we'd just been coordinators of other people doing that work and we've got to do it ourselves, so there's a lot of anxieties around that, but it's been very well managed, in my opinion, by our team manager and very supportively put into place.' (Social Worker)

This required confidence on the part of the manager about how to generate the right social context:

'it became really clear to me right from the outset, you know, it has to be a whole team, sort of, push and drive. There's no point in me saying something, workers saying something... So it became clear to me we had to sit down and talk about, okay, what are our aims, what is making us feel anxious about this? The other thing that became clear to me was that unless we drive it and trial it, while we're in the trialing phase of it, we're not going to be able to influence it either.' (Team Manager)

Embedding the process of change within existing team processes worked well: 'And we explored that in our team meetings, as well, I think, and just discussions that we had, how does that feel. And then how does that impact on you being more likely to then just go back to communicating the way you would normally communicate anyway. So I think it is quite a mix, and obviously some people find change quite difficult. And maybe acknowledging that we have some people in the team that acknowledge, actually, I find change quite difficult.' (Team Manager)

In those teams where the social context was secured in these ways, novel aspects of the MSW model, such as group supervision, started to flourish more readily.

Testing the efficacy of the MWM model

The original plan for testing the efficacy of the MWM model of practice improvement and performance management to be confirmed by the TGC research team during the initial project period, prior to roll-out across the CIN service, proved to be over-ambitious.

However, this was recognised early by project leads and significant adjustments were made to implementation plans into, and through, the second phase to March 2017. These plans are set out in the Measuring what Matters in Islington Summary Report, Appendix 2 (Westlake et al. 2016). They are anchored firmly in the evidence of what worked well, and what less so, gathered by the TGC embedded research team during the transitional phase to July 2016.

There are 2 main findings to report, emerging from a combination of the results of the TGC internal evaluation of the trialling of MWM and the independently collected qualitative accounts. First, the challenge still faced by project leads in mainstreaming the revised and evidenced-based MWM process is substantial. The evidence to date is that no simple shift to a new method of overall performance management and practice improvement can be guaranteed. Second, the research findings considered together provide a qualified endorsement of the changes proposed by the TGC team in the second project phase, to March 2017.

The continued challenge of MWM

The Summary Report and 2 Practice Reports produced by the TGC team provide verification that systematic collection of data relating to social work practice skill and impact, which was required to populate performance dashboards at service level is very hard to achieve. While the research element of the MWM methodology enabled data to be collected, such that direct practice skill could be tested and compared, that data was insufficient to meet the requirements of systematic performance measurement, for 3 main reasons:

1. The contingent nature of the process of data collection compromised the integrity of the methodology. As the TGC Summary Report confirms, 31 social workers eligible to be included in the sample were not, in fact, observed (this from an establishment of about 70 during the project period) because either parental consent was not forthcoming or social workers did not facilitate this as required by the agency (Westlake et al., 2016, p.29). Social workers worried about this too: 'if you had 4 cases and none of those cases (parents) agreed, then you would have nothing to do with regard to you being able to practise, be assessed, if you like.' It was not possible for the TGC research team to confirm the extent to which the needs of children and families included in the observation sample were representative of the CIN population as a whole.
2. The episodic approach taken to observation meant that performance, and its improvement, could not be tracked and aggregated at individual and service level in any consistent and reliable way. From the social work perspective, this meant that evaluation was 'all like little snapshots'. (Social Worker) Some thought that research evaluation might have been attempted too soon, in any case: 'if people don't really understand exactly what they're doing, then you're getting feedback on

something that isn't true feedback of a model that's actually there and set up to run. It's not really giving the model a fighting chance.' (Social Worker)

3. Selecting MSW skill as the primary focus of measurement of practice quality meant that MSW performance as a whole remained untested. For example, this approach did not allow the efficacy of the RAG risk assessment methodology to be evaluated. Yet it was this aspect of the MSW methodology that had attracted critical attention in an independent audit, commissioned by service leadership at the end of the transitional phase, in July 2016. Despite their anxiety about being evaluated so directly and so early in the project transition period, social workers thought a comprehensive approach was needed of the overall picture of their performance: 'it provided feedback on my interaction and things like that but in terms of the overall picture of how I'm working it doesn't really do that.' (Social Worker)

Where 'what matters' was seen to be MSW practice quality (and impact) as a whole, an embedded research method designed primarily to observe and report levels of MSW skill (and impact) was likely to fall short of performance management requirements, understood as whole. The challenge of retaining (and funding) the novel embedded research methodology, and aligning it with the in-house 'local performance indicator report' process remained outstanding as the second phase of the project got underway in autumn 2016. In particular, the absence of a link between measures of practice quality, activity and impact had yet to be resolved.

Qualified endorsement of proposed changes

The Summary Report sets out a 3 part plan for MWM model enhancement, in the light of experience on the ground during the initial phase of transition. This includes:

- separating service reporting from individual coaching
- prioritising 'high risk' cases for MWM performance management and practice improvement (supplementing numbers by using self-selected cases on the same basis as previously)
- integrating coaching and management supervision in these cases

Meanwhile, more routine observations of supervision would take place. These would be coupled with feedback for individual managers, and undertaken alongside observations of social work practice and family feedback. It remained to be seen whether practitioner and manager expectations would be met by the new strategy, where the hope was that case direction (what should be done) should be aligned with, rather than displaced by, the focus on skill and purpose (how and why it should be done).

Practice improvement

The renewed commitment to 'begin to shape the practice system more purposefully via supervision' (Westlake et al. 2016, p.52) was congruent with demands on the ground,

during the transition phase, for trustworthy managerial leadership of change. It was in line, too, with social work hopes that feedback could be more continuous over time, case by case:

- coaching itself, following research observation and recording of MI skills in practice, was valued when it happened: ‘Well, it definitely made me more confident. Because she really highlighted all the bits that were good, like... and the fact... she highlighted the bits that she felt that I kind of naturally do. So that helped me be a bit more conscious of it, and kind of know that I’m on the right track.’ (Social Worker) It could encourage greater individual expectation of, and responsibility for, practice improvement: ‘I think it then gives you more, sort of, incentive to go out and practice it with the next family’ (Social Worker)
- aligning coaching and supervision in order ‘to change the primary function’ of the latter, ‘so that it becomes less about management oversight and more about professional accountability and the quality of practice’¹⁴ (Westlake et al. 2016,, p.51) was consistent with the hopes of some who already expected more than oversight and direction from supervision: ‘I’d rather actually have that feedback session with my manager there, so we’d both got something to work on, or my manager helps me to work on that feedback’ (Social Worker)
- it was less apparent, though, what the benefit of adding coaching in would be, where consultation and (or) supervision was supported already in enhanced offer cases. The indication of the qualitative accounts was that the distinction between social work supervision, clinical supervision and coaching demanded more attention. Project leads thought there would turn out to be a strong alignment of coaching with the supervision role set out in the Knowledge and Skills statement. Where the focus was to be shifted to high risk cases, the potential for tension between the 2 different kinds of practice improvement support seemed to be apparent. That the continued focus on observation and improvement of MSW skills alone was not indicated by practitioner accounts was recognised, too, in the new formulation of MWM

Performance measurement

Separating the standardised measurement of performance, for service reporting purposes, from practice improvement discussions in coaching supported supervision might be expected to achieve 2 objectives:

- to reduce concerns of those social workers less sure that standardised feedback on performance should be shared with their manager: ‘I have a lovely supervisor, I really enjoy supervision, it's not a scary process at all, but he's still my boss. So I

¹⁴ The London Borough of Islington project leads emphasised the distinction between ‘directing compliance’ and ‘motivating accountability’.

think it's much easier to do it with a, kind of, external, you know, assessor, or somebody to give you some feedback'(Social Worker)

- to avoid conflict, where competing perspectives about case direction might arise: 'I think it would be difficult if it was somebody who was actually involved in a case and giving you direction and had their own thoughts and views on that case, I think it'd be more difficult for them to be objective about your approach' (Social Worker)

However, separation might be expected also to reinforce, not reduce, the split in the agency between the dual role of managerial oversight of practitioner achievement of service standards, and professional accountability for practice quality enhancement. The alternative view is that accountability in the statutory social work role is inclusive of both aspects at the same time. Moreover, these requirements include performance measured by reference to standard legal rules, as well as bespoke definitions of practice quality. For example, consultation with children is a statutory obligation, and not simply an aspect of the MSW practice model, and is required to be addressed within the performance management process. By keeping the 2 approaches to performance measurement separate, and focusing only on MSW practice evaluation, the project was distracted from the need to simultaneously enhance LPIR capacity to track child safety and permanence outcomes .

Cashable cost savings

Cashable cost savings associated with project impact to date cannot be estimated in any reliable way. Where it is not possible, yet, to show a relationship between new practice methods, changing service activity, and a falling number of children in care, no conclusion can be reached at this stage about project cost implications into 2018 and beyond. A funding gap developed because the TGC embedded research team needed to be retained longer than initially anticipated, to demonstrate DWC:MWM model efficacy. The funding of the London Borough of Islington project team had to be extended:

- a transitional payment of £573k was made by the Department for Education during the initial project period, bringing the total project cost to a total of £5.1m, to March 2017, and increasing the level of financial risk incurred by the local authority
- meanwhile, confirmation of the designation of the London Borough of Islington as a Department for Education 'Partner in Practice' from December 2016 changed the basis of project development, and more significantly still, funding and cost avoidance

The overall effect was to increase, still further, already high expectations of improved impact on care numbers and costs from improved core and enhanced social work practice. Initial estimates that a 15% reduction in care numbers and associated savings from fewer re-referrals and care proceedings would suffice to cover project costs, once mainstreamed, had become redundant. Meanwhile, the indications were that child and family needs remained significant, and demands for an effective response to it were increasing, not falling back. However, estimation of the opportunity and risk posed to

service integrity by this extended and enhanced funding commitment in the face of sustained service demand is beyond the scope of the current evaluation.

Limitations of the evaluation and future evaluation

The evaluation was limited in its capacity to test and demonstrate the impact of MSW on child outcomes. To some extent, this was expected where it was only the initial phase of a 2 year project plan that was the focus of the study. However, slower than anticipated progress made by the TGC embedded research team in data collection for internal evaluation and development of project impact also restricted evaluation results overall. Nonetheless, the process by which internal practice evaluation findings were tested independently, and then complemented by independent research team scrutiny, was effective in illuminating strengths and shortfalls, where the efficacy of the novel DWC:MWM practice improvement methodology had to be verified.

This complementary approach might be sustained productively in the current project site, through to, and beyond, the conclusion of the full trial of this innovation during 2017. Nonetheless, where MSW and the new model of performance evaluation and development are mainstreamed subsequently, in and beyond the project site, a fully independent study will be required. A study of this kind should use a comparative and prospective longitudinal methodology, designed to secure a rigorous test of MSW impact on child safety and welfare, including in the wider community, as well as in the family home. It should do this whether or not permanence is intended to be achieved at home with parents, or elsewhere. As well as testing for MSW effectiveness, any study should examine and illuminate the efficacy of the revised approach to MWM as proposed by the TGC team (Westlake et al., 2016). In particular, there needs to be some testing of the idea that the line managers can be equipped to take up the lead role in mainstreaming an approach to practice evaluation and improvement that will diminish the need for social work performance to be assessed and managed in other ways. A particular focus needs to be on the efficacy of the performance indicators selected to evaluate practice quality, and parent and child impact and outcome.

Implications and recommendations for policy and practice

The main implication of evaluation findings is that novel practice methodologies require enough time for impact to be demonstrated. Time provides an opportunity for learning, where the decision is made to confirm efficacy and evaluate effectiveness simultaneously, and where risk, as well as opportunity, attaches to the new practice model. However, time has to be used productively. As the current evaluation indicated strongly, only where anxiety about practice performance was contained and channelled in the face of a mismatch between project expectation and practice opportunity did practitioner trust, confidence and skill become enhanced as required. Where practitioner trust is the foundational condition of practice effectiveness, enabling the trust of children and parents in complex and compromised situations to be generated, careful attention to the detail of change management is required. In this case, the main implication of evaluation findings to date is that any tendency to rush to judgement about whether or not to confirm MSW, as currently constituted, as the social work method in core and enhanced cases across child and family services in London Borough of Islington should be avoided.

Recommendation 1:

- the TGC proposal to use an extended second stage to test MSW effectiveness for children where need and risk necessitates an enhanced offer, and to trial a revised methodology for practice evaluation, should be implemented without further delay. MWM practice evaluation should be integrated with the statutory responsibility to use the LPIR management accountability process to track child safety and permanence outcomes. Child outcome measures should be strengthened to enable the association between practice, quality, and statutory duties to safeguard and promote welfare to be tested robustly. Unless momentum is maintained, trust in the practice model and its intentions can be expected to diminish in the face of continued uncertainty. Meanwhile, the Islington DWC:MWM practice model should not be introduced in other local authorities until the findings of the extended internal evaluation are published and a fully informed decision made. This is consistent with the original intention of project leads

A second implication concerns design principles. The drive to design and implement the DWC:MWM without delay, combined with project lead conviction that the new model of practice, and its evaluation and improvement, would displace the dominance of existing approaches to performance measurement and quality assurance, meant that less attention was given to the design process itself and who should be involved in it. Although social work practitioners and managers were encouraged to become project 'champions', including through membership of design groups and 'work package' meetings, they thought that workforce engagement in project design and development needed more careful consideration. Parents could feed back on project impact as it

affected them, but child voices were not placed centre stage in project design and methods. Legitimacy and trust is most likely to be generated by statutory child and family services engaged in changing practice methodologies and systems, where the dialogue about theories of change is extended to everyone affected. This is the case especially where risk is not factor associated with parenting quality alone, and safeguarding duties are expected to extend beyond intra-familial relationships to include peer, and other forms of, violence and exploitation.

Recommendation 2:

- to enable fuller representation of participant voices from the outset, all future innovations should include a specification of mechanisms of practitioner, parent and child involvement in service re-design, implementation and review

A final implication concerns the specification of the child safeguarding process itself. The project focus on the family as the primary unit of intervention, seeking to elicit change for children by engaging more effectively with the main parent (mother), took attention away from extra-familial social risks faced by children. MSW, and other practice methodologies designed with family support in mind, will need to ensure that the child's right to protection from all sources of harm is not lost from sight.

Recommendation 3:

- the policy commitment to support social workers with new practice methodologies and systems, enabling them to 'know how to effect change within families' (Department for Education, 2016. p.16.), should be revised. The child's right to safety requires a broader and more nuanced account of risk to be developed, where extra-familial dynamics of exclusion and exploitation are engaged

References

Barlow, J., Fisher, J.D. and Jones, D. (2012). *Systematic review of models of analysing significant harm*. London: Department for Education.

Bevington, D., Fuggle, P., Fonagy, P., Target, M. and Asen, E. (2013). Innovations in practice: Adolescent mentalization-based integrative therapy (AMBIT)—a new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. *Child and Adolescent Mental Health*, volume 18, issue 1, pages 46-51.

Brodie, I., Lanyon, C. and Forrester, D. (2009). *Evaluation of adolescent multi-agency support service (AMASS) Islington*. Child and Family Welfare Unit: University of Bedfordshire.

CAFCASS (2017). [National picture of care applications in England for 2016-17](#) (viewed on 8 June 2017).

Camden and Islington Annual Public Health Report (2015). [Healthy minds, healthy ives. Widening the focus on mental ealth](#) (viewed on 23 February 2017).

CQC/Ofsted (2012). [Inspection of safeguarding and looked after children services: London Borough of Islington](#) (viewed on 23 February 2017).

Channon, S., Bekkers, M.J., Sanders, J., Cannings-John, R., Robertson, L., Bennert, K., Butler, C., Hood, K. and Robling, M. (2016). Motivational interviewing competencies among UK family nurse partnership nurses: A process evaluation component of the building blocks trial. *BMC Nursing*, volume 15, issue 1, page 55.

Department for Education (2016a). [Delivering a revolution in children's social care](#) Speech by Nicky Morgan 14 January 2016 (viewed on 23 February 2017).

Department for Education (2016b). [Putting child first. Delivering our vision for excellent children's social care](#) July 2016 (viewed on 23 February 2017).

Forrester, D., Westlake, D. and Glynn, G. (2012). Parental resistance and social worker skills: Towards a theory of motivational social work. *Child & Family Social Work*, volume 17, issue 2, pages 118-129.

Forrester et al. (2015). *Coding Methodology*. Unpublished paper.

Glisson, C., & Green, P., Williams, N.J. (2012). Assessing the organizational social context (OSC) of child welfare systems: Implications for research and practice. *Child Abuse & Neglect*, volume 36, issue 9, pages 621-632.

Goldberg, E.M., Gibbons, J. and Sinclair, I. (1985). *Problems, tasks and outcomes: The evaluation of task-centred casework in three settings*. London: George Allen and Unwin.

- Goodman, R., (1997). The strengths and difficulties questionnaire: a research note. *Journal of child psychology and psychiatry*, volume 38, issue 5, pages 581-586.
- Lesser, R. (2016). *GLA Intelligence briefing 2016-01. English indices of deprivation 2015*. Mayor's Office: Greater London Authority. May 2016.
- Horvath, A. O., & Greenberg, L. S. (1986). The development and validation of the working alliance inventory. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook*. New York, NY: The Guildford Press, pages 529-556.
- HM Government (2015). [Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children](#) March 2015 (viewed on 23 February 2017).
- HMI Probation (2016). [Full joint inspection of youth offending work in Islington](#) January 2016 (viewed on 23 February 2017).
- HSCB (2014). [Coaching and mentoring in social work – a review of the evidence: Commissioned by the HSCB to support improving and safeguarding social wellbeing a 10 year strategy for social work](#) (viewed on 23 February 2017).
- Kelly, M. (2013). [Task-centered practice](#) *Encyclopedia of social work*, NASW Press and Oxford University Press (viewed on 23 February 2017).
- Killian, M., Forrester, D., Westlake, D. and Antonopoulou, P. (2015). [Validity of the working alliance inventory within child protection services](#) *Research on Social Work Practice*. July (viewed on 23 February 2017).
- Islington Children and Family Board (2015). [Giving children the best start in life: Islington children and families prevention and early intervention strategy 2015-2025](#). Children and Families Partnership (viewed on 23 February 2017).
- Islington Safeguarding Children Board (2016a). [Safeguarding children affected by gang activity and/or gang-related serious youth violence: multi-agency protocol and practice guidance](#) 22 February 2016 (viewed on 23 February 2017).
- La Valle, I., Holmes, L., Gill, C., Brown, R., Hart, D. and Barnard, M. (2016). *Improving children's social care services: Results of a feasibility study*. London: CAMHS Press.
- London Borough of Islington (2015a). *Joint strategic needs assessment, 2015/16*. September 2015.
- London Borough of Islington (2015b). *Vulnerable children needs Assessment 2014* January 2015: prepared by the Data & Performance Team, Children's Services.

Lundahl, B., Moleni, T., Burke, B.L., Butters, R., Tollefson, D., Butler, C. and Rollnick, S. (2013). Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomised controlled trials. *Patient education and counseling*, volume 93, issue 2, pages 157-168.

Madson, M.B., Schumacher, J.A., Baer, J.S. and Martino, S. (2016). Motivational interviewing for substance use: Mapping out the next generation of research. *Journal of Substance Abuse Treatment*, volume 65, pages 1-5.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365 (9464), pages 1099-1104.

Miller, W.R., Rollnick, S. (2013). *Motivational interviewing: helping people change*. New York: The Guilford Press.

National Audit Office (2016). *Report by the Comptroller and Auditor General. Department for Education. Children in need of help or protection*. October 2016.

Penny, J., Shaheen, F. and Lyall, S. (2013). *Distant neighbours Poverty and inequality in Islington*. Cripplegate Foundation/New Economics Foundation.

Sen, R., Lister, P.G., Rigby, P. and Kendrick, A. (2014). Grading the graded care profile. *Child Abuse Review*, volume 23, issue 5, pages 361-373.

Tilda Goldberg Centre (2015) *Social work skills coding handbook: Motivational social work* (draft for use by research team). University of Bedfordshire: unpublished, July 2015.

Westlake, D., Forrester, D., Whittaker, C.E., Wilkins, D., Jones, R.K., Antonopoulou, V., Killian, M., Tariq, S. (2016) *Measuring what matters in Islington: phase one summary report*, University of Bedfordshire, Tilda Goldberg Centre: unpublished, August 2016.



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