



The impact of the Named Social Worker pilot

Summary of evaluation findings

July 2018

Executive summary

The impact of the Named Social Worker pilot

The Department of Health and Social Care (DHSC) initiated the Named Social Worker (NSW) pilot to build an understanding of how a named social worker can help to improve outcomes for individuals with learning disabilities, autism and mental health conditions. Phase 1 ran from October 2016 to March 2017 and Phase 2 ran from October 2017 to March 2018.

The Social Care Institute for Excellence (SCIE) and the Innovation Unit, worked with the six Phase 2 sites to assess the impact of the pilot on the individuals engaged in the pilot, the named social workers and the wider system. Three sites focused on transition cases while the other three worked with individuals who were from learning disability or Transforming Care cohorts.

This report draws from and summarises findings from the *NSW Phase 2 programme evaluation report* (SCIE) and *NSW Cost Benefit Analysis* (York Consulting). It is aimed at other local authorities or commissioners interested in learning how a NSW approach can improve outcomes, have a positive impact on social worker's skills, confidence and motivation and reduce costs.

The report should be read alongside *Putting People at the Heart of Social Work* (Innovation Unit) and *Peter's Story: the perspective of a person supported by a named social worker* (Humanly).

Summary of key findings

Despite the short pilot timeframe, the evaluation evidence suggests that the NSW pilot had impact across three levels: on the individuals engaged in the pilot, on the named social workers themselves and on the wider system, as outlined below:

1. Impact on the individuals and the people around them

- trusted relationships with people supported by services and those around them
- increased and meaningful opportunities for people to shape their plans that respond to individual communication needs and preferences
- new packages of support that better meet their strengths, aspirations and needs and those of the people around them
- high levels of satisfaction reported including that people felt that the named social worker listened to them and acted on their behalf
- evidence that people have been better able to live the lives they want including faster and smoother discharges, restrictive decisions overturned and greater stability of placements.

2. Impact on the named social workers

- increased levels of skills, knowledge and confidence to do good social work e.g. the NSW survey found that confidence to

meaningfully engage the person they are working with and those around them to deliver a person-centred plan increased from 47% to 94%

- confidence to advocate for the people they work with and bring their voices to the fore e.g. the NSW survey found that confidence to constructively challenge other professionals/ services increased from 43% to 88%
- higher levels of satisfaction with quality of work.

3. Impact on the wider system

- evidence base of good social work in the local context and what it takes to put it into practice
- evidence of reduced costs for packages of care
- better cross-service coordination
- supporting and complementing other strategic developments and policy areas locally
- positive return on investment - a predictive financial return on investment (FROI) exercise suggested that the **FROI of the NSW pilot was positive for all sites and generated a NSW FROI of 5.14**, meaning that every £1 invested would anticipate a saving or costs avoided of £5.14. Of these costs avoided, 89% were anticipated to benefit the local authorities

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Introduction

The Named Social Worker pilot

The Department of Health and Social Care (DHSC) initiated the Named Social Worker (NSW) pilot to build an understanding of how a named social worker can help to improve outcomes for individuals with learning disabilities, autism and mental health conditions. It aimed to put them and their family in control of decisions about their own future and support them to live with dignity and independence.

[Lyn Romeo](#), England's Chief Social Worker for Adults, summarised the broader aim of the pilot:

'For people with learning disabilities and cognitive conditions to live a good life.'

The NSW pilot sought to change social work practice and wider system conditions to improve outcomes and experiences for individuals with learning disabilities, autism and mental health conditions and for the people around them. It was specifically about trying something different, piloting new ideas and generating early and indicative evidence as to their impact.

Phase 1 of the pilot ran from October 2016 to March 2017 and involved Calderdale, Camden, Hertfordshire, Liverpool, Nottingham and Sheffield. The second phase ran from October 2017 to March 2018 and involved Bradford, Halton, Hertfordshire, Liverpool, Sheffield and Shropshire. Sites worked with transition cases and Transforming Care cohorts, including individuals with learning disabilities, autism and mental health conditions.

This report presents learning from Phase 2 of the pilot.

Phase 2 pilot objectives

Phase 2 pilot objectives were to:

- provide excellent person-centred support for individuals with learning disabilities, autism and mental health conditions and the people around them
- equip and support social workers to be enablers of high-quality, responsive, person-centred and asset-based care
- build more effective and integrated systems that bring together health, care and community support and delivers efficiency savings.

How to read this report

This report is a summary of findings from the *NSW programme evaluation report (SCIE)* and *NSW programme Cost Benefit Analysis (York Consulting)*.

It should be read alongside *Putting People at the Heart of Social Work: (Innovation Unit)* and *Peter's Story: the perspective of a person supported by a named social worker (Humanly)*.



Six Pilot Sites



Named Social Workers led a process of culture change that aimed to make citizens' human rights the focus of social work, including the development of a competency framework for advanced practitioners.

Cohort of 38, 4 FTE named social workers



Named social workers built long-term relationships with young people moving towards adulthood, using creative and person-centered approaches; doing whatever it took to support the young people to achieve their goals.

Cohort of 17, 2.5 FTE named social workers



Continuing to implement its approach from Phase 1, Hertfordshire situated the NSW as a connector between the individual and other professionals with a strong focus on peer support between professionals.

Cohort of 10, 8 named social workers with a mixed caseload



Liverpool's NSWs worked with colleagues in children's social care and other agencies to apply the practice developed as part of Phase 1 to planning for young people moving towards transition who are currently in out-of-area placements. They also continued to work with a small number of cases from Phase 1.

Cohort of 27, 2 FTE named social workers



Sheffield applied the NSW approach developed in Phase 1 to its new Future Options Team. It focused on developing professional and meaningful relationships between named social workers and their families that go beyond support at crisis point.

Cohort of 15, 5 FTE named social workers



Shropshire identified a cohort of young people based at one of its local Special Education schools who volunteered to be part of the pilot. It worked closely with both young people and parents to plan together for a better journey towards adulthood and to inform a better design for transition services in Shropshire more widely.

Cohort of 12, 3 named social workers

The evaluation

Evaluation objectives

The evaluation had two core objectives:

1. **Site level:** support the six NSW pilot sites to build their own evaluation frameworks, steer data collection and analysis, articulate their impact and frame this learning to influence local stakeholders.
2. **Programme level:** design an overarching evaluation framework to guide the analysis and reporting of the NSW pilot impact in a robust and systematic way.

The evaluation had to be robust *and* realistic, given the pilot timeframe. It took a hand-holding approach to capacity building to encourage site's ownership of evaluation at a busy time of delivery.

A theory of change approach

SCIE supported NSW sites to develop a theory of change model to underpin their approach and to make a plan for tracking progress against their intended outcomes during the life of the NSW and beyond. Pilot sites co-designed a set of high-level impact areas that guided the design, delivery and evaluation of the pilots.

These impact areas were broad enough to apply to all pilot sites, whilst allowing sites to develop their own theory of change that reflected their local goals, contexts and interpretation of the NSW approach.

The three high-level impact areas

The three, high-level impact areas identified by sites through the planning process:

- People with learning disabilities, autism and mental health conditions and the people around them live a good life enabled by the right kind of support
- Social workers are equipped to deliver high-quality, responsive person-centred and asset-based care
- A more effective and integrated system that brings together health, care and community support and delivers efficiency savings.

To help sites guide their data collection, these broad impact areas were broken down into 10 *key evaluation questions*.

Site level evaluation

Sites took a mixed methods approach to evaluation. They collected data to evidence the process they had undertaken and the impact they had on people who use services and their families and carers, the named social workers and the wider system. They also made predictions of an annualised cost and benefit of the NSW approach on five individual cases. This information was submitted in evaluation packs and then analysed for the programme evaluation.

Programme-level evaluation

The programme level evaluation drew on the evidence submitted by sites and was triangulated with primary data collection including:

- two named social worker online surveys that measured their confidence across specific indicators before and after the pilot began
- interviews with NSW site leads
- multiple and ongoing conversations and work with sites including an Evaluation Workshop in January 2018 attended by site leads and named social workers

York Consulting conducted a financial return on investment (FROI) of the NSW presented in more detail on page 13.

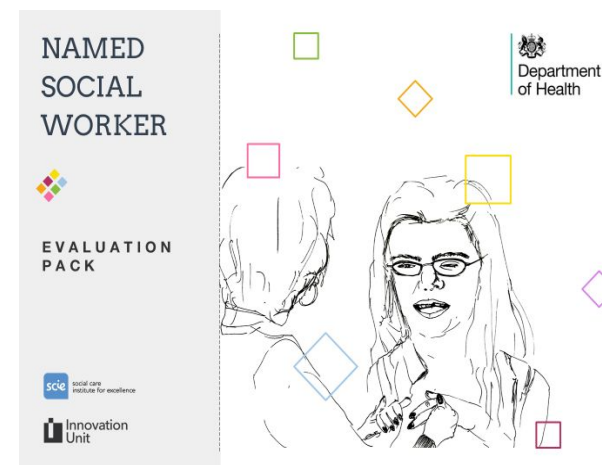


Image taken from site's evaluation packs

Understanding the Named Social Worker model

Sites were not prescribed a NSW model or dictated how to implement the pilot. Rather, they were encouraged to trial new ideas or ways of working locally. The NSW pilot allowed sites to test, tackle and draw out learning around what good social work practice looks like for people with learning disabilities, autism and mental health conditions rooted in their local context. The focus was either on the transitions process for young people whose support was moving from children's to adult social services, working with people in restrictive hospital settings to move back into their communities, or indeed changing the wider systemic approach to taking risk.

The evidence suggests that across the six pilot sites the NSW model provided the framework by which 'good social work' with people with learning disabilities, autism and mental health conditions happened in practice. It did this in the following five ways:

1. Protected time for a NSW caseload, where the named social worker spent time to build up trusting relationships with the individual and the people around them, away from a time and task model of social work
2. Protected space and peer supervision structures, where named social workers reflected on their practice, brainstormed with colleagues to tackle concerns and shared ideas and good practice
3. Provided the opportunity for named social workers to trial and practice creative methods of engagement and approaches to deliver person-centred planning with people with learning disabilities and the people around them
4. Provided a risk-aware permissions framework, underpinned by legislation, which empowered named social workers to 'constructively challenge' existing decisions around mental capacity and/or packages of care
5. Elevated the status of the named social worker role which meant that named social workers worked confidently across multi-disciplinary teams of professionals and families to ensure the voice and wishes of the individual led decision-making

Improving outcomes for people with learning disabilities

The ultimate goal of the NSW pilot was for people with learning disabilities, autism and mental health conditions to lead a *good life*. This was based on the hypothesis that having a named social worker, who acted as a consistent point of contact and worked according to the principles of asset-based and person-centred practice, would lead to improved outcomes for individuals and the people around them. The evidence suggested that the NSW approach, built on a relationship-based model of social care, helped put the individual at the centre of their plans. As one young person commented:

'It is important that my named social worker visits me and understands what I like and don't like.' Taken from Hertfordshire reflection log

This approach meant that the individual's voice was clearly heard as part of the care planning process:

'David cannot cope with demands being put upon him. Asking David questions is demanding and he cannot tolerate it for long so defers to mum. Without a NSW approach it would only be mum's voice that is heard.' Taken from David's case study, Halton*

Named social workers achieved some significant successes with individuals from across the cohorts, reporting instances of moving people back into their communities from out of borough placements, changing patterns of respite care to improve the family situation as well as building relationships with individuals who had been previously hard to engage. It is worth noting, however that individuals had different starting points and aspirations, meaning that 'success' was relative and complex to define, particularly over a relatively short six-month period.

In these ways, the evaluation drew together these early indicators of impact to suggest how the NSW approach was **part of the journey to a good life and not the end in itself**.



Image taken from Bradford evaluation pack

*The name of the young person in Halton's case study has been changed.

Improving outcomes for people with learning disabilities

Many of the local pilot sites stated that their goal was to help people live a *good life*. As described, definitions of a *good life* was highly qualitative and personal. However, the evaluation suggests that the individuals engaged in the pilot:

- **Shaped and meaningfully contributed to their person-centred plans in a way that they wouldn't previously have been able to, and built consistent and trusting relationships with their named social worker:** Moving away from a time and task approach helped individuals and their families digest complex information and make informed decisions about what they wanted in future, particularly for those moving into adulthood and about to transition between children's and adult services.
- **Felt that their named social worker listened to them and acted on their behalf:** Having the opportunity to form trusting and consistent relationships helped individuals have greater trust in the system and increased confidence that the named social workers would advocate on their behalf.
- **Felt that their named social worker was putting measures in place that met their needs and those of the people around them to live a *good life* in the future:** Individuals had decisions about their mental capacity overturned, moved from out of out-of-area placements back into the community, and had reduced packages of care. Families and carers also benefited as named social workers implemented respite care and other interventions to improve the quality of life across the individual and the people around them.

See also *Peter's story: the perspective of a person supported by a named social worker* (Humanly).

'[An NSW] observed someone who had an obsessive-compulsive disorder (OCD) diagnosis ... She felt this was wrong and it was pathological demand avoidance (PDA) linked to autism; she requested through the multidisciplinary team that the person [be] reassessed, and they were diagnosed with PDA not OCD. This will mean that their future placement will be better able to support [them], increasing stability and avoiding crisis'.

Sheffield evaluation pack

Changing social work practice

Despite the short pilot timeframe, named social workers had the opportunity to test what it means to put into practice 'good social work' with people with learning disabilities. This had a **significant impact on their confidence** to work with this cohort in future.

The following knowledge, skills and values saw a significant increase from 'very confident or confident' in baseline survey compared to 'very confident or confident' in the follow-up survey.

How confident are you in your ability to:

- Meaningfully engage the person you're working with and the person around them to deliver a person-centred plan (from 47 per cent to 94 per cent)
- Support, assess and communicate with people with significant learning disabilities and autism (from 37 per cent to 88 per cent)
- Work with relevant Human Right's legislation e.g. Mental Capacity Act, European Convention of Human Right's (from 42 per cent to 88 per cent per cent)
- 'Constructively challenge' other professionals and services (43 per cent to 88 per cent)

Sites also suggested that being part of the pilot improved named social workers' **morale** and **motivation**. Putting good social work for people with learning disabilities, autism and mental health conditions in action helped named social workers feel more confident in their abilities and it also led to greater job satisfaction.

'It was great to be allowed to be a social worker and the pilot showed [that] social work works'. Survey respondent

'I have loved working on this pilot as I feel it has given me permission to work the way I feel I should be working... Having more time to focus on the person and know what works for them as an individual, getting it right for them, gives great worker satisfaction as well as better outcomes for the individual and their family.' Survey respondent

'It has offered a great opportunity to develop skills and knowledge as a social worker.' Survey respondent



A note about the online surveys: In order to encourage frank feedback the surveys were anonymised. The baseline survey was completed by 19 and the follow-up survey completed by 17 named social workers. This means that the sample is not the same in each survey and it is not possible to track the specific impact upon individual named social workers.

Nonetheless, the increased confidence reported in the surveys is strongly supported by other evidence produced by sites and described in interviews with site leads.

Reflections from practice

The following extract, taken from a named social worker Reflective Log, illustrates how the named social worker was able to draw on the NSW pilot to change her approach with one person she worked with, presented here as Ms G.

This extract illustrates how a NSW approach allowed the named social worker to work closely with Ms G to identify and plan towards her goals, and take positive risks and challenge other professional opinions based on these plans.

'Ms. G has a history of being readmitted to a mental health unit after her placements break down. The priority for me was to prevent further hospital admission and support her to rebuild her life and integrate back in the community. The NSW pilot allowed me to use my creativity and try unconventional ways of working to achieve Ms. G's goals.'

'Thanks to a protected caseload I was able to meet with her even twice weekly (each time for at least two hours) jointly creating her care plan, taking her out, discussing support options, meeting with professionals etc. I was not afraid to try different support options (reducing/increasing care etc) and clearly promoting positive risk-taking practice, because I felt that being on the pilot allows me to do that.'

'I would often challenge mental health workers' decisions, who based on their previous experience of working with Ms. G, would be very risk averse limiting her options and trying to implement restrictions which, in my opinion, were unnecessary.'

Hertfordshire, taken from Reflective Log 2

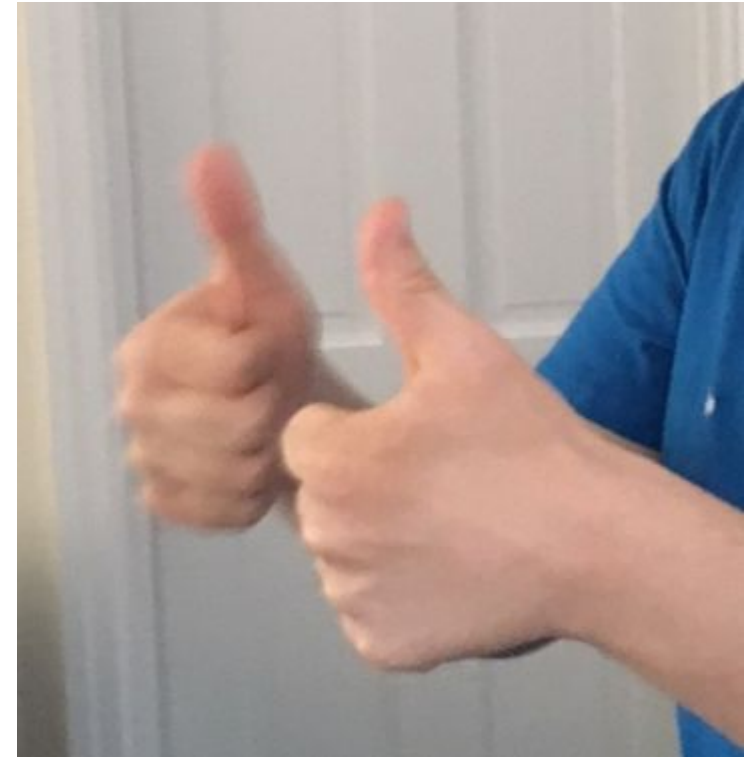


Image taken from Halton evaluation pack

Impact on the wider system

Phase 2 pilot sites reported a range of ways in which they used the NSW to explore and tackle wider systemic conditions.

This is particularly evident in the ways sites:

- **Explored and deconstructed specific policy issues and piloted new ways of working:** Sites approached the pilot through a particular policy lens, for example by: investigating the local transition process; streamlining processes for the Transforming Care cohort; or in embedding a system-wide overhaul of local social work underpinned by the Mental Capacity Act (MCA). This meant that the NSW pilot was used flexibly, so that sites could focus on specific local issues or areas of concern.
- **Identified and engaged a wider body of stakeholders to tackle systemic practice and/or improve processes:** Sites mapped out different stakeholders and their touch-points in a particular process and invited new partners to attend NSW steering groups or to attend peer supervision sessions

In some areas, named social workers were involved in commissioning activity, for example by being part of the commissioning panels for new learning disabilities and advocacy services, to actively stimulate the market for new forms of care.

- **Built up an evidence base of what good social work looks like in the local context:** Phase 2 sites used the evaluation process to articulate the impact of the pilot on the cohort and the people around them, the named social workers and on the wider system, attributing outcomes directly to the NSW pilot compared to 'business as usual' social work. This process helped sites determine what worked and why about the local NSW approach. This helped them shape decisions about sustaining it in future.

'Raising awareness of the transition process amongst various agencies has raised the profile of the team and enabled partners to recognise when the transition process should commence. It has made other professionals aware of the importance of a timely referral from children's to adult services which has been demonstrated by an increase in referrals from children's social work practitioners.'

Quote and image taken from Liverpool evaluation pack



Predictive analysis of economic impact

York Consulting conducted a 'deep dive' analysis to better understand costs and likely benefits of the NSW model in Hertfordshire. It worked with the NSW leads and named social workers to identify the top-down cost of the pilot and mapped out likely benefits to 10 individuals engaged in their cohort. These benefit types – or costs avoided – ranged from changes in care packages to reduced use of other services such as ambulance or police call-outs. The monetised value of each benefit type was based on national published research. This process helped build a robust predictive financial return on investment (FROI) model.

Hertfordshire's FROI was calculated at 2.8. This meant that for every £1 invested in the model there was a potential saving or costs avoided of £2.80. Benefit beneficiaries were anticipated to be:

- Local authority – 78 per cent
- NHS – 17 per cent
- DWP – 4 per cent
- Police – 1 per cent

Using the Hertfordshire model, other sites were invited to break down the costs and benefits for five individuals in their NSW cohort. Sites were asked to be realistic and focus on what would have happened over a 12-month period as a direct result of their NSW activity.

The analysis suggests that **all sites would generate a positive FROI regardless of their NSW approach.** Sites which reported the highest FROI were those that focused on supporting people to move from specialist care to their communities, putting in place a bespoke and meaningful support package to ensure longer-term success.

At a programme level, the analysis indicates that the DHSC investment of £404,000 would generate an anticipated £1.7m benefits pro rata. This represents a **NSW programme FROI of 5.1.** The primary beneficiary of costs avoided was the local authorities, attracting 89 per cent of all benefits. This suggests that the NSW approach generated a positive financial impact on all areas that took part in the pilot.

A note about the methodology:

This approach recognised that NSW teams had limited opportunities, given the short time scales, to collect detailed outcome information. The initial focus was therefore on constructing a model of impact based on a range of assumptions. This model was validated at the Hertfordshire site.

These FROI figures exclude one-off set-up costs (estimated by Hertfordshire to be 20 per cent). Sites attributed benefits directly to the NSW pilot and therefore the analysis represents additional savings beyond what would have happened in 'business as usual'.

This analysis provides an illustrative projection which can be checked with actual outcomes data at a later date

The economic benefits of a Named Social Worker approach

The pilot sites reported other ways in which the NSW approach had a positive economic impact for the local authority. Sites produced case studies to illustrate the financial implications of specific cases, for example where an individual had moved from an expensive out-of-borough placement into a supported care arrangement.

Halton suggested that one individual's changed package of respite care equated to a direct reduction in cost to the local authority of £900 per week:

'Whilst some of the new plans we have put in place have made significant savings to support packages, this is not about saving money. One young person was in a very high-cost situation and was deeply unhappy. This is about a longer-term person plan to make sure it works for everyone.' Halton evaluation pack

This evidence suggested that **a relationship-building model of social care which built on the strengths of individuals** not only led to improved qualitative outcomes but also generated more sustainable, less expensive packages of care which helped mitigate against crisis, both now and in the future.

Peter's story: a perspective of a person with a named social worker (Humanly) shows how his person-centred plan led to a reduced (and therefore less expensive) package of care.



Sustaining the Named Social Worker approach

All sites planned to secure local funding to sustain the NSW approach in future. As well as seeking financial investment to protect the time of a named social worker caseload, there were a number of other ways in which sites hoped to capitalise on and embed the pilot learning. These include plans to:

- maintain the structure of the peer group sessions, led by reflective practice
- share learning across teams with the NSW acting as peer group supervisors
- continue to use and build on co-design and person-centred tools when working with the cohort
- commission named social workers to produce a 'skills and what works guide' to share with other teams
- identify key partners to strategically engage in the system e.g. mental health teams, housing, health colleagues, schools etc
- clarify new processes and structures e.g. the way in which individuals and families are engaged in conversation about young people moving into adulthood.

In these ways, the pilot acted as **a catalyst for change**, both in terms of sites having the opportunity to trial and test new approaches, but also in building up a body of learning around *what works* and *what needs to change*.

The NSW pilot has also given us the opportunity to develop documentation/processes that will ensure that at the end of the project, this way of working doesn't end'. Interview with Halton lead

'Without the support we have received during the pilot, both financial and resource, the evidence required to make the necessary changes would have taken years to gather'. Shropshire evaluation pack

The ways in which the sites planned to embed NSW pilot learning were as unique to the local area as were the pilots, with sites exploring an approach to engage new cohorts and partners or tackle different issues. In this way, the question for sites is not *whether* to build a longer-term plan for a NSW approach in future but *how* best to do it in practice.

Further reading

NSW Phase 2 full evaluation report (SCIE)

NSW Cost Benefit Analysis (York Consulting)

Putting people back at the heart of social work:
learning from the NSW pilot (Innovation Unit).

Peter's story: The perspective of a person supported
by a named social worker (Humanly)

Co-production toolkit (Humanly)

THE IMPACT OF THE NAMED SOCIAL WORKER PILOT

Summary of evaluation findings

This report was developed by the Social Care Institute of Excellence to summarise the impact of the Named Social Worker programme. It draws on findings from economic assessment of the pilot conducted by York Consulting.

The Named Social Worker programme was funded by the [Department of Health and Social Care](#) and run in partnership by [Innovation Unit](#) and [the Social Care Institute for Excellence](#).