



PUTTING PEOPLE AT THE HEART OF SOCIAL WORK

LESSONS FROM THE NAMED SOCIAL WORKER PROGRAMME

JULY 2018

FOREWORD

Between 2016 and 2018 the Department of Health and Social Care has supported the Named Social Worker (NSW) programme, which was led by Innovation Unit and SCIE, and involved nine local authorities from across England over its two phases.

Through this initiative, people with learning disabilities, mental health conditions and autism were assigned a named social worker – a social worker who could build a trusting relationship with them, advocate on their behalf and coordinate their care and support in a more holistic and person-centred way.

The ambition is that people with learning disabilities and other cognitive impairments lead a good life. Indeed, that is what we wish for all the people we seek to help. But we know that too often the support that we offer to this group and the people around them is not as good as it could be. It can feel like box-ticking and hoop-jumping and lack the personal connection and continuity that is necessary to build trust.

This is why this programme has focused on testing ways to give people who use services and the people who care for them a stronger voice, designating a social worker to be their key point of contact and building the skills and confidence of social workers to serve people in the most holistic, tailored and, ultimately, the most helpful way possible.

We did not prescribe a set NSW model through the programme. Instead, we invited sites to shape their approaches building on local practice and initiatives. This resulted in different foci - for example, three out of six sites in phase 2 focused specifically on transitions - and it surfaced some common themes across the pilot sites about what it takes to achieve success.

For example:

- The importance of creating spaces dedicated to reflection and learning for named social workers, in supervision and peer groups;
- The power of engaging people who use services and the people around them in conversations that start from their own perspective, objectives and capabilities (rather than from a limited definition of options, dictated by rigid processes and restrictive approaches to risk taking);
- The empowering effect of giving permission - and some extra time - to social workers to really get to know people and to use their judgement and creativity in how they work with people to achieve their goals;
- The importance of communication and collaboration with colleagues in other services, and of the key role that social workers can play as advocates for the people they support within a multidisciplinary team of professionals.

Most of these will sound familiar to many of us. So, aren't we all named social workers? It's a very fair question to ask. In many ways we are. We know that many areas already use an allocated worker model in supporting people over the longer term, especially those who are moving in and out of crisis and appearing on risk registers. However, we also know that there can be challenges to delivering social work practice in the most effective ways.

Over two phases and a diversity of pilot approaches, we have been exploring the common features of a NSW model. We converged towards the notion of putting 'good social work' into practice and being ambitious about what this means when working with people with higher levels of need and vulnerability. We have been surfacing the common principles that underpin good social work, the difference it can make and how we make it possible in practice. This guide aims to share the insights that have emerged.

It takes time before shifts in practice are embedded and bear fruit in terms of sizeable, measurable outcomes. However, site evaluations so far suggest that named social workers are able to invest more time building a relationship with the people they support, and to draw on the support and skills they need to work in a more asset-based and person-centred way. As a result, people are more satisfied with their experience of the service and evidence from the sites suggests that discharges from institutional settings happen faster and placements and arrangements are more sustainable as a result.

Moreover, and crucially, social workers express high levels of satisfaction, reporting both that they are happier with the way they are able to work with people and that they feel that their role and credibility as social work professionals is better recognised by colleagues in other services. These social workers are raising the ambition for 'good social work' and helping to increase its profile, both with people who use services and with other professionals.

At the practice level there are many transferable lessons emerging from the sites, which I sincerely hope will support and enhance practice across the country. For example, creating opportunities for reflective peer learning; building communication skills and liberating creativity to engage people who use services in different conversations; working collaboratively across the system between health and care services, commissioners and providers to deliver more integrated and preventative services.

At the policy level, too, there are a number of lessons from the NSW programme that are highly relevant to other crucial integrated care questions, such as how we are going to work collaboratively to ensure that transitions into adulthood for young people with learning disabilities are as seamless and empowering as they can be; or how we will come together to deliver on the imperatives of the Transforming Care agenda.

I believe that social workers and 'good social work practice' have a fundamental role to play in putting person-centred care at the very heart of these important initiatives, by modelling and championing it in multidisciplinary professional contexts and by living it in their everyday interactions with the people they support.

This is my ambition. I hope that the lessons from the NSW programme will resonate with and support further the great work that lots of dedicated social workers, service and system leaders are doing across the country, with resilience, passion and creativity, in the face of all the challenges that our public services face.

Lyn Romeo
Chief Social Worker

**INTRODUCTION TO THIS GUIDE:
WHAT IT IS, WHAT IT ISN'T
AND WHO IT IS FOR**

Now that the Named Social Worker (NSW) programme has drawn to a close, we want to share the lessons that we have learnt along the way, so that they may benefit other social work teams and services across the country. We are doing so through two publications: this guide and a programme evaluation report. While the programme evaluation provides a narrative and evidence about impact and processes, this guide focuses more closely on practice and on the lessons emerging from implementation across the sites.

What this guide aims to achieve

We hope that this publication will help to:

- make the case for 'better social work practice', drawing on the learning and emerging evidence from NSW programme sites;
- identify common principles and enablers of 'good social work' and what this means for people with learning disabilities;
- provide inspiration, tools and practical tips to other localities across the country that are committed to maximising the impact that social workers have as they help the people they support to lead the lives they want.

What is isn't

This guide is not a blueprint for a new service model or a new school of social work practice. It also isn't a comprehensive training package on how to implement a Named Social Worker approach, since applications varied across sites. It is instead a collection of lessons, reflections, examples and provocations intended to support others to change and improve social work practice and processes in their local areas.

Who it is for

This guide has been created with an audience of practice and strategy leaders in mind. We hope that it will provide directors of Adult and Children services, heads of service, service managers and team leaders with food for thought and an argument for developing, leading and nurturing person and asset-based services. It also aims to provide inspiration, reassurance and practical ideas to support social work teams to stretch and develop their practice.

We believe that Transforming Care leads will also find valuable transferable learning in these pages.

How to navigate it

There are four key sections in this guide and an additional Appendix.

Executive Summary 'Putting 'good social work' into practice' sets out the case for change and key principles and enablers underpinning the NSW models developed through the programme;

Chapter 1 'Lessons from Practice' includes a series of 'spotlights' on different aspects of the NSW approach. This aims to share key learning around the 'pillars' of the approach, namely: identifying who to work with; defining the skills, values and behaviours of a named social worker; nurturing skills and confidence in the social work team; key elements of practice for person-centred interactions; and partnership working with other agencies and taking a systemic view;

Chapter 2 'Measuring the difference we make' offers some pointers on developing an evaluation approach that captures the qualitative and quantitative impact of different ways of working;

Chapter 3 'The way ahead' closes this guide by offering some reflections and provocations for social work practice, inspired by the learning emerging from the programme;

The **Appendix** includes useful tools, case studies and artefacts from pilot sites.

A note about language

The Darlington Learning Impairment Network rightly points out that:



If we are to change the current system of social care to a model that is genuinely empowering, then the impact and power of language needs to be taken into account.

Mark Humble, A Report on the Language of Personalisation

In this publication we have endeavoured to keep jargon and acronyms in check and tried our best to use language that puts people before labels and does not get stuck in 'service land'.

**EXECUTIVE SUMMARY:
PUTTING 'GOOD SOCIAL
WORK' INTO PRACTICE**

The Named Social Worker programme unfolded over two six-month phases between October 2016 and March 2018. It supported nine local authority pilots to test what a NSW model could look like in practice in different places; explored culture, practice and operational implications and mapped the emerging impact that working in this way with particular groups of people could have.

The case for change

The case for change - both locally and nationally - is clear. Social workers tell us that the current way of working doesn't help as well as it could. Sometimes, the system focus on risk minimisation and poor understanding of the individual means that people aren't helped to realise their right to a good and 'normal' life. Without a better understanding of the person, more empowering (and often also cheaper) care options aren't achievable. So we still see too many people spend a long time in restrictive settings, away from their families and communities and too many young people miss the opportunity of growing into adulthood developing independence with the right choice and support.

In the current operating model, time and resources are often focused on servicing processes and minimising risks, leaving less time to focus on enabling people to live the life they want to live. Social workers, who came into the profession to deploy the best of their humanity, empathy and resourcefulness to help people flourish, can find themselves managing large caseloads and focusing on tasks and protocols to meet service throughput targets. People in need of support too often go through multiple hand-offs, don't know who to turn to when issues arise and often don't get help until things get to crisis.

The very real pressures that services operate within can make the default mode reactive, rather than proactive. Resources are often spent on gatekeeping - protecting access to services, when a lower level of help earlier on could help keep people stable and reduce the need for more intensive interventions. Social worker teams so often have to deal with crises that it can be challenging to find the time and headspace to imagine what a radically different way of doing things might look like - and achieve. The Named Social Worker programme aimed to afford pilot sites just such an opportunity.

The 'Named Social Worker' way: key principles

Pilot sites have taken different approaches to the NSW model. Some have embedded the approach in their localities teams, others in teams dealing with complex cases or with young people preparing for adulthood. All have used the programme as an opportunity to support wider changes to practice and culture, aimed at optimising the contribution that social workers make to delivering the best outcomes for people.

Across the diversity of contexts and approaches to implementation, similar core features have emerged from the NSW sites:

1. **Being person-centred, asset-based and ambition focused** - this includes taking time to get to know people, focussing on the things that are most important to them and being creative in finding ways to achieve them. Crucially, this means having high aspirations for what people can achieve and how the system can help;

- 1.
2. **Nurturing the skills and confidence of social workers** - group learning sets and reflective supervision, combined with the 'permission to think outside the box' that comes with the NSW 'label' grow social worker confidence in working differently with people and advocating for the people they are supporting in multi-disciplinary settings;
3. **Better partnership working** - named social workers have been reaffirming the important role that social workers can play in multi-disciplinary settings, ensuring that services join up, providing a trusted point of contact for people who use services and using the knowledge of people and their lives to ground and direct the contribution of other services;
4. **Taking a systemic approach** - creating the conditions for this way of working to become mainstream by establishing feedback loops with commissioning, working with providers to create a market with the right options of support and tapping into local assets in a way that goes beyond collaboration between statutory services. *

Making it possible

Over the course of the programme, sites converged towards the idea that the named social worker role was about reconnecting to the values of 'good social work', and, crucially, putting them into practice.

The principles set out in the previous section are neither new nor radical. Their application in practice, however, is much more challenging as sites on the NSW programme found. Project leads shared learning about what it takes to turn these principles into practice.

1. **Protected time** - Time is a rare commodity and social workers are often acutely aware of their duty to account for it. Learning from the sites suggests that protecting time to work in a more intensive way with some of the people they are supporting, and for reflective learning to maximise their impact, is a wise investment rather than an unaffordable luxury;
2. **Peer/ action learning** - Interactions between social workers in a team can become task oriented, driven by the necessity to deal with high numbers of referrals. Social workers in the programme talked about the importance of learning and reflective spaces where teams can come together, talk about the people they are supporting and learn from each other and from other colleagues;

* Interestingly, and not surprisingly, these principles and the lessons emerging from the programme bear similarities with the ['Seven features of practice and seven outcomes'](#) set out by the Children's Social Care Innovation Programme.

3. **Reflective supervision** - Supervision is a space that is meant to be nurturing and reflective and can risk becoming transactional. Great social work is enabled by managers that hold a safe space for their staff to deploy the best of their judgement and human skills;
4. **Explicit permission** - Although there are relatively few actual red lines limiting the things that social workers could try when working with people, there can be many perceived constraints, stemming from limited resources, lack of confidence and the need to manage risk. Practitioners on the programme reported that being identified as a named social worker brought with it a sense of permission to use their judgement more and a recognised 'status'. This enabled them to challenge colleagues in other services that they would not normally feel able to do and to be more creative and ambitious in the support they provided.
5. **Clear measures** - Working differently will often require some form of investment, even if it means frontloading resource to get savings further down the line. A clear plan to identify costs and benefits, combined with patience to track impact over time - required especially when working with people whose needs are more complex - provide valuable ammunition for leaders and managers advocating for change;
6. **High levels of ambition for what good social work looks like** - At the heart of every site's approach has been the recognition that 'we can do better' and the commitment to try something different and learn from it. And, crucially, **social workers on the programme had a high level of ambition for what the people they support can achieve** and for how 'good social work' can help them get there.

The difference it makes

Although the duration of the programme did not allow for monitoring longer term impact, site evaluations suggest that social work practice that is led by the principles and practices set out above has a positive impact on people who use services, the workforce and the wider system.

Individual stories and direct feedback from programme participants suggest that named social workers have had the opportunity to build **strong and trusting relationships** with the people they are supporting in a way that does not tend to be possible within 'business as usual' and that people who use services, their carers and families express high levels of satisfaction with the service they received. Case studies suggest that the NSW approach has sped up discharges, improved collaborative working supporting young people preparing for adulthood and resulted in more stable placements. In a number of cases there have also already been **reductions in the cost of individual packages of care.**

Moreover, social workers reported significantly higher levels of confidence, skills and knowledge around working in a person-centred way, engaging with and supporting people with different communication needs and preferences, working with relevant human rights legislation and advocating on behalf of the people they are supporting in multi-agency settings. They are also happier with the quality of their interactions with people and feel that they are liberated to work as they would like to.

Finally, at a system level, partner agencies have reported improved collaboration and coordination in how people are supported as a result of the role played by named social workers in multi-disciplinary teams. NSW pilots have also complemented wider strategic developments within sites, such as changes in commissioning and integrated delivery.

For more detailed information about impact and process learning you can read the programme [Evaluation Summary Report](#) or full suite of [evaluation materials](#).

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Having a named social worker is a great thing as it gives stability and continuity of care for both myself and Jake*. It is great to be able to build up a trusting relationship with a named social worker. This has allowed Jake to be able to trust and rely on social services, this wouldn't have happened if we had to keep swapping social workers

Mum, Halton

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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 knowing what works for them as an individual, getting it right for them, gives great work satisfaction as well as better outcomes for the individual and their family

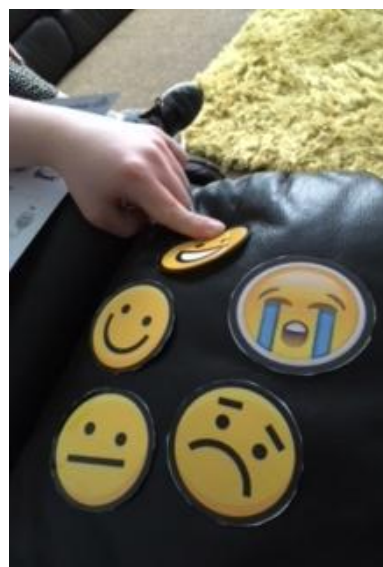
Named social worker, survey response

*All names have been changed

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Throughout and after Andy's* transition, the social worker has been a significant point of contact for all professionals involved in the case; should any information be needed during the assessment stage, she was quick to respond and accommodate to ensure an effective transition and to promote the individual's wellbeing.

Feedback from health partner, Hertfordshire



*All names have been changed

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LESSONS FROM PRACTICE

1.1 Identifying who to work with

As we have just described, one of the key differentiating features in the NSW way of working is the permission to spend the time it takes to get to know the people the named social worker is supporting, and to really understand their needs, so that the support offer may be tailored to meet these in the most effective way.

Ideally, we would want to work in this way with everyone, and whilst the principles and values of asset-based and person-centred practice can be brought into even the smallest interactions, we need to think carefully about who would most benefit from additional time invested. Resource constraints and rising demand mean that the rate of throughput can be a more important criterion of success for services than the quality of interactions with the people who use services.

However, in the case of people whose needs and life circumstances are more complex, closing down cases quickly can be a false economy. When these people continue to require support from services, they will often have a different social worker for each interaction, and the social worker will need to start from scratch in understanding what is going on in their lives and making choices about the best way to support them. Here there is, then, a clear efficiency rationale for the continuity of relationship that underpins the NSW model, as well as for front-loading investment of social worker time in getting to know people and working with them to ensure their support offer is the right one.

The 6 NSW pilots have been working with two main groups of people:

- **Transforming care** - people with learning disabilities and/or autism who display behaviour that challenges (including behaviour that is attributable to a mental health condition), who are currently living or at risk of being admitted to hospital settings.
- **Transitions** - young people who are preparing for adulthood.

The criteria for NSW **casework allocation** varied in the programme due to both the nature of the different approaches being tested and the range of local teams and structures. For example, Sheffield implemented the approach within their Future Options Team, set up to manage more complex cases, while in Liverpool, Shropshire and Halton named social workers worked with young people going through transition. Hertfordshire placed named social workers in two of their locality teams.

The NSW approach to case management lends itself well to implementation into teams that have a specialist focus, such as Transforming Care or Transitions teams, and therefore, generally, smaller and more complex caseloads. However, it has also been used alongside traditional caseworking, with social workers having a combined caseload of 'generalist' and named social worker cases. In this scenario, cases were chosen because they could benefit from intensive support due to more complex and enduring needs. This latter approach offers the opportunity to spread the NSW way of working across a wider base of social workers.

When allocating NSW cases alongside 'generalist' cases, managers must however be mindful of how they will **protect time for NSW case working and meaningful reflective learning** (although the latter may be offered to a broader cohort of workers). For example, this may be reflected in a lower overall caseload and/or involve removing named social workers from rota duty. Moreover, offering the continuity of relationships that underpins the NSW model means maintaining cases open for longer, albeit without requirement for high levels of ongoing involvement. This translates into a larger 'virtual' caseload to whom 'the door is open', which needs to be reflected in the modelling of individual and team caseloads.

One of the key questions that the programme has explored is: *what is the impact of the Named Social Worker approaches on the financial **sustainability** of services?* The limited duration of the pilots and the nature of the caseload mean that it will still take some time before we have a conclusive answer to this question. However, evaluation findings point not only to improved satisfaction for people who use services, social workers and partner agencies, but also to savings in terms of greater stability of placements, lower care packages and reduced incidents involving health, police and emergency services. Taking a system-wide view on sustainability, the pilots' experience suggests that the NSW model creates efficiencies through improved collaboration, as well as better support solutions and improved outcomes for people. Moreover, some sites have already started to explore how to draw more on the wider community assets in ways that, while increasing the local service offer available, reduce the direct demand on statutory services.

Transforming Care

For the sites that chose to focus the implementation of their NSW approach on the Transforming Care group, the programme afforded an opportunity to work more creatively with people who use services and more collaboratively with partners.

Working with people who use services has meant connecting with people and getting to know them in different ways, visiting them regularly and **building trust** in ways that would rarely be possible in 'business as usual'. This was enabled by the additional time afforded by the pilot models.

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The NSW project allowed me to use my creativity and try unconventional ways of working to achieve Tracey's goals. Thanks to a protected caseload I was able to meet with her even twice weekly, jointly creating her care plan, taking her out, discussing support options, meeting with professionals etc. I was not afraid to try different support options and clearly promoting positive risk taking practice because I felt that being on the NSW pilot allows me to do that.

Named social worker, Hertfordshire

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The placement took me over two and a half hours each way on the train. It felt very strange to spend the whole day doing one visit and not to have a completed assessment to show for it. I'm glad that I had the 'all about me' to give a more concrete/clear 'purpose' to my visit, so it still felt as though I had accomplished something tangible from the visit. I think that this was more important to me than it was to Michelle.

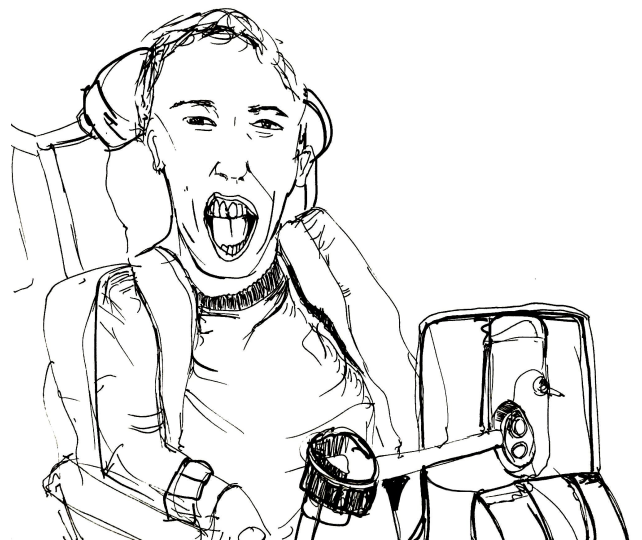
I could understand from Michelle's point of view that it was important to take things a little slower and to give her time to work out her skills and to get her thinking more about the future. This was particularly necessary as she had not really got a very clear idea of what she wanted from her life.

Named social worker, Liverpool

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We received feedback from parents that the named social worker was helpful, took the time to get to know their son and to visit them, and the placement felt right because of this. It meant they visited fewer placement options as the social worker had done more background research and the options were more appropriate.

NSW evaluation report, Sheffield



Named social workers have tried different ways of **exploring with people their preferences and aspirations** for their future. This ensured that longer term plans were designed and put in place. For example, Sheffield used pen portraits as a tool to have different conversations with people. Named social workers have also been able to carry out more direct observations with people who do not use verbal communication, rather than relying on information from other professionals.

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The use of the pen pictures really helped - giving the person the social workers' pen picture and talking with them to develop their own uncovered lots of previously unknown personal information. It provides a personalised approach for the individual to have a conversation based on their interests and helps to develop a rapport.

NSW evaluation report, Sheffield

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I don't usually do observations as I don't feel as though I always have time and there isn't a clear purpose to these visits – instead I would usually speak to people who knew Paul best and have more limited direct contact with the young person. This was however a really positive experience and I got a lot of new information about Paul, but more importantly I got a real sense of who he is.

Named social worker, Liverpool

The pilots also enabled named social workers to play a more significant role **advocating on behalf of the people they support within the MDT teams** that were making decisions about them. Several workers reported that the authority and recognition that came with the 'named social worker' label made them feel more like equal parties in MDT meetings and it gave them the confidence to challenge colleagues and make suggestions that were grounded in their knowledge of the people they are supporting and resulted in better coordination between agencies and better communication with the people who use services.

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One of the steps taken by the MDT to facilitate Helen’s effective participation in less daunting meetings was to have two parts to her care planning meeting. The first part was Helen meeting with 2-3 professionals of her choice at a venue of her choice (her home). The professionals would then feedback the outcome of the first meeting to the wider second part of the meeting. Feedback from Helen and all involved is that this format has been very productive for all. Helen was very relaxed, she engaged in the discussions, freely and confidently expressing her views, wishes and goals for the future.

Named social worker, Hertfordshire

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Julia has a close relationship with me, and will confide information that she is not willing to share with professionals on the ward. I am then able to attend MDTs and pass on these concerns, raising safeguarding concerns where necessary. A member of her family has become unwell while I have been working with the her, and so I have been able to support the family also.

Named social worker, Sheffield

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I would often challenge mental health workers’ decisions. They would often be very risk averse, limiting her options and trying to implement the restrictions which in my opinion were unnecessary.

Named social worker, Hertfordshire

Named social workers have also been **supporting providers** to work with the people who are using the service in a different way to ensure placements remain stable and successful.

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I spent hours working closely with the support staff, explaining the relevant legislation to them, supporting them with their recording skills, all to make sure that Tracey is supported in a less restrictive and more positive way.

NSW evaluation report, Hertfordshire

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My multiple visits at the scheme helped me to build the relationship with the care workers and the scheme manager, so that they are very forthcoming about any issues they identify. They are not afraid to call me and just say: “We think we messed up, what we shall do?”. Thanks to that I am able to advise them and speak to Tom quickly enough to prevent problems escalating.

Named Social Worker, Hertfordshire

Transitions

Three sites chose to focus on young people preparing for adulthood as they developed their NSW model into phase 2. The case for change was clear and common to all of them: packages of care were being put together without the appropriate knowledge of the individual and their circumstances, often in ways that caused considerable stress to young people, families, carers and workers. Adult services were often getting involved too late, and children's services were focusing on managing short term risk rather than longer term outcomes.

There are a number of factors at play in determining this sub-optimal state of affairs: firstly, due to resource constraints, forward planning is de-prioritised over crisis led interventions, so that time to plan transition progressively with young people and their families and carers is seen as an unaffordable luxury. Secondly, and consequently, adult practitioners often lack experience and knowledge of working with young people, including of their role within Education Health and Care Plans, and they are not familiar with the local offer and service options open to young people. Thirdly, the legislation, practice and principles that underpin children and adult social care can at times feel at odds with each other - one being geared towards protection and safeguarding and the other towards building and supporting independence - and this can get in the way of effective collaboration at transition point. In all this, those who pay the price of the system's shortfalls are young people and their families and carers, who are left anxious, confused and often angry by the lack of long-term planning and support in place.

NSW sites therefore aimed to **get to know young people and their families and carers earlier on**, understand their aspirations for the future and build trust, with the expectation that this will not only improve the experience of preparing for adulthood, but also lead to packages of care that enable independence where possible, improve outcomes and reduce reliance on services going forward.

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The intensive work social workers have carried out with each young person and their family highlighted that no level of intensity of support can compensate for earlier intervention.

NSW evaluation report, Shropshire

Shropshire partnered with a specialist academy to recruit young people and families for their NSW pilot. Out of 20 year 14 families, 12 took up the offer to become involved in the pilot and have the support of a named social worker to work with their child to plan their transition. In parallel, parents were invited to a series of workshops to explore what transition meant for them (including from a rights, process and family perspective). Halton established a dedicated Transition Team working with 16- 18 year olds and Liverpool named social workers focused on 14-17 year olds in out of area placements, working closely with the child social workers and other key professionals.

Commissioning is a crucial piece in the Transitions puzzle. Early engagement with young people and their families and carers provides greater visibility over demand in the pipeline and can inform better strategic choices in relation to wider provision, including making better use of the support capacity that exists at the community level within partner agencies and the voluntary sector. Ultimately, sites agree that the separation between 'children' and 'adult' services is artificial and unhelpful, as in life there is no 'transition' from one state to the next: one just grows older.

Liverpool are committed to exploring what all-age commissioning looks like and to embedding an integrated approach across children and adult offers in their neighbourhood teams. They are restructuring their social worker workforce into neighbourhood teams, whose skills and composition is determined on the basis of the neighbourhood's demographics. Every person with a package of care will have a nominated point of contact within their neighbourhood team. The plan is for neighbourhood teams to be delivery partnerships between social care and other agencies, including the voluntary sector.

1.1 What's in a Named Social Worker

Skills, Values and Behaviours

We have outlined the key attributes of a named social worker based on contributions from the named social workers who took part in the programme.

A named social worker is...

- **Truly ambitious** for the people they support, believing in what they can do not what they can't;
- An **empathetic listener**;
- An **open-minded problem solver**;
- A **team player**, always ready to share and learn with and from colleagues;
- **Literate of key legislation** (i.e. Care Act, Mental Health Act.);
- A **strong communicator**, able to connect and communicate with people with different communication needs and preferences and to advocate for the people they are supporting with colleagues across disciplines;
- Confident and able to **use their judgement** in tricky situations;
- Able to take **risks and be flexible**;
- Knowledgeable about the **local service offer** and about local communities;
- **Well connected** with colleagues in partner agencies.

Social workers on the programme included people at different levels of experience. While more experienced workers brought great depth of insight and maturity of practice to NSW teams, less experienced workers, including social work students, brought fresh and imaginative approaches to person-centred working, so that everyone in the mixed NSW teams benefited from sharing practice and learning.

For many social workers the NSW approach was liberating and enthusing. But it's important to note that not all social workers found it easy to work in this way - a small number found specific skills such as creative communication approaches with this cohort to be challenging to learn and adapt to, others found it hard to move away from more structured transactional approaches and feel confident being more responsive and flexible.

The best bits

We asked social workers on the programme about the best aspects of being a named social worker. Here is what they told us:

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You can take a longer view, and not just 'stick a plaster on' the issues. You have time to think through their aspirations, how best to support them to be independent in the long term, not just for the next year or so.

Named social worker, Shropshire

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You're there solely to support someone and ensure their voice is heard. You get fulfillment in this. When you have that time to help people. I might be the only person who they talk to and ask for help. [...]

One woman I had been working with in hospital was discharged into the community. She told me: 'Thank you for not giving up on me', and that says it all really.

Named Social Worker, Hertfordshire

The thing I hadn't expected or thought about was working with the rest of the team - it's been a really positive dynamic.

Named Social Worker, Shropshire

I feel confident in challenging other professionals, and enjoy this. Saying: 'Can you explain to me why?', And giving advice like 'We need to be looking at it like this, from the individual's point of view'.

Named Social Worker, Bradford

I really like the problem solving aspect of social work, and I think this is important. You need to be able to think outside the box to help someone, because everyone is different, so you always need to work in different ways. This way you can make sure that they are the core reason for doing everything, not because of assessment processes.

Named Social Worker, Sheffield

People have more support around them, and social workers can build relationships with the wards and, in turn, they build confidence in you. There is more collaborative working with health teams too.

Named Social Worker, Sheffield

What gets in the way

Acknowledging that it can be challenging to apply the NSW principles in practice, we asked named social workers to reflect on what gets in the way. They highlighted:

- Difficulties **communicating** with people with significant communication impairments;
- The need to constantly reaffirm and uphold the unique value and **legitimacy of the social work profession** when working within multidisciplinary settings;
- Working with young people going through transition, the challenge of knowing how to act in the **best interest** of a young person when a social worker's opinion differs from that of a parent;
- Driving **culture change** across busy teams, when progress can be slow;
- '**Culture clash**' between services - for example when health services push for options that social workers consider over medicalised and restrictive or when the children social care duty to 'maintain stability' is at odds with adult social care efforts to build independence;

They also reflected on barriers to applying the NSW principles without changing wider system conditions:

- **Large caseloads**, and the need to account for and justify the use of time;
- The pressure to **close cases as quickly as possible**;

- Sustaining the focus on quality interactions in the midst of **competing pressures** on resources.
- How operating in **crisis mode** does not allow time and headspace to plan forward and invest in prevention;
- **Bureaucracy** and paperwork.

What helps

Finally, we asked the named social workers what, from their perspective, were the key enablers of 'good social work' practice in line with NSW principles. They identified:

- The **freedom to 'do what it takes'**, for example freedom to spend as much time as needed with the people they are supporting and access to small flexible budgets;
- **Earlier involvement** with young people preparing for adulthood;
- **Strong leadership** and managerial support, including permission to take risks and allow people to make 'unwise decisions';
- Team working and **peer learning**;
- A team with **diverse backgrounds**;
- **Lower caseloads**;
- The ability to do **preventative work** with people before needs escalate;
- **Colocation** with other services;
- **Integrated** health and social care budgets;
- Being **linked into the local service and community offer**.

“

Permission was important. My manager was encouraging. For example, he encouraged me to go and spend time with a service user who lived out of county.

Named Social Worker, Hertfordshire

If it's an open/close case approach, just dealing with the presenting problem then going away, then you haven't got the whole picture.

Named Social Worker, Hertfordshire

It's about me helping them not because I need to do paperwork every 6 weeks, but because I can and want to. Because I really know them.

Named Social Worker, Halton

The social workers involved in the pilot feel that the knowledge, values and skills are the same as for other social workers in the Future Options team, but [the NSW pilot means that] they are enabled to focus on them.

Sheffield Evaluation report

The following quote offers an interesting practitioner perspective on the question 'are we not all Named Social Workers?'

“

My initial thought about the NSW project was: why do we need it and what difference will it make to my practice? I believe that in my everyday work I use skills and knowledge that are in line with the NSW principles and I would expect every single social worker to do the same. Promoting person centered practice, positive risk taking, being the first point of contact for the service user's and people involved in their support, in my opinion, is a core element of a good social worker practice. I could not think how anyone can not work in a same way?!

However, after a while I understood what difference I can make by being part of the NSW project. Thanks to a protected caseload I had a chance to attend a meeting I would probably never attend (Community Mental Health Team meeting).

I could meet with Gayle whenever I needed to and did not have to rush through the meeting, I could support the care staff making sure that they are well aware of Gayle's needs and we are consistent in the way we support her.

Being on the NSW project gave me the confidence that I can make autonomous decisions, take risks to try new ways of support without worrying that I will be criticized for unreasonable practice. I was able to make all decisions according to the individual's best interest and within the legislation.

Named Social Worker, Hertfordshire

1.3 Nurturing great social work practice: building skills and confidence

All the team leaders and managers involved in the programme put a great deal of thought and effort into nurturing the skills, confidence and wellbeing of their teams, so workforce development was probably the most consistently strong area of work across programme sites.

As a result of the pilot, Sheffield developed a practice framework for their Future Options team, Bradford created a Statement of knowledge and skills for named social workers supporting adults with learning disabilities and a Framework for Reflective Supervision and Liverpool are developing a new Workforce Development Strategy. All these can be found in the [Site Profiles and Resources](#) publication.

According to both managers and social workers, the most helpful things in building confidence and improving practice have been:

- **Peer learning sessions** - Named social workers said that regular reflection and information sharing with their team made them feel like they had a 'shared brain'. They also talked about the strength in team diversity, particularly in NSW teams that included or were co-located with colleagues from health, children's services, transforming care and commissioning;
- **Reflective supervision** - Sites put an explicit emphasis on reflection over transaction in supervision sessions and developed or adopted tools to support this. Reflective supervision happened one to one and in groups, with managers and with peers. These spaces were used to develop and stretch individual practice, and enable 'good social work' to be applied for the cohort.
- **More active involvement in multi-disciplinary meetings** - Named social workers attended MDT meetings more regularly and played a more active role in decisions being made. They found these meetings very helpful, both to advocate on behalf of the people they are supporting from a social work perspective and to start learning about people they would soon work with;
- **Managerial support and involvement** - The direct involvement of managers and heads of service in the pilots has given social workers a clear sense of support and 'permission' to work in different ways and it has provided the management team with direct insight into opportunities and enablers from the practitioners' perspective;

- **Training** - Named social workers benefited from training focused on, for example: legislation, creative tools for communication and how to work with individuals whose diagnosis includes a forensic background. Managers were resourceful in creating opportunities for named social workers to join training sessions run by other services, for example Transforming Care teams. In some sites, colleagues from other services joined peer group sessions to share their knowledge and perspective and to learn more about the practice approach taken within the pilots. Bradford have collaborated with Lancaster University to offer their social work teams opportunities to engage with human rights theory from an academic perspective, complementing practice based learning, and they are planning to use this to develop a Continuing Professional Development programme;
- **Advanced practitioner advisory roles** - Bradford established a Mental Capacity Act team of senior practitioners, who are driving a wide and ambitious programme of culture and system change. As part of their role, they are providing support and guidance to social workers around mental health legislation and asset-based practice. They work as Best Interest Assessors, support social workers on request, hold clinics and manage an advice inbox open to all social workers in Bradford. Liverpool's named social workers worked across neighbourhood teams and provided advice and support to a wide range of colleagues on specific cases.

Overall, the impact of the programme on social workers has been overwhelmingly positive, with people consistently reporting higher levels of knowledge and confidence, feeling more satisfied with their work and feeding back that the NSW label brought greater visibility, authority and respect to their role as a social workers. All of which contributes to the aspirations and needs of those supported by the social workers being brought to the fore.

“

We have been working very closely together as a team. To us, it feels like we have a 'shared brain'.

Team manager, Halton

“

You can't do it without the backing of your team. You need to be able to have discussions to ensure you're doing the right thing - share the anxiety and get different viewpoints. You need peer support and access to people who are working in other areas if you need it - psychology or psychiatry for example.

Named Social Worker, Hertfordshire

“

The monthly peer group has provided a safe place to talk through cases and tap into the skills and knowledge of the Transforming Care team, including aspects of relevant legislation.

Hertfordshire Evaluation report

Our manager has made it easier. She is probably coming across more barriers than us, and she has discussions with higher up managers. She shoulders some of these challenges so from our perspectives as social workers it's not too bad.

Named Social Worker, Halton

As a manager, the quality of the conversation [with social workers] was so different. Because I wasn't necessarily line managing them, I was exploring with them what they were doing, how they were feeling. In supervision there is a clear power dynamic going on: the manager is there to answer questions, offer advice. But there is also real value in paying close attention to the perspective of the social worker, finding answers together. It blows your mind to see the skills that the social workers are using, how creative people are.

Team manager, Hertfordshire

“

Something that I'm learning to do is listening, really listening. And also to what people aren't saying. This is about parents too because they have dealt with professionals for a long time and there is a tension between our job within a legal framework, and the parent knowing their children best. So listening is really important to navigate this.

Named Social Worker, Shropshire

The NSW project has influenced my work with other people [outside of the NSW group]. It has given me perspective. You are not going to get to the bottom of things unless you spend time with people.

Named Social Worker, Hertfordshire



1.4 Key elements of practice for person-centred interactions

Lots of excellent guidance, inspiring examples and helpful principles exist about how to work in a person-centred way. Some of this is explored in the guide to meaningful engagement developed as part of the programme- '[Big Plans](#)'. In this section we are focusing on elements of practice which have emerged as significant through the NSW programme.

These are:

- Continuity of relationships: 'open door' instead of 'case closed'
- Creative approaches to help build relationships and co-produce plans
- Putting the relational over the transactional
- Supporting appropriate risk taking

Continuity of relationships: 'open door' instead of 'case closed'

From the perspective of people who use services, a lot of confusion, distress and sometimes poor decisions can occur when social workers and other professionals do not know them well or understand them; they want to know who to call when they need help (and to get a prompt answer) and they don't want to retell their story many times to different people. From the service perspective, delivering on these expectations can be superseded by a pressure to close cases.

NSW pilots have taken different approaches to securing continuity of relationships. Halton are experimenting with keeping cases open and **distinguishing between active and non-active cases** within caseloads. Sheffield and Liverpool invest in completing comprehensive handovers when people are transferred from the specialist team to a locality team, thus assisting in the transfer of care.

In Halton, **all team members are up to speed with different cases**, so that, if a social worker is unavailable, their colleagues can help the people she is supporting as well as she would. Halton and Liverpool are also exploring how they can **work with practitioners in different roles** (for example community connectors) to offer helpful relationships at a lower level of intensity for people who do not require regular contact but will benefit from a constant support presence.

“

We asked families what they wanted from social workers. It was consistent that they wanted to see social workers more often, having a consistent person that knows them.

Named Social Worker, Sheffield

“

When we talked to service users, they said they wanted someone on the phone who knows them and knows where they're at. They get frustrated about repeating themselves, getting conflicting information, or talking to someone who doesn't understand what they need.

Named Social Worker, Bradford

Continuity is really important in named social work. On my caseload there are people who have been detained under the Mental Health Act for years and years and have now come out of hospital and out in the community under the transforming care agenda. Working with them is really important to make sure they don't end up back in hospital.

Named Social Worker, Hertfordshire

If you don't know someone, the amount of time you spend solving the small issues is really big, but if you know them, you already have a good starting point and it means you can do things quicker and better for them when there is a problem.

Named Social Worker, Sheffield

My son feels it's better he's got a named social worker as he finds it better to work with social services if the social worker stays the same.

Mum, Halton

Creative approaches to help relationships and co-produce person-centred plans with people who use services






Recognising that the fundamental starting point for delivering person-centred care is how we engage with people who use services and their carers, one of the key foci for the NSW programme has been supporting the use of creative approaches that enable more meaningful engagement with people, including those who have different communication needs and preferences.

Liverpool and Sheffield used **pen pictures** to prompt conversations with people about their lives, preferences and ambitions.



Even if you've got more time, if you don't scratch beneath the surface, then you won't be able to help that person and especially not in the long run. Even if they're not engaging, you can be more creative. For example, there have been a couple of times when I've thought 'well they're part of the NSW group, so what else can we do?' We need to be supporting them and trying something else.

Named social worker, Hertfordshire

 <p>What and who is important to me?</p>		<h3>My One Page Profile VM</h3>		 <p>I like my support to...</p>
<p>My family - mum (K), Dad (V), sister (K) and 2yr old nephew (J). I like animals That people listen to me and support me properly. I want to live in my own flat in Sheffield and be like my sister. I want to have a job I am vegetarian</p>				<p>To listen to me, and support me properly. They need to understand why I struggle because of my autism and OCD. I like people who are nice and want to watch films with me. I don't like it when people talk about me not to me.</p>
 <p>I like...</p>	 <p>I do not like...</p>	<p>People who know me well say I am...</p>	 <p>Other important info:</p>	
<p>Animals, any Art and activities Shopping at Meadowhall Visiting places, such as the butterfly farm. Films, and going to the cinema especially horror films. Painting my nails</p>	<p>People talking about me Rude people Bad manners.</p>	<p>I am very funny, and have great sense of humour</p>		

Putting the relational over the transactional

For all sites, the NSW pilot either contributed to new, or complemented existing, person-centred approaches to assessment. Practice varied slightly from place to place, but there was significant convergence around **changing the nature of interactions** with people. Moving away from being driven by checklists, processes and thresholds towards starting consistently with what is important to people; building resilience and independence by connecting people with networks of support in the community and outside of statutory services wherever possible; intervening only when necessary, and following a plan that is created by the individual and social worker together.

These approaches to assessment usually create better opportunities for the worker to use their **judgement and initiative**, and can offer a small **flexible budget** to be used at the social worker's discretion to make things happen quickly where a little help can stop the need for more intensive interventions.



Can we look at doing that assessment in a different way? How can we make it a conversation and less of an assessment, and get more useful information for us as well, and properly listen.

Named Social Worker, Shropshire

We ran the Named Social Worker pilot in parallel to a pilot to implement the Conversations Count model across our service. We found that the two approaches complement each other really well.

Service Manager, Sheffield

In 'business as usual' it is common for a young person to only meet their social worker in one environment, leading to an over reliance on communication about the young person from family and other professionals.

Shropshire Evaluation Report

Supporting appropriate risk taking

Prevalent attitudes to risk can get in the way of social workers' efforts to support people in ways that are consistent with the person-centred and human rights-led principles that underpin the NSW approach. Social workers in the programme reported that the managerial support and permission that have come with the NSW 'label' have given them confidence to explore options that they would not have otherwise tried - and which turned out to be successful.

Bradford are creating an internal process designed to officially hold a space for supported risk taking by social workers. It is called the **Risk Enablement Panel** and was adopted from Calderdale, where members of the team who were part of phase 1 had implemented it before. The panel can be convened by social workers who want to discuss support options considered to be more risky. People who use services and their family members can attend it too. It is run by the Mental Capacity Act Team - the specialist team driving Bradford's social work culture and practice change initiative and taking part in the NSW programme - and supported by senior managers. Through these meetings the group takes shared responsibility with social workers for decisions made. The idea is that, once the panel is up and running, social workers can use it not just to make decisions in times of crisis, but also for forward planning.



The Risk Enablement Panel is a different way of exploring case work from the perspective of: "Why can't we try this?"

Mental Capacity Act Team Lead,
Bradford

1.5 Better interagency working

Cross service collaboration is key to delivering person-centred care in the most efficient and effective way possible. At its best, interagency working should occur at all levels:

- Collaboration between frontline professionals
- Collocation and integration of teams and services
- Interagency management fora and integrated budgets

Collaboration between frontline professionals

- Named social workers in the programme attended MDT meetings on a more regular basis than in 'business as usual'. Partner agencies in Hertfordshire noted that service coordination was significantly improved thanks to the role that the social worker played. Social workers, in turn, felt like equal partners in the MDT and were able to challenge colleagues as they had not done before.

Members of the Transforming Care team in Hertfordshire and Sheffield attended NSW peer sessions and offered training, part of this was to identify training needs and action appropriately.

The Shropshire Transitions team worked closely with a local special school to engage with young people preparing for adulthood and their families.

The Halton Transitions team have been developing their connections with local agencies and community organisations, as collaboration with them is key to their service strategy. As part of their outreach efforts, they organised a Transitions event in November, which included a young person sharing his experience of transition supported by the named social worker, and a number of different agencies showcasing their offers to families and carers.

Colocation and integration of teams and services

- Social workers and a nurse work together in the Halton Transitions team which (alongside budget integration) has had a big impact on collaboration, where before relationships were often tense and resource focused. Social workers are co-located with health professionals in Liverpool's neighbourhood teams, delivering place based integrated services in the community, in collaboration with primary care and voluntary sector organisations.

“

Since I moved to this team I've found out so many different services and agencies - you learn this through families and from each other. That's a key skill in this kind of social work.

Named social worker, Halton

Interagency management fora and integrated budgets - Thanks to integrated health and care budgets, cross-agency collaboration in Halton is strong. The Transitions team manager chairs three-monthly meetings of the Transitions Operations Managers Group, which discusses priority cases and operational issues. The team includes: the lead nurse for children with complex needs, the manager of the adult learning disability health service, the manager of the learning disabilities nursing team based within social care, head teachers from three special schools, CAMHS and adult mental health, the positive behaviour team, SEND and transport.

The management team involved in Sheffield's pilot includes managers, practice leads and team leaders from social services and community and secondary services. Liverpool are also developing a Provider Alliance, linking agencies together into governance and contractual agreements that will bring service integration to a new level.

“

The reason it's working is that there is sign up from all agencies. Particularly health and education. We all want this to work. We can say hard stuff to them. They trust us.

Team manager, Halton

“

The pilot improved relationships in the transforming care MDT. In the past social workers would have attended an MDT meeting when they needed to discuss a particular issue. The NSW pilot afforded the social workers time to attend each MDT meeting. As a result, the social worker had a better understanding of the individual and felt an 'equal partner' in offering their perspective to health colleagues.

Team Manager, Sheffield

A named social worker worked with someone who had an obsessive-compulsive disorder (OCD) diagnosis. She felt this was wrong and requested a reassessment. The service user was then diagnosed with Pathological Demand Avoidance not OCD which means that their future placement will be better able to tailor support, increasing stability and avoiding crisis.

Sheffield Evaluation report

1.6 Beyond social work teams: changing culture and changing the system

Learning from the programme points to some crucial systemic connections which create the pre-conditions for 'good social work' for the cohorts supported as part of the pilot. Namely, the importance of:

- Closing the loop with **commissioning**;
- Working with providers to **create a marketplace of appropriate support options**;
- Upholding the **importance of the social work perspective** within increasingly integrated and place-based health and care services;
- **Tapping into all local resources** for more effective prevention;
- And driving **culture change** across social work teams and beyond, into the wider system.

Most NSW teams have been **working closely with commissioning teams**, feeding back learning about need, highlighting gaps in provision, creating better forward visibility over the pipeline of demand and, in Bradford, supporting retendering of key contracts and strategic reviews of provision. This also involves working more and better with **personal budgets** to enable people to choose their support for themselves.

Bradford and Halton NSW teams are engaging with providers to **stimulate a market of provision** that offers more flexible and customisable solutions, better choice and greater opportunities to build independence. This involves, for example, offering input from experienced named social workers into new residential plans and supporting the creation of small and locally based social enterprises, some of which are run by people with disabilities.

Liverpool are using the learning from the NSW pilot to **design social worker roles** in new neighbourhood teams delivering **integrated place-based health and care services**. They are tailoring the team skill mix to neighbourhood demographics. They are committed to allocating a named social worker to anyone who is in receipt of a package of care. They are also working closely with health and voluntary sector colleagues to improve the quality of prevention and creating Advanced Children Practitioner roles based in neighbourhood teams and available to provide specialist support to social workers across areas.

To ensure the sustainability of the NSW way of working, Halton and Shropshire have invested in developing connections with the wider local offer, **collaborating more closely with VCS organisations** to work with young people outside of formal support networks. The aim is to offer continuity of support for people when their intensity of need reduces, and to be able to provide **preventative support** that will reduce crisis escalations.

As well as examples of sites explicitly continuing to test and deliver their NSW model, all pilot sites are committed to transferring learning and features from the NSW pilots to wider social work teams - and beyond as part of ongoing **culture change initiatives**. For Bradford, this is part of a significant programme of change in adult social work culture and practice, which has wide strategic ramifications. Halton are hoping to 'cascade' the approach across other support organisations. Liverpool are embedding key NSW principles into their new integrated models of provision. Shropshire will use the learning from the project to inform the design of a permanent Transitions team. Hertfordshire and Sheffield want the learning from the programme to influence mainstream practice in the wider locality teams, in alignment with other initiatives around asset-based interactions.

“

We know we have 294 young people coming through our door over the next couple of years. We cannot offer this approach to everyone. We can sustain this approach for people who need it - and offer some short term support to others at a lower level of need to prevent escalation of need later. We need to work cleverly with local resources. For example, people with lower level needs could have a community connector.

Team manager, Halton

“

The idea is that Bradford's Mental Capacity Act team [who were leading their NSW pilot] will eventually make themselves out of a job and that, in time, as a result of our work, people will not need social workers as much in their lives.

Mental Capacity Act Team Lead, Bradford

“

We are embedding learning from the pilot in the implementation of our neighbourhood model of support - it is not just about a named social worker but also about transferring the principles to the rest of the system. [...] We aim to have an all-age commissioning strategy, associated with public health and covering the preventative angle, excluded groups and complex needs.

Assistant Director, Liverpool

Part of the remit of the Mental Capacity Act team in Bradford is to shift commissioning and procurement across the board. We were involved in events with providers organised by NHS England, which explored how we can move away from traditional models of support towards more flexible options, including separate provision of accommodation and support and helping people to buy their own homes. We have also been involved in commissioning reviews across the Yorkshire region.

Mental Capacity Act Team Lead, Bradford



02

MEASURING THE
DIFFERENCE
WE MAKE

2.0 Measuring the difference we make

The approaches tested by the sites, although different, all share a rationale of upfront investment of time to support reflective practice and quality interactions, with a view to reducing the overall cost of interventions through more tailored and preventative work.

Operating as we do within significant resource constraints, it is now more imperative than ever to support the case for different ways of working with clear data and solid evidence. Although it is still early days to see the full impact of this different way of working, sites are already recording case studies of people who were supported by a named social worker whose packages of care have reduced in cost, while at the same time delivering good outcomes.

The Social Care Institute of Excellence (SCIE) supported NSW sites to develop a Theory of Change underpinning their approach and to make a plan for tracking progress against their intended outcomes during the life of the programme and beyond. Working with York Consulting, the programme also developed a guide to calculating return on investment.

More detail on the programme level evaluation can be found in the [Summary Evaluation Report](#) or [full suite of evaluation publications](#). In this section we share some of the tools and learning from the evaluation approach taken.

The theory of change and enquiry framework for the programme

The Named Social Worker programme took a theory of change approach to evaluation.

A theory of change approach has a strong focus on outcomes and impact, and can be a helpful planning tool for new initiatives. It can also be used to bring a wider group of stakeholders into the process. As a methodology, it was originally developed to evaluate complex, community-based interventions and is well suited to explore the effects of emergent and wide-ranging interventions through an overarching narrative.

Along with the programme team, pilot sites codesigned a set of high level impact areas that would guide 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 Named Social Worker approach.

These impact areas are:

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

These three impact areas lent themselves to a series of ten programme evaluation questions that framed the data collected.

These were:

1. How has the pilot facilitated consistent and trusting relationships between the named social worker, people and their families and carers?
2. How has the pilot given people the opportunity to tell their stories - and have choice and control - when shaping their own person-centred care and support plans?
3. In what ways has the pilot supported people and their families and carers to live the lives they want?
4. What are the knowledge, skills and values of a named social worker?

5. How have named social workers been supported to exercise their skills and judgement through the pilot?
6. To what extent have named social workers been motivated to work differently and how satisfied are they that they are able to do so?
7. Is there any evidence that named social workers have been able to constructively challenge and or collaborate with their partners?
8. In what ways has partnership working improved outcomes for people and their families over the course of the pilot?
9. What is the economic impact of the pilot?
10. To what extent has the NSW pilot influenced practice across the wider system and what are the barriers/enablers to person-centred practice?

Useful measures

In order to answer these evaluation questions, sites were supported to take a mixed methods approach to evaluation. They were able to collect a wealth of evidence about 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.

To track the impact of the NSW approach on **people who use services** and the people around them, sites collected evidence including:

- Individual case studies
- Social workers' reflective logs
- Reviews of case files
- Interviews with people who use services (See ['Big plans - a guide to meaningfully engaging people with learning disabilities'](#) for a set of helpful tools for evaluating people's experiences)

To track the impact that the NSW approach had on **individual and team social work practice** sites collected evidence including:

- The number and nature of group practice and supervision
- Social worker reflective logs
- 'Before and after' survey of social workers experience and reflective logs

To track the impact on the **wider system**, sites collected evidence including:

- Feedback from partner agencies
- Assessment of costs and benefits accruing outside of social services budgets

A guide to cost benefit analysis

As part of the [economic evaluation](#), York Consulting developed a ['10 steps to creating your own Cost Benefit Analysis'](#) guide that can be used by authorities outside the programme to carry out their own similar analysis.

The approach taken recognises that often financial impacts are longer term and therefore provides a framework for a predictive analysis that can be validated with real data when it becomes available over time. This approach takes into account feasible outcomes, expectations and early progress.

The guide outlines how to:

- Map potential benefits and identify those that will have a cost benefit (including to people who use services and their families and carers, social workers, the local authority, health services, criminal justice);
- Access average unit costs of, for example, hospital admissions or criminal justice services using the [PSSRU database](#);
- Take a 'top-down approach' to understand your delivery and unit cost of supporting an individual through the programme, based on the total cost of the programme and number of people supported;
- Develop cost benefit profiles at an individual case level;
- Calculate an estimated FROI.

03

THE WAY FORWARD

We would like to conclude this collection of lessons and reflections on what makes 'good social work' possible by offering some provocations around the key question: **given that we have been clear for a long time about what the outcomes and principles of support for people with learning disabilities should look like, why is it that we are still so far from achieving them?**

Sites that are seriously addressing this question grapple with a series of tensions:

1. 'More and better social work' vs 'No social work at all'

Often, when we talk about improving social work, we are looking for ways to deliver more and better services. The NSW team in Bradford argue that at least part of the question to explore should be: *How do social workers do themselves out of a job?* In their view, if social work practice was to systematically be driven by the commitment to maximise independence and minimise interventions, social workers (and professionals) should feature *less* rather than *more* in private elements of an individual's life.

2. 'Managing risk' vs 'Building Independence'

One thing is to talk about co-production with people who use services. Another is to do it in practice. NSW sites have highlighted how the practice of co-production may involve supporting people to enact what social workers may consider to be 'unwise decisions'. Of course, proportionality and sensibility are key in determining safe practice and fora for sharing ideas and accountability with peers and managers have helped to make decisions about risk with greater confidence.

One of the key challenges that NSWs across sites have posed to themselves and colleagues has been: *Why couldn't we do that?*

3. 'Living the life I want' vs 'At the taxpayer's expense'

This tension has to do with the meaning of 'choice and control' in practice. Over the course of the programme we have heard about work currently being done in West Sussex, where they have set up an Intensive Planning Team to reduce the numbers of young people being placed in out of area 38 and 52 week education provision. The team are using a radical approach, supported by senior managers, to 'do what it takes' to keep young people supported in education locally and with a good family life. Here, using budgets to pay for a vacation, for play equipment in a family's garden, or to lay a floor in a family's home has resulted not only in significantly better outcomes and experiences for families and carers, but also in net savings. Especially in the current financial climate, the media and public opinion can easily portray these choices as unwonted luxuries on the taxpayer's tab. The experience of West Sussex, however, prompts a more interesting way of looking at this issue by asking: *If the cost is the same, is it fairer to deploy public money on restrictive options that keep people 'surviving' or to purchase solutions that allow people to live the way they want?* Of course, a significant part of the answer also lies in creating more diverse and flexible markets of provision, as Bradford, Halton and Liverpool are doing.

4. 'Gatekeeping' vs 'Open Door'

Financial constraints and high demand mean that services need to spend resource turning away people who don't meet thresholds for support. At the same time, we know that often too much money is spent on packages of care that are neither efficient nor effective.

Practitioners in the NSW programme tell us that they feel services are reaching people too late and that being more proactive would save not only distress but also significant amounts of money. By adopting more asset-based approaches, most NSW sites are shifting the core assessment questions towards: *Who or what can best help you lead the life you want and how?* And finding that the answer can often be connections with informal networks of support.

5. 'Process driven' vs 'Humanity Unleashed'

Finally, and most crucially, there is the question of finding the right balance between processes that ensure accountability and proportionate use of resources and conditions that enable the best of social workers' judgement, creativity and humanity to come into play in their interactions with the people they support. Learning from the programme suggests that protecting time for peer learning and reflection goes a long way to grow individual confidence and raise quality of practice. Encouraging appropriate risk taking by offering managerial backing and spaces to share ideas and feedback between peers also leads to more truly person-centred support solutions.

One of the key aims of the Named Social Worker programme has been to create the conditions so that the driving question determining social worker practice may more systematically be: *What do your knowledge and judgement suggest that you do?*

Programme learning suggests that the space for great social work can be found in the balance between these tensions, among others. In our experience, this holds true across other services as well.

Read the [Site Profiles and Resources](#), [Planning Guide for People with Learning Disabilities](#), [Service User Story](#) and [Evaluation Reports](#) for more useful tools and information.

With thanks to the Named Social Worker teams across the sites and to the social workers and individuals who have shared their stories and experiences with us.

This guide was developed by Innovation Unit in partnership with the Social Care Institute for Excellence.



Innovation Unit is a not for profit social enterprise. We grow new solutions to complex social challenges and are committed to taking solutions that work to scale.



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PUTTING PEOPLE AT THE HEART OF SOCIAL WORK

Lessons from the Named Social Worker Programme
