REFLECT AND CORRECT

Findings support case for quality supervision

Therapeutic response for sexually abused children

Investing in advocacy for learning disabled parents
Social Work Matters is the new, digital-only publication of The College of Social Work. Its focus is firmly on social workers themselves, their profession and how it can develop to meet the challenges confronting it. The spotlight will be on policy, practice and research.

Our own research tells us that social workers want a positive, independent publication in which practitioners are prominent, both as contributors and as subject matter. They want intelligent comment and stories that reflect the experience and opinions of social workers innovating, struggling and succeeding on the front line.

So we will do what our title promises by celebrating the successes of social workers, and their power to make a difference that matters in the lives of the people they work with. We will analyse developments in practice, propose policies that promote social work’s strengths and criticise those that don’t, and consider the implications of new research for practitioners.

Social workers are the heart of this magazine – and it will only beat if you contribute your ideas for articles. Please do so by sending them to me at mark.ivory@tcsw.org.uk

Our solemn promise is to write in a clear, accessible way, devoid of the jargon that litters so much writing about social work. Since this is a digital publication, we’re planning to make good use of web technology as the magazine evolves. Here’s our guide to using your members’ magazine...
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Examples of good practice are, perhaps unsurprisingly, hard to find in the majority of serious case reviews (SCRs). The Keanu Williams SCR, in the words of local safeguarding children board chair Jane Held, identified a ‘failure across every agency to see, hear and respond’ to the child.

But the report did identify one example of good practice: a ‘well argued social work report’ spelling out the risks that emerged from a core assessment with Keanu. That report went to a case conference, which regrettably decided that no child protection plan was necessary.

This seems to have been a pivotal moment. From then on, no one paid attention to what life was like for Keanu, a theme of both this SCR and the Daniel Pelka SCR just a few weeks earlier.

The Children Act 1989 has sometimes led unintentionally to a boundary rather than a continuum between section 17 (children in need) and section 47 (child protection). The ‘partnership with parents’ mantra underpinning work with children in need, helping parents to look after their children, has sometimes distracted from the necessity of being more questioning about some family situations.

How can a ‘partnership’ approach be combined with the scepticism that is required in work with some families? How can social workers, particularly those in statutory roles, best negotiate and manage the role’s dualism? How can we guard against the blinkered group-think that sometimes takes hold across professional ‘helping’ systems?

Resources are only part of the answer. Well-trained, highly-motivated practitioners also need good supervision to help them reflect on their practice, challenging their own assumptions and those of other professionals.

This is a vital component of achieving the change in practice culture that is such an important theme of both these SCRs.

I hope the boy I helped to detain will prove me wrong

Billy* is 15 going on 16 and has a diagnosis of ‘oppositional defiant disorder’ and, boy, does he earn it! He is sharp as a tack. I offer an alternative view of his experiences and Billy tells me I’m either too arrogant or too stupid to appreciate that there may be a different view of the world.

But there is another story here too. That’s the story of a 15-year-old boy, with two biological parents who have major mental illnesses and carers who are worried about him. Billy himself experiences visual hallucinations that scare him so much he can’t sleep.

So it’s 8am, the end of a long night shift, and I need to make a decision about whether to detain Billy under the Mental Health Act, a decision I know that will have major implications for him, whether I decide to section him or not.

Sectioning him means he’s pulled out of school in his GCSE year, and the potential stigma of contact with the mental health system begins. But not sectioning him would most likely result in a continuing decline in his mental health, the loss of friends and family contacts as people become more wary and pull away, leaving Billy more isolated in his version of reality.

Ultimately, I decided with my medical colleagues that he deserves an assessment to try to establish what is happening. After all, if he were my child, I would want him to have the best chance possible, and presently that means being detained for assessment under section 2 – even if he doesn’t want it or feel he needs it.

So I cross my fingers and wish him well, and hope the specialist unit will understand and support him and his family through his difficult period. And Billy tells me I’ve got it all wrong and he’ll prove it. I hope he’s right.

*Not his real name

Claire Barcham is an emergency duty team manager in London
A lot is happening on the social work education front. There are reviews by the government’s adviser on children’s social care, Sir Martin Narey, and by the chair of Skills for Care, David Croisdale-Appleby. And Frontline, the government’s ‘elite’ pathway, has been launched with much publicity.

The jury is still out on whether these initiatives are symptomatic of increasing or diminishing difficulties facing social work. Having already had the recommendations from the Social Work Reform Board and the Munro inquiry, some people are sceptical of Frontline with its focus on the ‘high-flyers’.

This is also a time, though, of real innovation, encapsulated perhaps in a key international initiative in social work education. This is the EU-funded project, PowerUs, a collaboration between Lund University and Rainbow, a service user organisation in Sweden; Lillehammer University College in Norway; and Shaping Our Lives, the national user-controlled organisation and network in the UK.

Crucially, PowerUs is also a collaboration between service users and educators. In two years it has organised international seminars in all three countries and had a powerful presence at global and international social work conferences. In addition it has gained a following in other countries, spreading the word and making the case for service user and carer involvement in social work education.

While all is uncertainty in English social work education, it is encouraging that the Health and Care Professions Council has re-committed itself to such involvement and also makes the case for extending it across health professions more generally.

PowerUs is developing national and international charters for service user and carer involvement that will set standards to sign up to and be value-based. It has developed what members call a ‘gap-mending’ approach to their work. First, this emphasised challenging the gap between educators and service users so that professional social work courses drew upon the expertise and experiential knowledge of both.

That has been reflected in the pioneering and award-winning ‘mobilisation’, or empowerment, courses in Sweden and Norway, where service users and students are co-learners, working together, getting to know each other, gaining qualification and credits. Two such courses are being established in England as a result.

But the gap-mending approach is coming to mean much more across social work too. It’s about bringing together our different skills and narratives; challenging barriers and social divisions between us, whether in relation to class, disability, culture or sexuality and learning to ‘co-produce’ or, as people prefer to call it, ‘working together’ to develop the best and most helpful support for all service users and carers, involving them on equal terms.

PowerUs is working to have a presence at next year’s International Federation of Social Workers (IFSW) conference in Melbourne as well as the Social Work Action Network’s (SWAN) conference next spring in Durham. One thing you can be sure of is that the emphasis will be on inclusion and diversity, not advancing elites and managerialism – as well as on mending, not minding the gap!

Peter Beresford is chair of Shaping Our Lives and professor of social policy at Brunel University
Let’s implement Munro in full and stop finding scapegoats

As a member of The College with 20 years’ experience of frontline social work, I recognise the important questions raised by the Daniel Pelka serious case review (SCR) published in September.

I agree that we need to acknowledge when mistakes have been made, particularly in fundamental areas. At the same time, we should not lose sight of the organisational issues highlighted, in particular the ‘over-bureaucratic system felt by staff to create obstacles to good practice’, and the ‘high levels of workload in the referral and assessment service with a high conversion rate of referrals into cases’.

Despite the many tragedies over the years, we have still not developed a foolproof system for determining which families, where there is ‘cause for concern’, will go on to cause the death of a child.

Fortunately, such tragic outcomes are rare, but we are doing a serious disservice to the memory of Daniel if we make individual workers scapegoats, when there are systemic issues to be addressed.

The sad irony of the inquiry reports is that each one leads to an increasingly futile effort to identify the highest-risk cases through a process of assessing every referral, whatever the level of risk. This increases the likelihood of a tragedy by placing unreasonable demands on frontline social workers, who are then more likely to miss indicators of abuse or neglect.

Before rushing off to change policy and practice again, we need to ensure that the Munro child protection report is implemented in full. A good starting point would be to re-visit one of her key recommendations that ‘local authorities should review and redesign the ways in which children and family social work is delivered, drawing on evidence of effective interventions and helping social workers use evidence-based practice’.

Dan Taylor is a registered social worker and independent practice educator based in Berkshire.
In response to lessons from recent serious case reviews, The College of Social Work (TCSW) has promised to support practice improvements on domestic violence and work with other professional bodies to strengthen inter-agency practice.

An SCR into the death of Keanu Williams, published this month, found professionals did not share information about the child and failed to challenge each other’s assumptions.

Jane Held, independent chair of the Birmingham safeguarding children board, said: ‘It is absolutely clear that, if everyone had known what others knew, there may have been a very different outcome.’

Similar concerns about inter-agency communication were raised in the Daniel Pelka SCR last month, where again professionals did not assemble a clear and accurate picture of what life was like for the child, who was brought up in a home where domestic violence and alcohol misuse were commonplace.

After the Daniel Pelka SCR, TCSW Chair Jo Cleary said: ‘The College will work with other professional organisations to support improvements in multi-agency practice. We will also take steps to support social work practice improvements in the area of domestic violence.’

TCSW response to Daniel Pelka and Keanu Williams

A serious case review into the death of an elderly woman in Surrey has concluded that professional social work practice omissions were partly responsible.

Gloria Foster was left without food or medication for nine days after her care agency was closed down.

Commenting on the findings, College chair Jo Cleary said: ‘We are pleased that Surrey County Council values the contribution of social work to supporting its most vulnerable residents and that it has implemented health checks for their social workers.’

TCSW support for Ofsted approach

The College of Social Work has welcomed Ofsted’s new single inspection framework for vulnerable children because it focuses on the child’s journey through care as a whole.

College chief executive Annie Hudson told Children and Young People Now: ‘The approach rightly focuses on children’s experiences of support and services from when they first need help through to – for some – their experiences of care and starting life as an adult.’
Midway up a hill, a five-minute drive from Swindon’s city centre, stands an ordinary terraced house. Its façade is a little careworn, the door in need of a lick of paint, and only a small sign above the door reveals it is an NSPCC centre rather than a family home.

Inside, rooms have been converted into offices and a series of therapy and play rooms for sexually abused children and young people aged four to 18, who visit each week to receive therapy from an individual NSPCC children’s services practitioner, a social worker who has also undertaken the charity’s year-long course in therapeutic communication with children.

Some teenagers referred to the service use the back door to avoid being seen by anyone they know. Once inside, the rooms are decorated in tranquil colours, filled with cuddly toys, board games and cushions to create a calming, safe environment.

Six part-time practitioners deliver the therapy as part of Letting the Future In, a project that runs in 18 NSPCC teams in England, Wales and Northern Ireland.

The programme uses a range of approaches to help the children express themselves,
including talking, playing, painting, drawing or storytelling. Typically, children will have 24 hour-long sessions a year, although these can be extended to a maximum of 30.

The children’s services practitioner also works with the child or young person’s carer, offering up to six individual sessions, as well as joint ones.

Letting the Future In was written by NSPCC practitioners in response to concerns that most children who have been sexually abused never receive therapeutic help, damaging their prospects of a happy future. Long-term problems resulting from sexual abuse, including mental illness and substance misuse, are well recognised. It is a model, the charity believes, that could be extended eventually to local authorities.

As social work changes under the influence of the Munro reforms, with their emphasis on working with the child to achieve change, it is the therapeutic approach of Letting the Future In that may become a more practical proposition for hard-pressed local authority social workers.

Jeannette Chipping, project team manager, says: ‘If people had the opportunity to do this work there would not be such a high turnover of social workers. I was a social worker 27 years ago in a local authority and I think we used to do some of this work then. It’s my view that if they had the opportunity to do some focused work where they could see good outcomes, they would stay.

‘Lots of social workers became social workers because they wanted to be able to do direct work with children. At the moment, they are more case managers.’

Gemma Morrison, one of the six children’s services practitioners, backs up Jeannette’s view: ‘I really enjoy the direct work with children, which I think a lot of local authority social workers would like to do. I enjoy the fact it is longer-term work, so you really get to build a relationship with a child.’

For Jeannette, the need for Letting the
Future In is plain: ‘We know children who have been sexually abused are not getting a service. But we also know that a high percentage need some help to recover from sexual abuse.’

Often young people who have been sexually abused will receive therapy or counselling but usually for problems such an eating disorder or violent behaviour they have developed as a reaction rather than for the abuse itself, she adds. This means that the sexual abuse is never discussed or addressed directly.

It is different under the NSPCC approach. Jeannette says the guidance is very clear. What you say to children is you are coming to see us because ‘you have been sexually abused’.

Before they meet, the worker will – court proceedings permitting – watch the child’s disclosure interview at the police station, so they know what has happened and do not have to ask them to repeat their story.

The programme is a tentative process, with the first three sessions allowing the child and their carer to get to know the worker, whose assessment will steer the rest of the work and is shared with the child and carer. The next phase will be intervention, where the child – often through the use of play and puppets – is encouraged to work through their feelings. For many, help in regulating emotions is vital, and sleep problems, linked to the trauma of abuse, often need to be addressed.

Younger children who have nightmares in which a hostile person is pursuing them may be encouraged to bring someone into their thoughts who can rescue them – the family dog, a grandparent, or a hero, such as David Beckham, says Jeannette. ‘So you begin to help them to recognise they can take some control over these things. We do a lot of that with symbolic play.’

Signs that the therapy is working can be spotted in physical changes in the child, which can be striking. ‘Sometimes, it can be quite sudden that a young person turns a corner,’ explains Gemma. ‘You see their confidence and their whole demeanour change. In sessions, their body language may have been hunched, they may have struggled
with eye contact and then you can see a bit of a transformation.’

Other indicators that children are addressing their fears and anxieties can be a reduction in nightmares and reported improvements in peer relationships.

Bullying can be a more significant problem with children and young people who have been sexually abused, partly because of difficulties they experience fitting in. ‘Some have a lot of falling-out with friends. They feel different,’ says Gemma. ‘There is a lack of confidence and, often, they are not expecting the best of relationships. They are wary.’

Instinctively, both Jeannette and Gemma feel the project is improving outcomes for young people. To build evidence, the NSPCC has commissioned researchers from Durham and Bristol universities to evaluate the programme. The process began in February and will be published in June 2015. The researchers will analyse the experiences of 200 children involved in the project, as part of a randomised control trial. Half of the sample will be put on the programme and, after six months, will be compared with the other half who have yet to start it.

‘Letting the Future In has considerable plausibility as a likely effective intervention,’ says Professor John Carpenter, a researcher at Bristol University, who is leading the evaluation.

‘There is a lack of randomised controlled studies investigating the effectiveness and costs of therapeutic approaches based on models, other than cognitive behavioural therapy. No such trials have been conducted in the UK. This evaluation is an opportunity to provide rigorous and systematic evidence to support commissioning decisions, add to the international literature and have the potential to positively impact on the lives of children and families.’

It is hoped that the research findings will provide evidence that Letting the Future In works and allow it to be used more widely. ‘The NSPCC is able to offer this to some children but we cannot offer it to everyone, so we want to be able to lobby for every child who has been sexually abused to have access to individual work if they want it,’ says Jeannette.
CV
Gemma Morrison

Education:
2012-2013: University of Nottingham, postgraduate certificate in therapeutic work with children
2004: Graduated from University of Plymouth with a BSc social work and social policy, and DipSW

Employment:
2009: Children’s services practitioner, NSPCC Children’s Services Practitioner
2007-09: Social worker family support team, Wiltshire Council
2006: Social worker, London Borough of Hillingdon
2004-05: Social worker, South Gloucestershire Council

CV
Jeannette Chipping

Education:
1986: Graduated from the University of Bristol with a CQSW in social work

Employment
2010-present: Project team manager, Letting the Future In, NSPCC
2002-present: Children’s services manager, which includes managing LTFI, NSPCC
1993-2002: Practitioner working therapeutically with children who experienced abuse, NSPCC
1988-93: Family centre Swindon co-ordinator, Welcome Family Centre
1986-88: Fieldwork social worker, Wiltshire Council
1982-84: Child worker, Swindon Women’s Aid
We know children who have been sexually abused are not getting a service
The Liverpool Care Pathway has provided dignified end-of-life care, but a press campaign of vilification has caused it to be scrapped without anything better put in place, writes Suzy Croft

A widow, who had been very happy with her dying husband’s care at the hospice where I work as a palliative care social worker, asked me recently whether I thought the hospice had, in fact, killed off her husband.

Her misgivings reflected those of another patient a few days earlier, who said to me in great distress: ‘Now there is this “death pathway” thing and they are trying to get rid of people.’

Their concerns related to the now vilified Liverpool Care Pathway (LCP), which has been much talked about mainly in the tabloid press and which the government has now said must be phased out in all health care settings in the next few months.

The Royal Liverpool University Hospital and Liverpool’s Marie Curie Hospice devised the pathway in the late 1990s for the care of terminally ill cancer patients. It aimed to take the best of hospice care, where there was recognised expertise in looking after those in the last days of their life, and apply it to hospital settings.

Refined many times after its introduction, the pathway was not intended to replace the skills and expertise of professionals, but to act as a tool to ensure the best possible care for those at the end of life.

We used the pathway in the hospice where I work. It is not always possible to know when a patient is dying and there were times when a patient on the pathway had to be taken off it because he or she did not die. Later, it may have been reinstated.

We had one patient on the pathway who was admitted to the hospice to die but who made a remarkable ‘recovery’ and lived for a further 18 months. What was important for all our patients and their families was that the pathway and its purpose were thoroughly explained to them and their consent and understanding gained. It was simply one part of good care for dying patients.

Hospitals were under pressure to use the pathway and NHS trusts were financially rewarded to meet targets related to its use. Unfortunately, it was used as a tick-box exercise in some hospitals and not properly explained to patients and their families. There are certainly examples where it has not been used appropriately or sensitively.

But none of this justifies the appalling way in which the issue has been dealt with in the tabloid press referring to it as the ‘death pathway’ and implying that hospitals were putting dying patients on to it simply to make life easier for their staff and to meet targets.

As a result of this campaign, the pathway has now been scrapped following the recommendations of a report by Baroness Julia Neuberger (see Resources). The report makes clear that, although the authors received evidence that ‘when the LCP is operated by well-trained, well-resourced and sensitive clinical teams it works well’, they were also told of cases where it was used as a...
tick-box exercise. ‘Reports of poor treatment in acute hospitals at night and weekends – uncaring, rushed and ignorant – abound,’ it says.

What is not clear to me is why this meant that the tool which most clinicians feel worked well has had to be abandoned. Surely the point is that staff, particularly in acute hospitals, are rushed and overburdened, and do not have the time, or understanding, to explain and implement the pathway properly.

An elderly patient recently described to me his many admissions to an inner London teaching hospital. He told me how he would lie in his bed and watch the other side of the long ward. Every day, as soon as a bed was emptied, another patient would arrive. He could not believe the turnover.

After five days, he was the ward’s longest resident. He commented on how the nurses would be rushed off their feet daily with no time to stop and talk. He was full of admiration for them.

The campaign in the press has felt to me like another vindictive attack on the NHS, not a true concern for those who are dying. It has left many people feeling that they cannot trust hospices, let alone hospitals, to care for their dying relatives on the basis, not of informed debate and discussion, but on some scare stories that make good headlines.

Where I work, we have now stopped using the pathway and are waiting to be told what will be the new plans for care of the dying. My question would be: why would anything else work any better when acute hospitals continue to operate under extreme pressure? How can we, as a society, genuinely inform and include patients and families in the discussions and decisions made about the best end-of-life care?

Suzy Croft works as a palliative care social worker in an independent hospice
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BOOK REVIEWS

Doing it differently for better mental health outcomes

Delve below what appears to be a collection of chapters exploring areas of mental health practice and an underlying theme emerges of evidence-based critical analysis of accepted approaches, and a discussion about the potential for doing it differently to achieve better outcomes.

The authors are drawn from many perspectives, including academics, practitioners from several disciplines, and mental health service users, a range that aids its remit.

From the outset the focus is on the impact psychiatry has on people. However, rather than launch into yet another anti-psychiatry tirade, it steps back to ask 'what is the evidence?' and 'how do we make it better?'

The book is split into three sections: the first four chapters centre on the person and how the mental health system – psychiatry as well as other disciplines – can both help and hinder an individual's wellbeing and recovery. These chapters consider how shared decision-making and service user insights can support individual recovery, drawing on research evidence with individuals experiencing personality disorders, to demonstrate the points being made.

Then we consider the context within which psychiatry operates. The impact of the current system on individuals, carers and professionals is considered, and specific emphasis is given to responses to personality disorders.

The book rounds off by looking at three specific areas: children and adolescents’ mental health; racism; and mental health law reforms. These chapters apply the discussions and evidence from the early chapters to specific areas and provide an interesting discussion on some of the contemporary issues affecting psychiatry and mental health service delivery more generally. Although the final chapter does not extend to the legal and policy changes since the Mental Health Act 2007, it does provide an interesting commentary on the political drivers for reforms.

Overall, this book is an interesting journey through some of the contemporary practice issues and explores ways in which traditional practice can be challenged and improved.

Daisy Bogg is member services development officer at The College of Social Work
A n understanding of the nature of power relationships is an essential pre-requisite to understanding the nature of the disadvantage, social exclusion and poverty experienced by service users. This is very much the heart of this book, and is demonstrated in practice by a range of power roles held by social workers. In turn, this leads to a model of acquiescent obedience that ‘must’ be followed by service users.

Clearly, in a society of extreme inequalities, it is a basic requirement that social workers can continually question their own practice. Martin Sheedy provides the scope to do so within the context of a supportive and informative framework for reflection and discussion.

The book is topical and up to date, including, for example, the challenge presented through the (perhaps dishonest) use of Facebook by social workers to find absconding young people in order to re-establish contact with them.

The role of social workers in the context of the current eurozone economic instability in undermining the rights of the many, while protecting and preserving the economic elite from the ravages of various austerity measures is also examined. Social workers are, of course, more likely to be working with the former than the latter.

Another paradox is that campaigning for structural change – while potentially appealing for social workers – is tempered by our need, developed over many decades, to emphasise largely individually-focused methods of work and to help those who are excluded or in poverty to better adapt to their immediate circumstances.

There are some thought-provoking chapters on the nature of social work practice and the challenges and opportunities for the development of more critical practice.

Sheedy deliberately takes four key social work themes – values, power, poverty and politics – and explores the issues for practice. Key points are summarised at the end of each chapter and then supplemented by questions for further consideration and discussion.

A thread throughout is the potential for social workers to look beyond immediate issues and to work with service users to help them realise their own aspirations to effect change individually and in the wider community. The book offers plenty of compelling evidence as well as methods that could be adopted for implementing and documenting such approaches.

A metaphorical gauntlet has therefore been thrown down: who’d like to pick it up?

Greg Slay is health and social care practice development manager at West Sussex Council’s adults’ services.
Value-added advocates

Is there an economic case for investing in advocacy for parents with learning disabilities? Research from Annette Bauer, Gerald Wistow, Josie Dixon and Martin Knapp suggests there might be

Adults with learning disabilities are less likely to have children than their peers without learning disabilities. But, when they do, they are more likely to be the subject of care proceedings than other parents (Hunt et al 1999, Brandon et al 2009). Without additional support, many struggle with parental roles (DH 2007).

Although there is rich, qualitative evidence that parents with learning disabilities place a high value on the support from advocacy services when concerns have been raised about their parenting ability (Booth and Booth 1999, Tarleton 2007, Featherstone et al 2010), they are among those least likely to seek help independently (Cleaver and Nicholson 2008).

Defined as ‘taking action to help people say what they want, secure their rights, represent their interests and obtain services they need’ (Lewington and Clipson 2004, p4), advocacy has been shown to play an important role in safeguarding, especially as a vehicle for prevention and early intervention (Faulkner and Sweeney 2011).

Evidence is also emerging that advocacy may reduce costs (Hussein et al 2006, Townsley et al 2009, Corry and Maitra 2011). However, such studies have also identified many barriers to the robust evaluation of costs and outcomes. A particular difficulty is that much provision for these parents is supplied by small, third sector organisations that are funded through short-term contracts and are in a poor position to conduct evaluation.

Against this background, we sought to develop evaluation partnerships with third sector organisations to investigate the economic case for advocacy. We used simple decision-modelling techniques to estimate the costs of an intervention, the value of potential cost savings and the benefits associated with their outcomes. Decision modelling allowed us to: combine information from different sources, including expert views, case studies and published evidence; and characterise the uncertainty about whether advocacy was instrumental in changing outcomes. The methods are detailed elsewhere (Bauer et al 2013).

Our findings suggest that investments in advocacy could offset their costs, achieve positive returns from a public sector perspective, and secure additional returns, when quality of life and productivity gains were taken into account (see ‘Helen’ and...
'Serena' case studies). The effects are similar to those envisaged in The College of Social Work’s Business Case for Social Work. In addition, we identified a range of positive child outcomes, such as improved school performance and increased placement stability, which might be expected to generate longer-term reductions in public expenditure.

Our findings were drawn from a small survey, funded by the School of Social Care Research and conducted with four advocacy projects in England. This survey provided information in the form of 17 case studies and a range of project-level information. We were able to identify

- potential savings to children’s social services from reductions in child safeguarding activities, care proceedings and provision
- potential savings to other public services because of better access to early interventions (after additional costs of those were taken into account)
- the value of likely short-term changes in quality of life and productivity (in the form of new employment)
- potential longer-term economic consequences for the children of parents with learning disabilities who received advocacy

With the expected cost of an advocacy intervention being £3,040 (equating to a base figure of 1.0), we estimated the following rates of return on investment (please note figures are rounded):

- 1.2 from a children’s social services perspective alone (for every pound invested in advocacy for parents with a learning disability, local councils would realise a financial gain of 20p, representing a gross economic pay-off of £3,760)
- 2.0 from a public service perspective (£6,170), which includes adult social care, housing, justice and health services
- 2.4 from a societal perspective (£7,380), which includes costs to the individual and society

The ‘Helen’ and ‘Serena’ case studies illustrate how the advocates worked and contributed...
to the achievement of specified outcomes: they also expose two complicating features of those outcomes

- benefits may accrue over longer timespans than investments, which makes it difficult to establish their ‘full’ value
- the asymmetrical distribution of costs and benefits to different budgets

Our study does have limitations: for example, we do not have a comparison group and do not know to what extent the outcomes are attributable to advocacy. At the same time, the potential financial benefits we have identified will exist only on paper, unless genuine cashable savings can be obtained by disinvesting in existing services.

We identified a range of positive child outcomes, such as improved school performance and increased placement stability.

Freeing up resources in this way poses significant management challenges. As the current government has begun to recognise (Hurd 2013), resources need to be shifted in areas where substantial investments are made from one budget holder, while others are ‘free-riding’. That is to say, they benefit from it without paying the cost. Again, our study should at least begin to inform a debate about transferring or pooling resources across care and justice, so that the potential contribution of advocacy services to the lives of the parents with learning disabilities and their children might be extended and sustained.

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http://www.pssru.ac.uk/
HELEN: ADVOCACY NURTURED ENGAGEMENT

Helen*, a survivor of domestic violence, was referred to an advocate one week before the final hearing in care proceedings for six of her children. She had felt unsupported by council staff during assessment and case conferences. In turn, social services were concerned that she did not understand the process and its implications.

With the advocate’s help, Helen started to engage with social services and was able to keep her youngest child under a supervision order, which was later lifted; she also improved contact with her children in foster care. Helen is now engaged with the school and a wide range of support groups, due – she feels – to her increased knowledge and self-confidence. She also reports feeling less isolated, anxious and depressed.

When Helen understood that she had rights, this changed the way she interacted with social services. Helen also used the advocate to speak on her behalf in meetings, when she felt too emotional to participate effectively.

*Name has been changed
The birth of Serena’s first child was imminent when the referral was made by social services to the advocacy project. Social services and a range of professionals had been involved for some time because they were concerned about Serena’s parenting ability, her problematic housing and financial situation.

Because Serena did not engage well in the process, she was referred to advocacy. The advocate supported her to access early interventions, including parenting classes, peer-support groups, financial advice, and housing.

The advocate also ensured Serena received counselling for symptoms of postnatal depression. When the advocacy intervention ended (after 15 meetings over eight months), social services were no longer concerned about Serena’s parenting ability. When she became pregnant again, no further involvement was considered necessary.

In Serena’s case, the referral was made at an early point so that many more intensive and expensive interventions could be prevented, including case conferences, court hearings and parenting assessments.

Good multi-agency working was reported to have been in place locally, in particular between housing and benefit services.

*Name has been changed
RESOURCES


Featherstone B, Fraser C, Ashley C, Ledwards P (2010), Advocacy for parents and carers involved with children’s services: making a difference to working in partnership?, Child & Family Social Work, 16:266-275


Although policymakers, educators and practitioners assume that supervision is a good thing, the practice has been subjected to much criticism. In response to challenging budgetary constraints, concerns have been raised that supervision has become overly managerialist and preoccupied with efficiency, accountability and worker performance (Noble and Irwin, 2009).

But what is good supervision? How is it conducted and how do we know that it makes a difference?

If we agree that supervision is the cornerstone of good social work practice, as Lord Laming (2009) stated, answering such questions is crucial if we are to get supervision right for practitioners and, ultimately, service users.

The practice literature consistently reports the primary functions of supervision as: management, professional development, emotional support and (sometimes) mediation between the individual and organisation. Supervision is also part of the organisation’s duty of care to the worker. Since the overall aim is to provide the best possible support to service users, part of the role of supervision is to level up the quality of practice by adding to the mix, not only the individual social worker’s skills and expertise, but also the supervisor’s wider-ranging experience and understanding.

Yet, a survey undertaken for the Social Work Task Force found that social workers in England were receiving variable access to supervision. Moreover, most of that received was process-driven and focused on performance indicators at the expense of reflection and professional development. Critical reflection of the kind that the Munro Review (2011) argued for is so essential to improved outcomes.

But what can research tell us about the effectiveness of supervision? Last year we – John Carpenter, Caroline Webb and Lisa Bostock –

Evidence about the effectiveness of supervision on inexperienced social workers has, until now, been scant or unconvincing, writes Lisa Bostock, who discusses recent findings that support the case for a reflective model.

Does good supervision really make a difference?

Evidence about the effectiveness of supervision on inexperienced social workers has, until now, been scant or unconvincing, writes Lisa Bostock, who discusses recent findings that support the case for a reflective model.
published a review of the evidence in SCIE’s *Effective supervision in social work and social care*. Surprisingly, the evidence turns out to be pretty weak. There is little research on supervision within the UK context. What does exist tends to come from child welfare services in the US. What’s more, it is correlational evidence, which means that it can tell us about the associations between supervision and various ‘outcomes’ for workers and organisations, but it cannot prove that supervision causes these outcomes.

There was a further problem in that most research studies failed to describe what kind of supervision was on offer which hindered assessment of its effectiveness; what models worked best; whether workers received enough of it; and how it could be improved.

What studies do tell us is that good supervision is associated with job satisfaction, commitment to the organisation and retention. In other words, it is significantly linked to employees’ perceptions of the support they receive from their employer. What kinds of support did practitioners appreciate? Supervision works best when it pays attention to task assistance and social and emotional support, and workers have a positive relationship with supervisors (see Focus on training, skills and solutions).

What the research cannot tell us is whether supervision makes a difference to outcomes for service users. In part this is because it is a difficult area to research and also because the impact of supervision on outcomes for service users and carers has rarely been investigated. SCIE’s guide to effective supervision in a variety of settings found little evidence for the involvement of people who use services in supervision, despite concerns that decisions were being made without their input.

Although our review concluded that the published evidence was poor, it reflected a weakness in the existing evidence base rather than that supervision was ineffective. Using data from their evaluation of the CWDC’s Newly Qualified Social Worker (NQSW) programme for child and family social workers (2008-11), John Carpenter and colleagues evaluated the outcomes of supervision (Carpenter et al 2012). The programme, the forerunner of the Assessed and Supported Year in Employment, provided training for supervisors in a model of reflective supervision, developed by Tony Morrison (2005) (see The 4x4x4 integrated model).

NQSWs, who had their full entitlement to reflective supervision, scored significantly better on key outcomes than those who only had part or no supervision: specifically, they had greater role clarity, higher job satisfaction and lower role conflict. Importantly, this type of supervision ameliorated stress, something that we know is associated with higher staff turnover.

This evaluation evidence is highly significant, both because it draws on a large sample (longitudinal) and, unusually, it is based in the UK. It provides clear evidence for the effectiveness of reflective supervision, as expected in the Standards for Employers of social workers in England and supervision framework developed by the Social Work Reform Board. In response to financially challenging times, employers should not dismiss reflective supervision as an unnecessary and expensive add-on, but recognise its benefits as an essential component of their workforce strategy.

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FOCUS ON TRAINING, SKILLS AND SOLUTIONS

Task assistance involves a supervisor’s tangible, work-related advice and instruction to the person being supervised and focuses on training, skills and solutions for practice.

This is valued by workers both new to social work and more experienced colleagues, facing new tasks or managing complex cases in unfamiliar settings.

Supervision that focuses on practice improvement in this way is associated with improved job satisfaction.

Where supervisors are socially and emotionally supportive by listening attentively, making empathic comments and providing a safe space to explore the impact of emotionally charged work on thoughts, feelings and practice, workers report improved wellbeing, feeling more in control and more likely not to move jobs.

Turnover and retention rates are also related to the supervisees’ perceived quality of the relationship itself.

In other words, where supervisors are considered competent, caring and show approval of a job well done, as well as offering solution-focused support, some studies have shown improved retention rates. It is this tripartite attention to the inter-connected aspects of supervision that makes a difference to outcomes for workers (see Carpenter et al 2012 for more details on outcomes for workers, organisations and service users).
Over four years, the now disbanded Children’s Workforce Development Council (CWDC) provided a specialised training programme for supervisors in organisations participating in the NQSW programme.

It was based on Morrison’s integrated ‘4x4x4’ model of supervision integrating the three domains: the four functions of supervision (management, professional development, emotional support and mediation), with the four processes of the reflective supervision cycle (experience, reflection, analysis and plans and action) with the priorities of the four stakeholder groups (service users, staff, organisation and partners).

The model combines these different, but connected, elements of supervision. At its heart is the principle, as the supervision-outcome chain illustrated demonstrates, that supervision is part of the intervention with service users.
RESOURCES


Morrison, T. (2005), Staff supervision in social care: Making a real difference for staff and service users, Brighton, Pavilion Publishing.

SCIE (2013), Effective supervision in a variety of settings, SCIE Guide 50, London, SCIE.
The limits to joint working

Hugh McLaughlin challenges the perceived wisdom that interprofessional working ought to be the default position in seeking positive outcomes in safeguarding

The current orthodoxy is that, if only social workers would work in a more interprofessional way, complex problems would be resolved and vulnerable children and adults protected. However, this common sense view cannot go unchallenged. For it is just as wrong for a social worker to practise in a uni-professional way when an interprofessional response is called for as it is for a social worker to practise in an interprofessional way when a uni-professional response is required (McLaughlin, 2013).

It is important to remind ourselves that interprofessional working is often conflated with terms such as ‘interprofessional collaboration’, ‘collaborative practice’, ‘multi-disciplinary working’ or ‘multi-professional working’. Within the notion of interprofessional working are the ideas of ‘differing professionals working closely, with shared goals and perhaps interchangeability of roles’ (Banks, 2010, p281). This begs the question: how close is ‘closely’ and does interchangeability of roles naturally lead to a new type of worker or profession altogether?

Interprofessional working may occur in a...
Rather than a social worker and health visitor challenging each other there is a rush towards a joint risk analysis which might miss key aspects of a family’s needs.

Hugh McLaughlin is professor of social work at Manchester Metropolitan University.

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Why child protection work needs advocates

Multi-disciplinary team tackling child trafficking

Extra support for newly qualified social workers