

A Blueprint for Children's Social Care

Unlocking the potential
of social work

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There are too many children in the UK who don't have a safe or stable home. These children and their families face some of the worst life chances, but we know that great social work has the power to change this. That's why Frontline recruits and develops outstanding individuals to be social workers and leaders to transform the lives of the most vulnerable children and families.

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Buurtzorg Britain & Ireland

Buurtzorg Britain & Ireland is a partnership of Public World and Buurtzorg formed in 2017 to support transition to person-centred holistic care through self-managed neighbourhood teams. We provide learning and development and organisational change supports to providers and commissioners of health, care and other public services, and have worked with more than 30 NHS, local government and 'third sector' clients and partners.

Public World is an international social enterprise founded in 2010 to provide consultancy services to improve working lives and communities through deeper civic and employee engagement. Buurtzorg, a pioneering nurse-led Dutch social enterprise, was founded as one neighbourhood team in 2007 and has grown to 10,000 nurses in more than 900 self-managed teams. It has also founded several sister companies, employing a further 4,000 people, providing support to children and families (Buurtzorg Jong) and mental health, family help, maternity and other services.

** the front cover image, as well as other images used throughout this report, show social workers from across the Frontline network.*

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This blueprint sets out a different model for children’s social care that better enables relationships between social workers and children and families, and provides a practical path for Local Authorities in England to create meaningful change.

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This blueprint was written by Josh MacAlister, CEO of Frontline, Katie Rose, Programme Manager at the Centre for Public Impact, Melissa Ruseler, Principal at Boston Consulting Group, Ryan Wise, Practice Development Manager and Social Worker at the Social Care Institute for Excellence, Rupert Hiskens, Senior Associate at Boston Consulting Group, Ashna Khagram, Associate at Boston Consulting Group, Elena Bagnera, Senior Associate at the Centre for Public Impact, Jane Aslanidis, Independent Consultant for the Centre for Public Impact, and Brendan Martin, Managing Director at Public World and Buurtzorg Britain & Ireland. Thanks to BCG and CPI for their pro bono support with this research.

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ACRONYMS

Assistant Director of Children's Services (AD)

British Association of Social Workers (BASW)

Child in Need (CIN)

Child Protection Conferences (CPC)

Child Protection Conference Officers (CPCOs)

Child Protection Plan (CPP)

Children Looked After (CLA)

Children's Social Care Research Development Centre (CASCADE)

Department for Education (DfE)

Deputy Team Manager (DTM)

Director of Children's Services (DCS)

District Nursing (DN)

Independent Reviewers Officers (IRO)

Local Authorities (LAs)

Local Learning Inquiries (LLI)

Multi Agency Safeguarding Hub (MASH)

National Health Service (NHS)

National Independent Reviewers Officers Managers Partnership (NIROMP)

National Serious Case Inquiries (NSCI)

Neighbourhood Nursing (NN)

Principal Children & Families Social Worker (PCFSW)

Senior Leadership Team (SLT)

Serious Case Review (SCR)

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Executive summary

In England today, some 700,000 children lack a safe or stable home. For these children, social workers play a crucial role in laying the foundations for a better future. It is the quality of the relationships that social workers build, and their skill in navigating these relationships, that can really make a difference to children and families' lives. However, too many things get in the way of social workers' ability to do their best work with families. They work in a bureaucratic environment, with excessive layers of management and oversight, built on a culture of mistrust of the social worker. These problems are far from new. The last 10 years have been bookended by different governments trying to find a way through this, as well as by many Local Authorities (LAs) striving for meaningful change. However, significant impact has yet to be made.

Following consultation with more than 80 people from across the profession and with inspiration from other fields of work, this blueprint presents a considered and realistic way for LAs to do children's social care differently. So as to prioritise relationships over bureaucracy, this blueprint paves the way for change for the children's social care system, acknowledging the complexity and inherently risky nature of the work. While questions on how this will work in practice will need to be decided by individual LAs, this blueprint provides a starting point.

Significant benefits can be gained through LAs and the profession generally embracing the proposed model laid out in this blueprint. The immediate expected benefits of the proposed model are:

- A c.60% increase in the face-to-face time social workers spend with children and families due to reductions in travel time and administrative burdens
- A c.20% reduction in the average caseloads due to increased numbers of practising social workers in each LA
- Better continuity of the child and social worker relationship, enabling more timely support and improved interventions
- More empowered social workers who can provide the right support to families when they need it
- Improved quality assurance driven by a c.50% increase in the time allocated to team meetings and group supervision of decision making

In the longer term, the proposed model can help to address low morale and staff retention in the profession. This will in turn create positively reinforcing effects for individual social workers and the profession in general. Embracing it can also help address some of the systemic problems the sector faces, such as increasing demand for social services. The following blueprint sets out how this could be achieved within existing LA budgets. While

the complex, challenging and risky nature of social work demands a system with checks and balances, this blueprint proposes new ways of achieving this that can deliver better, safer outcomes for children and families.

Seizing this opportunity will require courage and a fundamental shift in mindset. To realise the proposed model's benefits, leaders within LAs, as well as politicians, regulators and central government, need to change the way they support social workers and shift their approach to risk management.

The model set out in this blueprint does not attempt to solve every problem the profession faces and it is 'a' blueprint rather than 'the' blueprint for children's social care. But that should not be used as an excuse for not starting to make meaningful change. So, the message to those with the power to change the system is: no permission or extra funding is needed to bring about the transformation proposed in this document. We now have a blueprint for a radically different approach that could produce better outcomes for children and families. With thousands of social workers passionately committed to doing the best work they can for children and families, it's time to act.



Introduction

Where are we now

For the 700,000 children in England who lack a safe or stable home every year, social workers have a crucial role to play in helping them and their families lay the foundations for a better future.¹ It is the quality of relationships that social workers build, and their skill in navigating them, that can really make a tangible difference to the lives of children and families.² As one parent from an inner London LA put it, when interviewed as part of this work: *“With the best social workers, it doesn’t feel like a tick box exercise but a genuine relationship where we are working together to help my children”*. Children themselves also say that stability and a strong relationship are what they value most in a social worker. In a recent report, one child who had a social worker as a constant over many years said: *“you’ve got that relationship, you’ve got that trust between you, and it just makes your care experience so much more enjoyable”* (Female, 17).³

However far too many things currently prevent social workers from developing these relationships:

- **Work is too bureaucratic:** In a recent Department for Education (DfE) study, social workers reported that bureaucratic procedures and paperwork were obstacles to engaging with families.⁴ Respondents reported spending 29 hours a week on a computer or doing paperwork, with this accounting for 65% of the average working week for a social worker.⁵ No doubt ‘bureaucracy’ is a loose term, and it includes some important rules and processes. The sheer volume of it however represents an outdated attempt to control, and takes the focus away from the work done with children and families. This is driven by a lack of trust in social workers and an approach to managing risk focused on checking and paperwork.⁶
- **Layers of management are excessive:** Today, one in three social workers in the children’s social care system are not working directly with children and families but are instead working as a manager or non-case holding qualified social worker overseeing other social workers’ work.⁷ Most LAs have three to five layers of management between the Assistant Director of Children’s Social Services and social workers themselves.
- **Overbearing oversight:** Children’s social care is gripped by a command-and-control culture, with rules and performance indicators stemming from the demands of the different management layers and external actors (e.g. Ofsted, the DfE). This

“*Relationships are the key to good social work”*

Parent with experience of social services, in blueprint interview

“*You have no time to meet with families as you’re continually bogged down by paperwork”*

Social worker consulted as part of the 80-20 Campaign conducted by the British Association of Social Workers (BASW)⁶

stems from a misconception of how to manage risk and a misplaced view of the work as being complicated, rather than complex. This has created an excessive focus on data that is removed from the actual work and yet is too simplistic to reflect the complexities of family life. While designed to prevent the worst from happening to a child, this type of oversight can act as a barrier to providing the best support.

These factors have been a growing blight on the ability of children's social workers to do their job properly, preventing them from building the most important relationships with children and families. A recent BASW survey has found that social workers are spending only 20% of their time on face-to-face contact with families.⁸ The survey revealed that 80% of social workers' time was spent carrying out administrative tasks such as writing assessments and reports, producing paperwork for internal supervision or panels, or uploading records on to the computer system, as well as navigating the internal bureaucracy surrounding decision making and travelling between their visits. Interviews and a survey of social workers conducted as part of this blueprint validated these findings. What this reveals is that resources are not being allocated where they could have the most impact – which is in the interaction between families and social workers.

This situation is untenable for the social work profession and ultimately for children and families. The layers of management and bureaucratic processes that have often been added in as a result of external pressures following crises and national scandals, now feed into a culture of anxiety and mistrust that takes a heavy toll on social workers' job satisfaction, health and confidence. As Alice Miles, Director of Strategy & Policy, Children's Commissioner, put it in an interview, *"our society, as well as the system itself, doesn't trust social workers"*. At best, this fundamental mistrust ties social workers' hands, taking freedom and responsibility away from those closest to children and families and preventing them from making the professional judgments that they came into the profession to exercise. At worst, it pushes them out of the profession altogether: 55% of those working in children's services surveyed by BASW in 2018 said they intended to leave social work.⁹

Here begins the vicious cycle. With so many frustrated social workers leaving the system, it creates a less stable, less trustworthy workforce that takes less ownership of the work. This in turn starts to justify the systemic lack of trust, which leads to further disempowerment and deskilling of social work professionals. The result is a downward spiral which is self-perpetuating and reinforcing.¹⁰

Above all, this results in worse outcomes for children and their families. Children themselves express disappointment at not being able to see or hear enough from their social workers.¹¹ When reflecting on the experience of social work support in her placement changes, one child said she would have appreciated more one-to-one support: *"[You need] just someone to talk to, or someone just to say yeah I'm here for you. Because I didn't really get that back then"* (Female, 18).¹² In addition, high staff turnover and changes in which team 'holds the case' lead to frequent changes in social workers dealing with families, which threatens stability in vulnerable children's lives. *"It [changing social workers] makes your life quite unstable because everything's... changing all the time and it's like there's not a consistency with the person that you should be able to trust"* (Female, 15).¹³



Currently, it's so frustrating when I can't make a decision which I know will be a good thing for the family I am working with"

Newly qualified social worker, in blueprint focus group



There is a fundamental mistrust of the system towards social workers' ability to do their job competently"

Principal Social Worker, in blueprint interview

The need for radical change

These problems are not new. Over the past 10 years government has worked to resolve some of these challenges, and important steps forward have been made. Ofsted ratings are on an upward trajectory and there are signs that the overall practice focus is starting to shift towards relationship-based work, as local authorities become better at the basics and leadership gains confidence in the workforce.

There have also been attempts to go beyond practice and create more enabling structures and processes within local authorities. Efforts to empower social workers to be able to use their professional judgment, such as those that followed the Munro review of child protection, have shown real promise.¹⁴ Moreover, many LAs across England have been experimenting with their own ways of tackling excessive bureaucracy through structural change (see examples in callout box to the right). Despite funding cuts and a changing political environment, these LAs have put innovation at the forefront of their agenda, successfully increasing the time social workers spend with families.

However, while these pockets of effort have achieved impressive results, change remains piecemeal and is taking place *in spite of* the system and not *because of* it. The cultural norms and bureaucratic requirements that exist around local authorities too often trump the attempts to sustain different ways of working. This limits the effects of change and makes change hard to sustain over time.

Deeper, whole scale transformational change is needed to create conditions that will allow social workers to have the freedom and responsibility they need to improve outcomes for children and families. As Kathy Evans, Chief Executive of Children England, put it in an interview as part of this work: *"We need to stop adding and get rid of so many of the managerialist layers we've built into the way we do things, go back to our values, enabling social workers to live them in everyday practice so they can do their best work with families. This in many ways requires a mindset shift"*.

A movement that could revolutionise social work

Providing inspiration for this endeavour is a growing global movement that is taking place in public management and organisational design. Around the world, governments and politicians are starting to advocate for complexity-conscious management and for devolving more power and autonomy to frontline staff. This contrasts with 'New Public Management' approaches, which introduced private sector tools to the public sector and commercialised services by creating silos and adding layers of management. Former proponents of the 'New Public Management' approach, such as Tony Blair, now acknowledge its limitations¹⁵ and advocates from both left and right now argue for giving more freedom and responsibility to those on the front line of delivering services.^{16 17}

EXAMPLES OF EXISTING INNOVATIONS TO REDUCE BUREAUCRACY IN LOCAL AUTHORITIES

- **Hertfordshire County Council** has reduced recording and reporting requirements by creating a 'workbook' and has given front-line social workers discretion over the money they spend to support families
- **Leeds City Council** has been trialling the use of Family Group Conferences instead of Child Protection Conferences, to work with families to co-design their support plan
- **Hackney Council** managed to increase the time social workers spend with families by restructuring its teams in 'units' under the 'Reclaiming' model
- **Hampshire Council** has enabled social workers to spend more time with families by providing one Personal Assistant for every three social workers to help with administrative work, halving the amount of time they spend on their computers

The Centre for Public Impact has defined this shift as one towards 'The Shared Power Principle'.¹⁸ A burgeoning literature on this new practice highlights a different way of running organisations, one that reduces hierarchy and bureaucracy and fosters trust and autonomy. It ranges from Frederic Laloux's *Reinventing Organisations* (2014) to Aaron Dignan's *Brave New Work* (2019). And while the organisations experimenting with these ideas use different names for their models – 'holacracy', 'teal', 'self-management' – they share a single powerful approach: achieving better results by giving staff the freedom and autonomy to drive change rather than controlling them with management and performance systems that distract from the meaningful work.

These ideas are not new to the children's social care sector. Many have been pushing against the ripple effects of New Public Management for more than 30 years. Sue White, Professor of Social Work at the University of Sheffield, remarked the similarities of this type of thinking with the 1982 Barclay report, which placed emphasis on community engagement and social workers' role as broker of resources.¹⁹ The Social Work Practice Pilots, implemented in England in 2009/10 attempted to bring decision making closer to front-line practice.²⁰ The Munro Review of Child Protection in 2011 too proposed a radical reduction in the amount of central prescription to give professionals more freedom to use their expertise in assessing need and providing the right help.²¹ And leaders from the DfE commented in interview as part of this work that the ethos of the government's vision for children's social care outlined in *Putting Children First*, with its emphasis on creating the right systems and developing innovative new organisational models, is in line with this broader movement towards more autonomy.²² But while the seeds of this movement have already been planted, radical system change is yet to happen that truly revolutionises the relationships between social workers and families.

Buurtzorg, a Dutch home care provider that devolved high degrees of autonomy to self-managed teams of nurses, is a good example of how these ideas have turned into a reality in the Netherlands' home care sector. While the context is different to children's social care, models like Buurtzorg could provide great inspiration for England's children's social care system, where the focus is on the relationship and the outcomes for the person receiving care.

This blueprint is a starting point

After seeing Buurtzorg in action earlier this year, a group of children's social workers and system leaders came together and started asking questions. How could the principles of the Buurtzorg model be applied to children's social care in England? What would a LA look like if it were to change its structures to better enable and empower social workers to support children and families?

This blueprint is the result of this exploration. It considers how the principles of the Buurtzorg model could be applied to address some of the longstanding issues of England's children's social care system, one that is complex, full of risk and highly bureaucratic. It also takes inspiration from some efforts that are currently dotted around the system, but it advocates for a more wholesale approach that can sustain change over time.

What this blueprint sets out is a practical way for a LA to implement change aimed at devolving decision-making power and ensuring that social workers' relationship with families and children is enabled by the system rather than impeded by it. To create this blueprint, we spoke to more than 80 people from the profession and sector at large, including:

- 40+ system leaders and influencers, such as representatives from Ofsted, BASW, the What Works Centre for Children's Social Care, the DfE, the National IRO Managers Partnership (NIROMP), and the Principal Social Worker Network

- 40+ social workers from LAs all over the country, many of whom helped write this blueprint
- Parents and representatives at family rights groups including the Family Rights Group, Children England and the Children's Commissioner for England

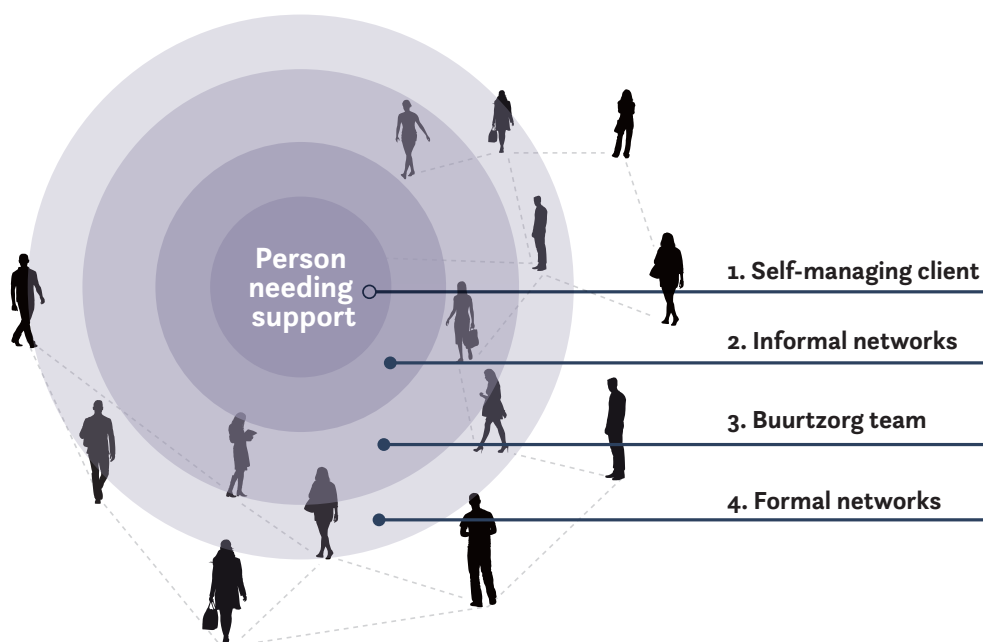
It is important to acknowledge that the proposed model laid out in this blueprint does not tackle all the problems inherent in the sector. Systemic problems and pressures, like the increasing demand for social services, still exist. And the legislative and regulatory requirements constrain the risk appetite of senior leaders, with some notable existing requirements being incommensurate with the aspirations of this model. That said this should not be an excuse for making more meaningful system change that can benefit children and families where we can. This blueprint sets out one way to do this.

Taking inspiration from Buurtzorg

In the 1990s, as in many other countries around the world, a series of public service reforms were implemented in the Netherlands with the aim of improving efficiency. In what is often referred to as ‘New Public Management’, the drive was to define and standardise specific service tasks required to achieve a policy-driven result, to cut costs by assigning them to the lowest price provider and to hold public service workers accountable for achieving targets in a strict performance management regime. The result was that costs doubled in 10 years while service quality fell.²³ Patients would be seen by a procession of different professionals and providers, each of whom was responsible for a different aspect of their care, none of them spending more than a few minutes in their home. Patient satisfaction declined, and the nurses themselves became increasingly demotivated.

In response to this, four Dutch nurses took decisive action to rescue their profession and the people it serves from the effects of these reforms. In 2007, Jos de Blok, one of the nurses, and three others set up their own social enterprise, Buurtzorg, which is Dutch for ‘neighbourhood care’. Self-steering local teams of nurses would be responsible for all aspects of care, working in accordance with their professional ethics, craft and common sense to do whatever was needed to help their clients to thrive at home to thrive. They would start by building a relationship with a prospective client – “first coffee, then care” as Buurtzorg nurses say – and work to help them manage their own care.

Figure 1: the Buurtzorg ‘onion’ model



The “onion model” in *Figure 1* shows the building blocks needed for independence, based on universal human values:

- People want control over their own lives for as long as possible
- People strive to maintain or improve their own quality of life
- People seek social interaction
- People seek ‘warm’ relationships with others

The professional attunes to the client and their context, taking into account the living environment and the client's friends, family, neighbours and clubs, as well as professionals already known to the client. In this way, the professional seeks to build a solution that involves the client and their formal and informal networks. Self-management, continuity, building trusting relationships and building networks in the neighbourhood are all important principles for the teams.

To work in this creative, person-centred and relationship-based way, the teams must have professional freedom with responsibility. For this reason, all Buurtzorg teams of nurses are self-managing within a simple and clear framework that applies to all teams. It defines professional expectations in terms of care standards, teamwork and resource use, in effect setting the boundaries within which the teams self-manage.

Teams have a variety of experience, expertise and qualifications, but all work as generalists without hierarchy, enabling them to collectively deal with a broad range of client needs. The teams decide how they organise the work, share responsibilities and make decisions, and have their own education budgets to deploy as they decide. They are entrepreneurial in spirit, continually improving the organisation and services. All Buurtzorg innovations have come from one person or a team having an idea, having the freedom to try something new and sharing their learning with the rest of the organisation.

Buurtzorg grew rapidly as more and more nurses were attracted back into the profession or were recruited from other providers to set up their own teams in neighbourhoods of their choice. Today, Buurtzorg has more than 900 self-steering teams, each of up to 12 nurses and nurse assistants, supported by 20 regional coaches and a national back office of just 50 people. It provides teams with organisational and administrative support services without trying to command or control them. All team members use an IT system – developed within Buurtzorg as the organisation has grown – that supports care assessment, planning and evaluation, and an intranet through which to share and grow collective knowledge.

Buurtzorg has since achieved impressive results in the Netherlands; the latest inspection by the Dutch equivalent of the Care Quality Commission produced top marks in every category and patient satisfaction rates are the highest of any healthcare organisation. Buurtzorg has been named Dutch Employer of the Year four times, and substantial financial savings have been made.

New ventures are applying the same principles to domestic help, children's support, mental health and maternity care. The movement has also spread internationally, including to Britain, where Buurtzorg Britain & Ireland (a partnership of the social enterprise Public World and Buurtzorg Nederland) has supported more than 20 ‘test and learn’ initiatives in the National Health Service (NHS) and adult social care.

Buurtzorg's remarkable success has been achieved with a consistent logic of care and organisational design. As founder Jos de Blok has put it: *“We started working with different countries and discovered that the problems are the same. The message every time is to start again from the patient perspective and to simplify the systems”*.

For more information on the Buurtzorg model and its success, see ‘Appendix 1’.



Describing a different model for children's social care

This blueprint outlines a different model for children's social care within a LA that takes inspiration from the principles of Buurtzorg and the wider reform agenda in the profession. Despite differences between the contexts in which children's social care and nursing operate, as well as cultural differences between the UK and the Netherlands, the Buurtzorg model offers significant lessons that could help put children and families at the heart of social work. This section illustrates how a LA can implement change that can significantly improve its children's social care services.

The principles underpinning the proposed model

As is the case for Buurtzorg, the proposed model has at its heart the idea that meaningful relationships with families are key enablers of good social work practice and that social workers should be given the responsibility and decision-making power they need to support families. Working so closely with families and children, social workers are the ones who have the contextual knowledge needed to make the most appropriate decisions with the family about their future. It is these relationships and the skilled interactions they allow for which the entire system should be built around.

The relationship with social workers is not only crucial to a child and family's experience of social care, but it matters hugely for social workers too. In fact, the ability to maintain a stable and trusting relationship with children and families, to spend time with them, and to use their skills to make a meaningful difference, is why most enter the profession. Most of the 40+ social workers we interviewed expressed this as their primary motivation for embarking on a career in social work. This is supported by the latest findings from the DfE's August 2019 Longitudinal study of LA social workers, where the top reason for embarking on a career in social work was "I wanted to help people / make a difference", with the second most voted-for reason being "I wanted to work with children and families".²⁴

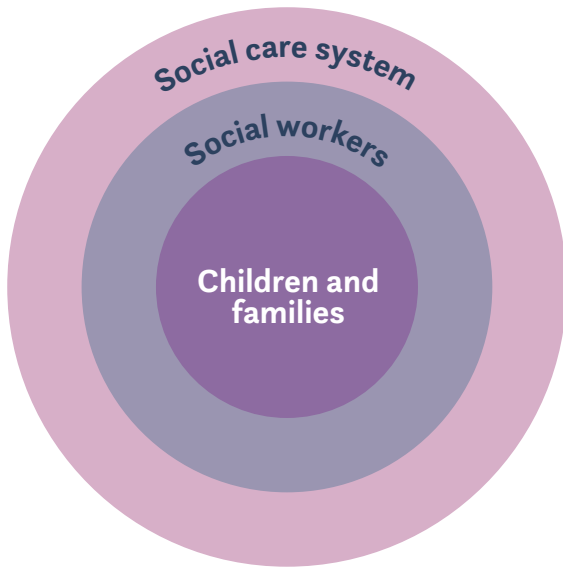
However, social workers often operate in an environment of mistrust where excessive layers of bureaucracy, management and oversight curtail their ability to make independent decisions for children and families. *"The current social care system does not trust social workers enough to do a good job and sometimes even fails to assume that workers are trying their best to avoid negative outcomes... as a result everything must be written down as a defensive mechanism"* said David Wilkins, Senior Lecturer at Cardiff University and Assistant Director of the Children's Social Care Research Development Centre (CASCADE), in an interview as part of this work.

This environment is the result of a well-intentioned response to high profile child deaths, concerns about quality and an attempt to work with risk. However, it has created a vicious cycle where the system itself is deskilling social workers, stripping away their confidence to

take decisions. It is disabling, rather than enabling good social work with children and families.²⁵

This blueprint proposes implementing structural changes within LAs aimed at devolving decision-making power and ensuring that social workers’ relationship with families and children is enabled by the system rather than impeded by it. As illustrated in *Figure 2*, children and families should be at the heart of social work, with a social care system built around them.

Figure 2: children and families are at the heart of the proposed model



Unfortunately, paperwork and administrative tasks far outweigh any meaningful direct work with children and families. If only we could do the jobs we all came into the profession to do rather than being a slave to the computer and organisation bureaucracy”

Social worker consulted as part of the 80-20 Campaign conducted by BASW²¹

While few would disagree with the values at the heart of the proposed model, putting them into practice has radical implications for the running of children’s social care. Firstly, it requires a mindset shift in how performance is judged and measured, how work is organised and the standards expected of those doing it. Without a cultural shift, the benefits of the proposed model will not be realised. This cultural shift is required of professionals but most importantly of the leaders and the wider organisations supporting them. *Figure 3* outlines the key elements of this mindset shift.

Figure 3: the necessary shift in mindset that this model requires

From...	...to
Doing to families	Doing with families
Process and box-ticking	Fostering relationships
Organised around complicated work	Organised around complex work
Deference to hierarchy	Professional knowledge and agency
Accountability and blame	Trust and responsibility
Risk management	Risk conscious
Striving for safe certainty	Striving for safe uncertainty
High stakes audit	Peer learning and reflection
Control and inspection	Support and mutual enablement
A system that serves bureaucracy	A bureaucracy that serves the system
Management	Expertise and advice

Putting this into practice also requires placing greater confidence in social workers to do a great job for families. Many people interviewed stated that delivering this high trust system, with fewer rules and less checking, would require social workers to meet a higher bar of performance. Whilst only a minority of social workers would ever struggle to meet this bar however, compassionately exiting the social workers who are not good enough to function in this model would be a precondition for its success in a LA. This is a tough message to send but one that can all too easily be sidestepped or understated for fear of causing discomfort. However, high quality social workers are too integral to this approach – and to good work with families – for it to go unsaid. For those who would thrive but are handcuffed by the current system, the opportunity is to have far greater autonomy, more time with families, more manageable workloads and more frequent supervision within a team of equally skilled social workers. The majority of social workers interviewed expressed excitement and passion to be able to work in this way, indicating that it would lead to better job satisfaction.

Assumptions behind the model

So that the proposed model can be implemented within current contexts and present a realistic way forward for a LA, it has been developed based on a number of assumptions:

- Social workers and LAs would comply with all existing legislations
- LAs would be able to adhere to the existing Ofsted regulatory framework and all other existing regulation
- Any recording or reporting currently required by government bodies, such as the DfE, or other partners, such as schools or the local police force, would still be completed
- No change needs to be made to LA budgets. This model can work within current financial constraints and does not require more money
- The model focuses on all elements of the children's social care system and presents a way they could be structured differently, with the exception of: children with disabilities, youth offenders, those leaving care, those needing early help or fostering and adoption teams. This was a choice to enable a model to be built that could work in the most complex part of the system, although the approach could be extended into every part of the system

Summary of the proposed model

In rethinking children's social care from the bottom up and taking inspiration from the Buurtzorg model, this blueprint proposes a model that, by cutting time spent on paperwork or on navigating the decision-making hierarchy, allows social workers to spend more time with children and families. The following section sets out how a LA could reorganise itself to enable social workers to do their best work and prioritise relationships with families and children.

In the proposed model, social workers operate in specific geographic locations as part of small self-managing teams of fellow social workers with a blend of specialisms and experiences.

All team members hold cases and work with families as they move through the system, from initial referral through all categories of risk to being looked after. To ensure families receive the support they need when they need it, teams have decision rights on their cases. This way of working prioritises an increase in time spent with children and families, as well as a strong team culture. Transparent peer supervision and accountable decision making and reporting processes allow for trust that the **'Family Facing Team'** – the team of social workers proposed by this model – is making decisions in the best interests of children and families.

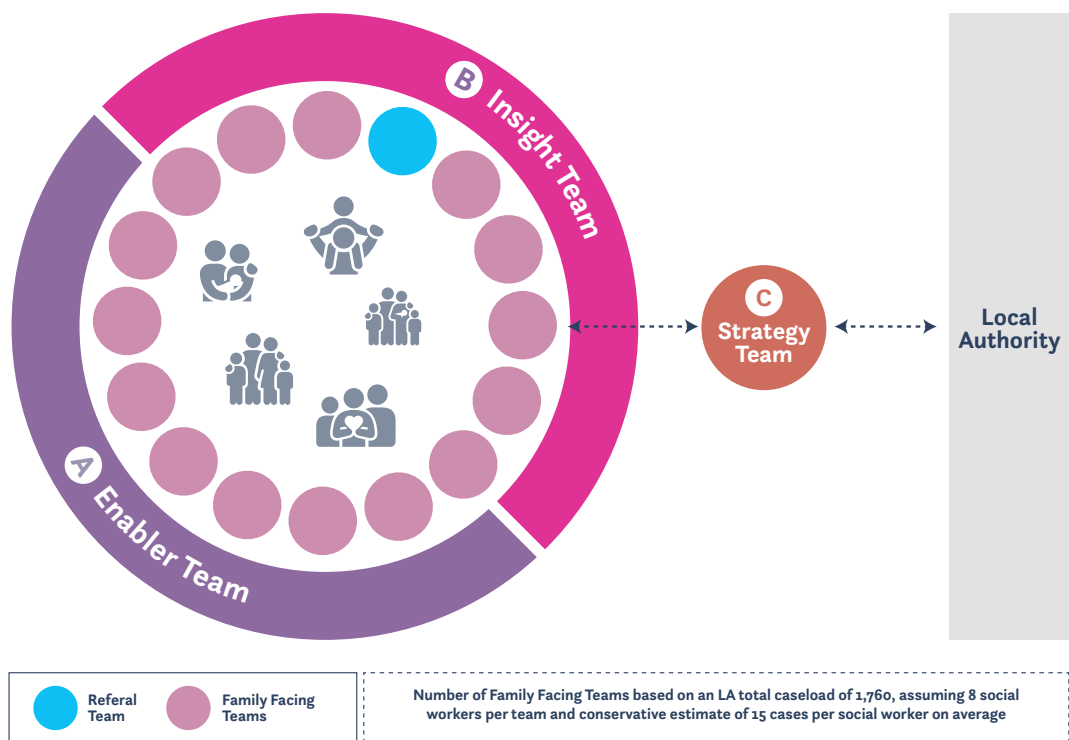
Moreover, a broader support structure exists to allow **Family Facing Teams** to do their best work with children and families. A **Referral team** handles all contacts and referrals and allocates these to **Family Facing Teams** based on their geographic patch.

A further three teams make up this support structure:

- The **Enabler Team** exists to help the teams run efficiently and effectively. This team handle administrative tasks, help teams with training and recruitment, provide financial assistance, conduct performance analysis, and provide IT assistance and development
- The **Insight Team** exists to help teams to do their best practice with families. This team’s function is to provide an independent perspective on case issues when needed
- The **Strategy Team** exists to provide the necessary checks and balances on those decisions that most affect children and families’ lives. This team are also the guardians of the overall culture of the service, to ensure teams are empowered, and managers of the necessary senior engagement with other partners and agencies

The aspects of the proposed model and teams working in a LA are outlined in **Figure 4**:

Figure 4: the team structure of the proposed model



This proposed model is designed primarily to enable the **Family Facing Teams** of social workers to get on and do their best work. The teams that make up the support structure – the **Insight, Enabler** and **Strategy Teams** – exist to support the **Family Facing Teams**. The **Insight Team** is a source of coaching on practice, providing expert and experienced professional advice, while the **Enabler Team** provides organisational and administrative support. It is important to note when comparing these teams to those in the existing context of a LA, that these teams would not be able to act as managers or sit above the **Family Facing Teams**. They are not a re-branded version of teams of managers that exist in the current system. They play a fundamentally different role – sitting horizontally to teams in the hierarchy. The

Strategy Team, on the other hand, provides overall leadership on behalf of the LA, defines (preferably on the basis of dialogue with the Family Facing staff) the boundaries of authority between itself and the **Family Facing Teams**, and exercises its own authority on its side of those boundaries. More detail on the roles of each team is explained below.

DEFINING SELF-MANAGEMENT

Workers in self-managing teams take responsibility for their actions and performance and are empowered to make decisions, with strong peer support and team accountability. This allows them to demonstrate their initiative, organisational skills, and to care about the results of their work and their teammates' work. Self-management requires a clear team structure and processes that allow everyone to do their best work. Self-management does not mean no management. It just means there is no 'Manager' function sitting above a worker in a traditional vertical hierarchy. In fact, self-management results in more management due to increased supervision and transparency from frequent peer exchanges both within the team and from other teams, who audit one another for quality assurance. Teams are encouraged to foster a collaborative culture and a spirit of learning and development and to continuously improve their ways of working.

Detailed overview of the model's components

FAMILY FACING TEAMS

Family Facing Teams provide help and support for children and families, with every team member holding cases throughout a family's journey through the system, to ensure consistency of relationship.

Family Facing Teams hold cases in geographic patches, as is already the case in Kensington & Chelsea and Leeds, for example. The patch-based model is highly localised, based on demand and can be centred around community centres or schools, in line with recent experiments by the What Works for Children's Social Care.²⁶ The benefits of this are that social workers develop a better knowledge of their community and, with reduced travel time, can spend more time with families. *"The locality patch model facilitates better relationships with families that are sustained and effective, and there are fewer delays in intervention"* said Glen Peache, Director of Family Services at Kensington & Chelsea. This model also enables them to develop connections with local service offerings and community figures, which can be highly beneficial given the multi-agency nature of social work. More detail about how these Family Facing Teams work with other agencies is provided below in the section on 'Enabling a multi-agency and multi-disciplinary approach'.

Family Facing Teams are made up of approximately eight high-quality social workers. As stated previously, consistently high quality social workers are needed to work in this model. Those recruited to Family Facing Teams therefore must be trusted to work in an entrepreneurial but collaborative way. Social workers interviewed suggest that eight team members is the optimal number to ensure that each can provide support and advice, and is available for all team meetings, except when needed for emergency visits, family conferences, court commitments, etc. For more on recruitment of these social workers, see the section on 'Looking Ahead: Piloting and System Change'.

Family Facing Teams have varying levels of experience and specialties. This is important for continuity of relationships, as the risk to the child may increase or decrease and because teams hold cases varying in nature. With expertise in different areas and from different fields of practice, team members can tap into each other's knowledge and experience for support. This ability to leverage a variety of types of expertise was also at the heart of the Hackney 2008 'unit' model. Family Facing Teams also need different levels of experience to enable learning and development and the sharing of practices. By having different levels of experience within the team, more inexperienced social workers can learn from those more experienced. Importantly, however, experience does not equate to hierarchy; a flat structure exists within the team.

Each team member works with 14 children, or what would be expected to be 10 families, on average and teams can allocate among team members as they see fit. This would be a reduction from the 17.4 case average as recorded by the DfE,²⁷ and would be achieved by increasing the number of practicing social workers through converting those who previously held managerial, non-case holding roles to Family Facing team members.²⁸ The ability for teams to collectively decide on the distribution of work too (e.g. giving a smaller number of cases to a social worker with a particularly complex situation) allows for intensive meaningful work with families while ensuring that each team member is sufficiently familiar with the team's families to enable peer supervision. For more on how the proposed model allows this lower ratio of social workers to families see the section on 'Feeling the Benefits of the Proposed Model'.

Family Facing Teams are self-managing. Teams have no manager – they manage themselves. What this means is that teams have collective ownership of their entire budget, organisational and logistical decisions (e.g. determining where they should be based and recruitment needs) and allocation of work among team members. This is facilitated by 'Team Agreements' (similar to the Buurtzorg framework). Created by the Strategy Team and the Family Facing Teams and in coherence with statutory guidance and legislation, these agreements layout standards of behaviour, goals, boundaries of authority and ground rules that team members must adhere to (for an example of 'Team agreements', see 'Appendix 2'). All issues are resolved within the teams to the greatest extent possible, with the support of the Enabler and Insight Teams. Those that cannot be resolved at team level, such as serious Team Agreement violations, are taken to the Strategy Team. To facilitate effective self-management, Team Rituals, designed by the team themselves, set out how they will work together (for more on this see 'Appendix 2') and define roles, such as a 'Team Treasurer' who oversees spending and facilitates budget discussions. These roles rotate among members when needed (for more on this see 'Appendix 2'). Within the overall budget teams own, they collectively decide how to allocate funding to best serve the children and families they work with. Team budgets are determined by dividing the budget for the service across the number of Family Facing Teams, excluding budgets for care placements which are held by the Strategy Team (for more on this see the description of the Strategy Team below).

Near total decision-making power is devolved to the teams of social workers. To allow social workers to provide the family they are working with the necessary support, case-related financial decisions within the team budget are devolved to the team. Performance is wholly owned by the teams as are recruitment and workforce decisions, with close collaboration with the Enabler team, which provides a link between teams to enable efficiencies where appropriate. Extensive peer supervision by the teams creates internal oversight while other teams audit one another, enabling independent oversight and broader sharing of best practice.

REFERRAL TEAM

With the proposed model structured around patch-based Family Facing Teams, there are different ways referrals could come into the Family Facing Teams, such as through a Multi Agency Safeguarding Hub (MASH) if a LA already has an effective arrangement in place. LAs should preserve any system that is working well for them.

The Referral team outlined in this model would filter cases, conduct screenings and coordinate and share relevant case information. In the proposed model, cases would then be referred to the Family Facing Team in the relevant patch. One team member would then complete the single assessment. Team members from Family Facing Teams rotate in and out of the Referral Team, to connect Referral Team decisions with final case allocation and to improve decision making quality.

ENABLER TEAM

The Enabler Team provides Family Facing Teams with the administrative, business and analytical support that allows them to focus on supporting children and families. They have no decision rights over cases held by Family Facing Teams.

The centralised Enabler Team is made up of administrative and business support staff, HR staff, data analytics experts, and could include former Service Managers who previously handled team training and recruitment. Finance staff would also sit in the Enabler Team to advise teams on financial management. The number of individuals in this team should be lean but is dependent on the LA context and the number of Family Facing Teams it operates.

Core tasks of the Enabler Team are to:

- Provide reporting and analysis to Family Facing Teams, facilitating learning from their own performance as well as from other teams. An outcomes-based framework – designed by the Enabler Team together with the Family Facing Teams – outlines appropriate performance indicators. Data is provided to extract insights rather than to manage teams
- Provide administrative support such as booking meetings, finding IT solutions that reduce the bureaucratic burden of recording (for example, by repurposing the electronic case management system)
- Servicing Teams' training and recruitment needs. These are determined by the Family Facing Teams but the Enabler Team aids teams by giving recommendations of providers, helping procure services and helping with the recruitment processes when teams need
- Advise teams on internal organisational issues (e.g. HR, financial, IT and reporting), and guide them in making informed decisions
- Provide the Strategy Team with the data and reporting needed for strategic oversight on the direction of practice, as well as to satisfy the requirements of Ofsted, the DfE and other actors

In some LAs, much of the Enabler Team's function is served by a fit-for-purpose IT system. In Kensington & Chelsea, for example, an IT system was built for its locality patch model and designed with social workers to ensure it gave them sufficient support. This is similar to the 'Buurtzorg web' – a web-based software platform tailored to the Buurtzorg way of working and built to support teams in their care-giving, teamwork and communication.²⁹ However, for many LAs, these functions may, at least initially, be best served by an established Enabler Team as the proposed model suggests.

INSIGHT TEAM

The Insight Team provides social workers in the Family Facing Teams with experienced, independent advice on case matters when it is needed. This centralised team is made up of experienced practitioners that currently exist in the system: former Principal Social Workers, Independent Reviewing Officers (IROs), Child Protection Conference Officers (CPCOs) and clinical specialists (e.g. family therapists, substance abuse counsellors, domestic violence experts etc). The ability to gain independent advice from an experienced practitioner is something that was expressed as highly valued by the social workers interviewed – and so this team provides this resource for the social workers within the Family Facing Teams to access when they need. Legal experts also sit in the Insight Team to advise teams when they are making decisions and provide legal advice and statutory guidance to families, allowing families to discuss their rights and raise any complaints. Those with commissioning and procurement expertise would also sit in the Insight Team to help the Family Facing Teams access services when they need it for their cases, as determined by them.

Core tasks of the Insight Team are to:

- Provide an independent and specialist perspective on case related issues, encouraging curiosity and reflection from social workers on what they may have missed
- Provide coaching for teams dealing with internal disagreements over cases
- Provide teams with advice on and help with commissioning services, as they desire

How these tasks are divided among the members of the Insight Team and the exact size of the team depends on the LA context and the number of Family Facing Teams it operates. Once Family Facing Teams are established and grow in confidence it may be possible to reduce dependence on the Insight Team.

The Insight Team has both a pull and a push function for social workers within Family Facing Teams. The Insight Team can be pulled in for advice and guidance on case issues, but its members also regularly attend team meetings, to act as coaches on practice. However, importantly this team has no decision rights over the cases held by Family Facing Teams.

STRATEGY TEAM

First and foremost, the Strategy Team is responsible for nurturing the culture of trust on which this model depends. Their role is to create an environment for Family Facing Teams to operate at their best, giving them the freedom and autonomy to make case decisions and pull in other teams as they see fit. The boundaries of authority of the Strategy Team in intervening in case decisions are only limited to those decisions that most affect families or that exceed a certain financial threshold and are clearly defined in the Team agreements (see the section on 'Decision rights' for more details). In addition to this, the Strategy team and manage the senior engagement with other agencies and with the broader LA.

This centralised team consists of those former LA leadership executives who previously managed the strategic oversight of the organisation. Members could include: Assistant Director of Children's Services (AD), former Heads of Service for core child protection teams (MASH, Assessment, Child in Need (CIN), Child Protection Plan (CPP), Children Looked After (CLA) and a Finance Director. These individuals can work part-time in the Strategy Team, while serving other roles in the LA, and may rotate in and out of Family Facing Teams to connect the strategy with real family experience of services.

The Strategy Team does not have decision rights over day-to-day case decisions. However decisions over a certain financial threshold need to be escalated to the Strategy Team for approval, as well as those that have the most serious implications for the child or family as defined by the Team Agreements. The Strategy Team also deals with violations of Team Agreements when flagged by members of the Family Facing Teams, or by Enabler or Insight Teams. For detail on decision rights for the Strategy Team compared to the Family Facing Teams see the section on 'Decision rights'.

Core tasks of the Strategy Team are to:

- Provide necessary oversight for the decisions that have the most serious implications for a child or a family – as defined in the Team agreements – or those over a certain financial threshold
- Provide oversight on the financial implications of those decisions across the LA
- Liaise with and maintain effective relationships with other partners and agencies, such as Ofsted, and make strategic decisions for the department
- Maintain a cross-organisational view over complaints raised by agencies and members of the public and feed that into both the Insights Team and the Family Facing Team

THE ROLE CHANGES REQUIRED BY THE PROPOSED MODEL

By creating an environment of trust and support, this proposed model allows Family Facing Teams to exercise freedom with responsibility in building meaningful relationships, and having skilled interactions, with children and families. Key to its success are the role changes that the model implies. Far from just changing the titles of existing teams that exist in a LA context, this model has the following implications on roles:

- Former Deputy or Team managers embedded into Family Facing Teams hold cases, just like the other team members, rather than supervise other people's work. They do not line-manage other social workers, who are responsible for their own professional judgement within the overall accountability of the team
- Former Experienced Practitioners – e.g. Principal Social Workers, IROs – and former Heads of Service will join either the Insight Team or the Enabler Team, where their role will change accordingly, from managers to independent advisors that exist to help the Family Facing Teams do their best work
- Those who were previously held LA leadership positions – such as the AD – now sit in the Strategy Team and will be less involved in the casework than before but will intervene only within the boundaries of authority set out by the 'Team Agreements'. Rather than controlling the teams directly, they are responsible for creating an environment where the Family Facing Teams can exercise their judgment at the best of their abilities and dedicate time to building relationships with families

Enabling a multi-agency and multi-disciplinary approach

Effective relationships between social workers and local agencies and service providers are essential to ensure that children and families get the support they need. Extensive research from Ofsted, the DfE and others has shown that the determinants for success for children are economic, housing, health and education and therefore any model for a LA's social care system must be multi-agency and multi-disciplinary, in order to keep children safe.

The best structure to enable these relationships between teams of social workers and both agencies (schools, police etc.) and local commissioned services (e.g. family therapists, clinical psychologists, psychiatrists, drug and alcohol specialists, domestic violence specialists etc.) will differ across LAs, given the specific context. Regarding maintaining partnerships with the police, schools and other important agency partners who play a crucial role in offering support for families and ensuring the safety of children, this model proposes that the patch-based nature of the Family Facing Teams allows these teams to forge better, more insightful relationships with these local partners. The fact that social workers within these Family Facing Teams have almost all decision rights over cases also enables them to have more fulfilling interactions with these agencies, ones that are not delayed or undermined in the wait for managerial sign off on decisions. In the proposed model, it is then the Strategy Team who manages the strategic relationships with these partners, as former managers do in the current system. This approach acknowledges that it is often important for these partners to have senior visible leadership, as they commonly operate and respect traditional hierarchies.

In terms of how Family Facing Teams in the proposed model work with local service providers, below outlines three options for consideration, from low to high structure. The specific LA context should dictate the structure with which social workers work with these providers, based on the principle of enabling social workers to access local services as quickly and effectively as possible.

- 1. Family Facing Teams engage directly with specialists if and when they need (low structure).** If a social worker from a Family Facing Team needs a specific service, they can commission this for a certain number of days per week or month using their team budget and use the contact list as a guide. Alternatively, the Family Facing Team could independently commission new service providers and/or embed these individuals in the team. Hampshire Council, for instance, has trialled something similar by seconding domestic abuse, substance abuse and adult mental health services into teams. The Insight Team, which has within it those experienced in commissioning and procuring services, can aid the Family Facing Teams by managing relationships with frequently-used commissioned service providers and maintain a list of contacts, as well as helping them procure the service as defined by the social worker working with the family.
- 2. Specialists form part of the centralised Insight Team (medium structure).** High-use specialists are commissioned by the Enabler Team for a certain number of days per week or month from the overall LA budget and sit within the Insight Team. Family Facing Teams are able to book time with these specialists through the Insight Team, which would monitor team usage and optimise commissioning accordingly. Similarly to option 1, the Insight Team can also support the Family Facing Team in helping them with the procurement of other services they need.

- 3. Commissioned service hubs are set up around groups of Family Facing Teams (high structure).** High-use specialists are commissioned by the Enabler Team from the overall LA budget and are organised into hubs around multiple Family Facing Teams based on locality. A similar model is being trialled in North Yorkshire and Hertfordshire with the 'No Wrong Door' model and the 'Family Safeguarding' teams respectively.³⁰³¹ This structure enables Family Facing Teams to work alongside specialists from their relevant commissioned hub to provide more holistic care to children and their families. The exact makeup of these hubs would vary based on the needs of the Family Facing Teams, which can also choose to use its own budget to commission other specialists if needed.

All three options outlined above would work in the proposed model and enable Family Facing Teams to access the services they need. It is also expected that because the structure of the proposed model allows for more time with families, greater freedom of intervention and support and engenders a greater responsibility amongst social workers, there should be less referring to services and sending families on expensive, lengthy programmes. Teams can dictate how much they want to use services based on the family's need in any of the above options.

Additional information on how teams could work with local partners is outlined in the section on 'Looking Ahead: Piloting and System Change'.



Seeing the model in action: a case study

To understand the practical, real-life implications of transitioning to the proposed model, we have worked with an existing LA to use its system as a case study.³² The LA requested anonymity for the purposes of this blueprint and as such will be referred to as 'Unnamed LA'. The analysis below illustrates how the organisational structure, decision rights, accountability and responsibility, oversight and supervision, and reporting would change if a LA were to implement the proposed model.

Organisational structure

FROM – STATUS QUO

The Unnamed LA has five distinct levels of management between the Director of Children's Services (DCS) and social workers:

1. Assistant Director (AD)
2. Head of Service
3. Service Manager
4. Team Manager
5. Deputy Team Manager (DTM)

This extensive vertical oversight is resource intensive (c.36% of team salary expenditure). As well as dealing with complaints and legal financial and elected member issues, much of each manager's time is dedicated to scrutinising the work of those beneath them and providing quality assurance.

In terms of career development, the way the current system is structured means that career progression is akin to climbing the managerial ladder and moving up the layers of hierarchy away from children and families. This results in the most experienced social workers leaving practice for manager positions.

TO – PROPOSED MODEL

The proposed model relies on self-management and consolidating middle-management positions into practitioner roles in the Family Facing Teams, while the Strategy Team consists of only the highest leadership positions. This is designed to empower social workers and remove unnecessary bureaucracy. Quality assurance can be enhanced via more frequent group supervision, peer review and the seeking of independent advice from the Insight Team. In spite of minimal hierarchy, professional and leadership development is possible within the Family Facing Team structure through the rotating team roles.



“We need to move the balance of time and effort from bureaucracy to practice”

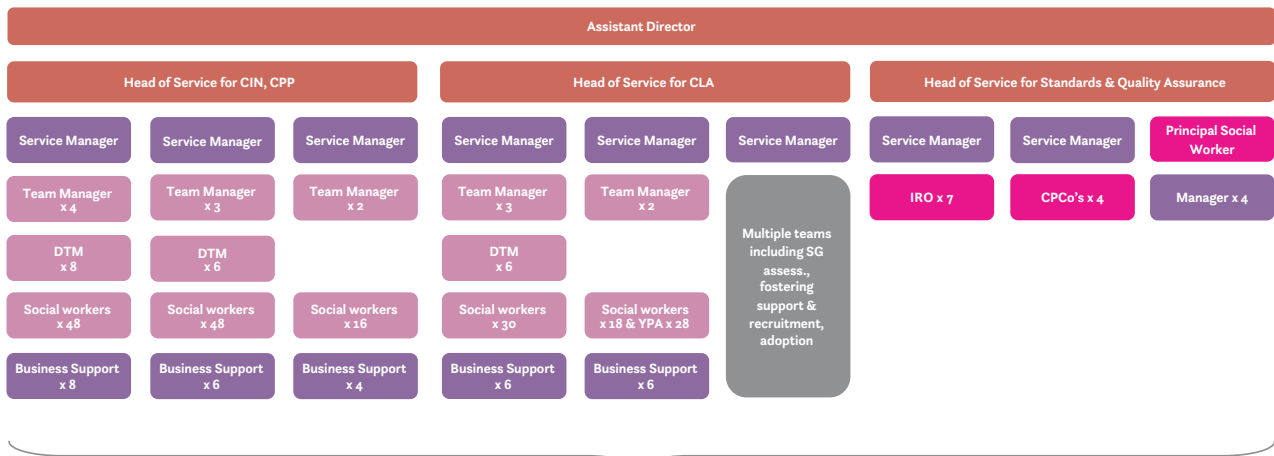
Ruth Allen, CEO of BASW, in blueprint interview

The proposed model does not require practitioners to leave practice to progress their careers. Career paths can be developed within Family Facing Teams, with those more experienced honing their practice and taking on mentoring roles within the team. There is also the opportunity in the proposed organisational structure for social workers to progress their careers by moving to the Insight Team, if they are more interested in supporting practice than doing it themselves, or the Enabler Team if they are more interested in helping to build the environment for teams to flourish. Crucially however this is not ‘a climbing of the ladder’, but a horizontal move based on where social workers want to focus their careers. If those in the Family Facing Teams do want to progress their careers in a more traditional way, and become LA leadership, the Strategy Team also offers that kind of career path.

The proposed model aims to break the notion that ‘career progression’ equals ‘a move to a management position’. This blueprint enables those who want to stay in practice to do so, whilst progressing in their career, and offers a far greater range of career paths than the traditional organisation structure.

Figure 5: the change in organisational structure

From – Status quo



To – Proposed model



* the colours in the above diagrams indicate where individuals would move to in the proposed model, e.g. the AD would move into the Strategy Team

Decision rights

FROM – STATUS QUO

Child protection processes in the Unnamed LA involve extensive back-and-forth decision making. Decision rights are held above the level of children and families, with social workers typically required to seek Deputy Team Manager or Team Manager approval for all decisions made, from the moment a child enters the system to referrals, assessments, strategy discussions, section 47 assessments and Child Protection Conferences (CPCs). In many local authorities, social workers have no decision rights over any finances for their cases – they need to seek approval for every penny spent, and this can often lead to delays or social workers using their own money to pay for things for the family, as many social workers interviewed stated. In high-risk cases, additional oversight is built in the system, with approval required from senior LA Leadership (e.g. Head of Service, Director of Children's Services) for major decisions involving resource (e.g. placement of a CLA, decision to go to court). This framework creates an illusion of control, but signals a lack of confidence in social workers and disempowers them from making meaningful decisions for children and families.

TO – PROPOSED MODEL

The proposed model seeks to devolve decision rights to the social workers closest to the context of children and families.

Social workers own almost all case-specific decisions (e.g. assessments, chairing strategy discussions, finding CLA placements) unless they are not qualified to do so. This includes all financial decisions for cases unless they involve care proceedings, independent assessments or care placements as set out by the Team Agreements. Social workers will often make case-specific decisions after consulting their Family Facing Team, giving them the appropriate levels of support. Whenever issues arise or decisions may be difficult to make, social workers have a professional duty to consult other team members or experts from the Insight team as they see fit.

“

It's so frustrating when I can't make a decision which I know will be a good thing for the family I am working with”

Social worker from Lambeth, in blueprint focus group

Examples can be seen in pilots run by What Works for Children's Social Care in Hillingdon as well as those that Achieving for Children have trialled, some of which devolve financial decisions; for example, Hillingdon have given its social workers the freedom to spend up to £500 without approval, increasing their confidence and creativity in acting with families. The blueprint model goes further than this by giving teams radical levels of freedom and responsibility for almost every aspect of their work.

By removing the Team Manager role and instead embedding more experienced practitioners within the case holding teams, this model increases the level of responsibility of all social workers but within a team of peers, allows for more frequent group supervision. With greater trust and proximity given to those 'in the know', better decisions can be made more quickly.

However, the model does not significantly change review processes for the most resource-impacting decisions or those that are the most serious for children and families. Teams must seek approval from the Strategy Team for three types of decisions: 1) whether to initiate care proceedings; 2) whether to conduct an independent assessment; and 3) whether to place or change the placement of a child. The Strategy Team therefore also holds the budget for these types of decisions – for instance the budget for care placements. These boundaries are stated in the Team Agreements. The Strategy Team also has decision rights on any decisions that sit outside the Team Agreements framework, as well as on changes to that framework that might be needed over time, although this should always be done in consultation with the Family Facing Teams.

Table 1: Distribution of decision-making rights between Family Facing and the Strategy teams

	FAMILY FACING TEAM	STRATEGY TEAM
<i>Case-related decisions (non-financial)</i>	Social workers hold decision rights. Team members have a professional duty to consult their team or members from the Insight Team on any serious decisions. The rituals put in place by the Family Facing Teams require regular team meetings open to anyone to attend. These create strong mechanisms of accountability and a culture of peer challenge and transparency.	The team has no decision rights.
<i>Case-related financial decisions</i>	Teams are empowered to make financial case decisions, apart from when they relate to the following: 1) whether to initiate care proceedings; 2) whether to conduct an independent assessment; and 3) whether to place or change the placement of a child.	The team has decision rights only on the three types of decisions listed as outside of the remit for Family Facing Teams, and thus holds the budget related to those. This is because those types of decisions are deemed the most critical to a child or family's life and the most resource intensive.
<i>Team-related non financial and financial decisions</i>	The team has decision rights over all team decisions, including team staffing, resourcing etc.	The team has no decision rights.
<i>Decisions regarding the Team Agreements</i>	The Team Agreements are decided by the Family Facing Teams together with the Strategy Team.	The default is for any issues that arise related to the Team Agreements to be solved by the Family Facing Teams. However, in the case of a serious violation of the Team Agreements (e.g. bullying, violation of safe practice), the Strategy Team can intervene.

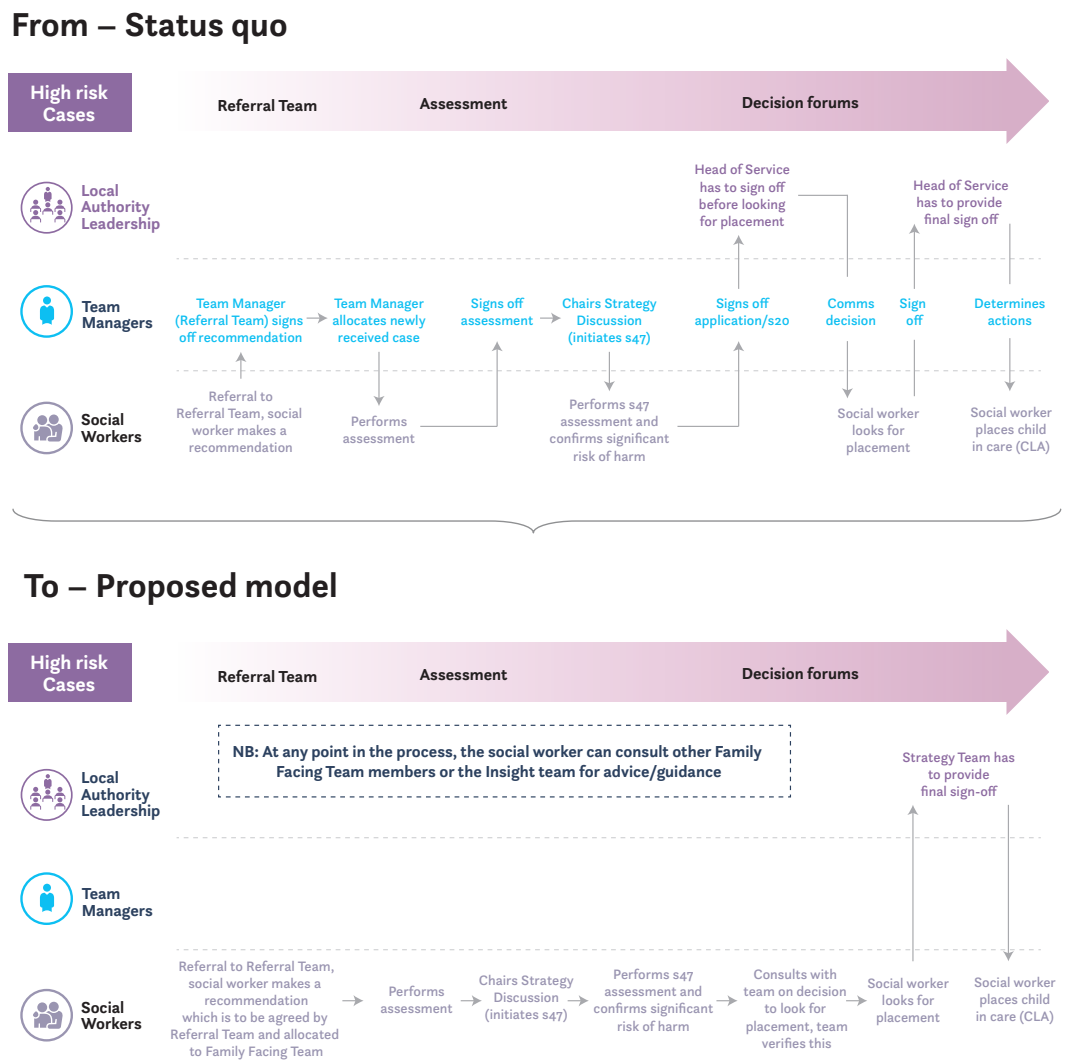
While the current system relies on weekly recourse or on case management panels to gain sign off on decisions, this blueprint proposes that social workers within Family Facing Teams have decision rights over financial decisions for their cases, apart from when they relate to the three areas of the Strategy Team's remit as defined above and laid out in the Team Agreements. When the Strategy Team is required to sign off these decisions, rather than hosting panels, this blueprint proposes a member of the Strategy Team attend a Family Facing team meeting to enable effective dialogue on such decisions and to ensure the Strategy Team understands the context in which the decision is being made.

The role of the Enabler and Insight Teams is to empower the Family Facing Teams to do their best work with children and families. They therefore have no decision rights on individual cases. IROs who sit within the Insight Team still chair all CPCs, as required by statutory guidance, but this should be a facilitative role as an objective observer. With decisions on individual cases in the hands of the social workers, the IRO should allow the social worker to

direct these meetings. This is similar to the model at Hampshire Council, where the IRO often acts as a pseudo-chair in CPCs, and the social worker and the family together chair instead.

If anyone from the Enabler or the Insight Team observes a Family Facing Team or one of its members failing to adhere to the Team Agreements or showing clear disregard for a child or family’s welfare or rights, they should work with the Family Facing Team to resolve the issue. If cause for concern remains, it should be escalated to the Strategy Team.

Figure 6: the change in decision rights for high risk cases



Accountability and responsibility

FROM – STATUS QUO

In the Unnamed LA, accountability for child protection activities lies primarily with the AD, even though this individual lacks responsibility for making or implementing most case-specific decisions. These responsibilities instead lie with a combination of social workers and middle management, who typically take charge of decision-making for higher risk or more complex cases (see the section on ‘Decision rights’). These layers of accountability and responsibility leave little in the hands of social workers and engender the sense of mistrust already present in the system, while also preventing professional development. As Stephen Rice, Principal

Social Worker at a London council, said in an interview as part of this work, “*hierarchical structure results in limited learning as skilled practitioners are not able to rise up the organisation or teach each other*”.

The following presents a simplified overview of the current key accountabilities for each role at the Unnamed LA:

- **Assistant Director:** Supervision of Heads of Service, overall budget management, determining strategic direction of the service, maintaining senior relationships with other agencies and local politicians, reporting to the DCS for engagement with DfE and Ofsted
- **Heads of Service:** Supervision of Service Managers, managing the service budget to address need (e.g. creating / deleting posts), chairing decision-making panels, chairing performance reviews including oversight of audit activities, signing off adoption and fostering panel requests, commissioning and monitoring services
- **Service Managers:** Supervision of Team Managers, interaction with other agencies, team recruitment and training, random case audits
- **Team Managers:** Supervision of Deputy Team Managers, team wellbeing, crisis management, working with other agencies, attending performance meetings, dealing with complaints from families or agencies
- **Deputy Team Managers:** Supervision of social workers, individual case decisions and outcomes, facilitation of group supervision
- **Social workers:** Responsible only for completing case actions as agreed and, in low-risk cases only, defining these actions (responsibility for complex or riskier decisions is generally given to managers who can represent cases on Initial CPCs)

TO – PROPOSED MODEL

The proposed model shifts responsibility and accountability to Family Facing Teams. The core emphasis of the model is that:

Social workers are fully responsible for individual case decisions, excluding a limited set of defined decisions that must be escalated to the Strategy Team (see the section on ‘Decision rights’) for which the Strategy Team is accountable to families. They can and should consult peers for advice and raise case issues with their team, but ultimately they are trusted to do what is best. Family Facing Teams share accountability for individual case outcomes, ensuring that all social workers within a team take an active interest in the cases held by others and alleviating some of the stress and burden on individuals. Family Facing Teams are able to hold this accountability jointly and support social workers through group supervision and quality assurance (e.g. via weekly team meetings and one-to-one peer supervision).

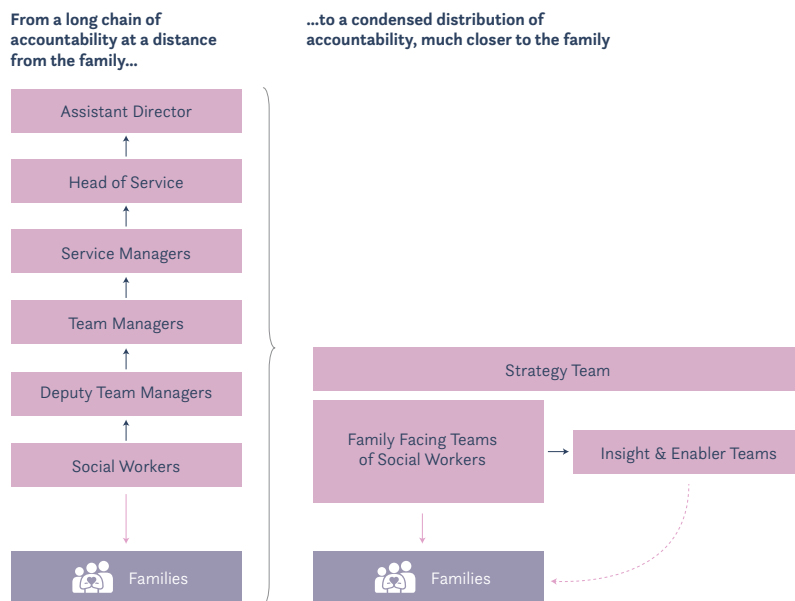
Members of Family Facing Teams are collectively responsible for budget management, recruitment decisions, training, case allocation and completing random case audits of other teams to share lessons and best practices and provide quality assurance. If a member of the team is considered to be underperforming, it is the role of the team to address this.



If you want to give someone statutory accountability, you need to give them responsibility”

Isabelle Trowler, Chief Social Worker for Children and Families, DfE, in blueprint interview

Figure 7: the change in accountability



This is a radical shift in responsibilities and accountabilities. It aims to empower those who best know the context and demands of a given case, freeing up time currently consumed by 'reporting up' and allowing them to spend more time with children and families. It also sets a high bar: social workers must be knowledgeable and present in their casework, confident enough to make decisions and self-aware enough to know when to ask for peer support. It requires Family Facing Teams to have confidence in their peers and maintain open constructive dialogue to hold each other to account. This in part is safeguarded via agreed Team Agreements (see 'Appendix 2') but requires a substantial shift in mindset, as well as a high-quality workforce. Getting this right will be critical both in potential pilots of this model and in developing local solutions that use elements of this model across the country, with the end result being greater autonomy, greater impact and better outcomes for children and families.

Beyond the Family Facing Teams, each support team also has clear responsibilities:

- The **Insight Team** is responsible for providing Family Facing Teams with independent advice and guidance on case-related issues, as well as statutory IRO attendance at CPCs and CLA reviews.
- The **Enabler Team** is responsible for providing administrative, HR and IT support, as well as reporting and analytics for the Family Facing Teams and the Strategy Team, relieving social workers of some of this administrative and regulatory burden.
- The **Strategy Team** is responsible for working with Family Facing Teams on crafting the Team Agreements and dealing with the most serious cases, overseeing the strategic direction of the service and conducting broader engagement with the LA, other agencies, Ofsted and the DfE. They are also specifically accountable for how the overall budget is spent, with part of this accountability delegated to Family Facing Teams (which are allocated a budget) and part held directly by the Strategy Team (e.g. CLA costs of accommodation). The Strategy Team is accountable for engaging with and managing strategic relationships with agencies, partners or contractors, where a person from a senior level is required. It is the gateway to the larger LA context and social care services, as well as to Ofsted and the DfE.

Oversight and supervision

FROM – STATUS QUO

Supervision and oversight at the Unnamed LA is provided primarily through one-to-one interaction between individuals and their managers. Deputy Team Managers (DTMs) and social workers have regular meetings to discuss case issues, with more detailed meetings every 6-8 weeks to review each case held by the social worker. In these sessions, the DTM checks a number of data points and discusses each case with the social worker to ensure the child is progressing as planned. These meetings allow social workers to reflect on their decisions and acts as a managerial check to ensure they are adhering to good practice. Supervision up the LA hierarchy provides a similar opportunity for reflection and quality assurance by managers. In addition to these internal mechanisms, the Unnamed LA also has external supervision, with IROs and CPCOs providing quality checks and oversight at CPCs and CLA reviews. Ofsted also provides further LA-wide checks through inspections and assessments of performance.

TO – PROPOSED MODEL

Under the proposed model group supervision is conducted within the Family Facing Teams. Regular team meetings and peer supervision are expected to occupy c.20% of social workers' time (see the section on 'Feeling the Benefits of the Proposed Model'). This time could be split, for example, between formal case discussions at weekly three-hour meetings, where social workers raise case dilemmas with the team, which provides guidance; half a day of informal supervision and guidance to other team members; and additional cross-team case audits to enable independent oversight and sharing of best practice. For example, the Team Agreements can mandate that each case must be discussed at team meetings at least once a month. With an agreed protocol for how these sessions are run, challenge can be built into peer consultation within a safe, supportive and transparent space for case discussion and subsequent reporting. A number of group supervision models could be used, such as the systemic unit meeting models used by Frontline and Hackney, or reflective practice groups, such as those used at Brighton & Hove City Council.

Crucially, the change from managerial supervision to team group supervision does not reduce the amount of oversight provided on decisions, in fact as shown in the section on 'Feeling the Benefits of the Proposed Model', the number of hours of supervision and degree of decision making transparency actually increases.

Outside the Family Facing Teams, the Strategy Team also provides a level of financial and experienced oversight by signing off on major resource decisions escalated to it by Family Facing Teams (see the section on 'Decision rights'). External supervision is also provided by former IROs and CPCOs in the Insight Team, whose members attend CPCs and CLA reviews and, should concerns arise about a social worker's management of a case, can escalate these to the Family Facing Teams for review. Ofsted again provides LA-wide inspection and an objective assessment of performance, with this relationship managed by the Strategy Team.

The Strategy Team should also be aware of any larger LA issues affecting children and young people in the area, for instance gang violence. Where appropriate, the Strategy Team, along with the Insight Team, should assist teams and create opportunities for cross-team collaboration on these issues.



You should not be doing an assessment for me, or for Ofsted, but to understand the child's needs and circumstances and to understand the best way to provide them help."

Steve Walker, DCS in Leeds City Council, in blueprint interview

Reporting

FROM – STATUS QUO

In the Unnamed LA reporting is currently undertaken for four key audiences: individual social workers, children and families, internal senior management and external government bodies – namely the DfE and Ofsted. However, a large amount of information is recorded that is often not useful to social workers or families. In addition, it can often be unclear what much of the data portrays, with substantial time needed to assemble information for management and reports prepared by performance and data monitoring teams that do not fully understand the complexities of social work. When used to highlight under-performance, the information takes on a different purpose and takes responsibility for performance away from those most in control of it – the teams of social workers. As the Principal Social Worker of an inner London LA, put it in an interview as part of this work: *“simplistic assumptions translate to simplistic pressures”*. As social workers try to meet the desires and targets of senior management, this can reduce the focus on outcomes for children and families.

TO – PROPOSED MODEL

The proposed model shifts the focus of reporting to children and families, and social workers themselves. Reporting's primary purpose in the proposed model is to inform Family Facing Teams' understanding of the family and their needs, as well as retaining a meaningful record for the family and child. Reporting is based on an outcome framework co-designed by the Family Facing teams with the Enabler team that outlines the performance indicators most useful for teams and families to track over time or that are required by law (see the 'Enabler Team' section). The Enabler Team would consolidate reports, maintain a central database and give Family Facing Teams the data and qualitative case records needed for them to learn from past performance and best practice and compare their performance against that of other teams. The Enabler Team would also provide clear examples of the expected level of reporting required both for recording for practice and to meet minimum Ofsted requirements. Examples include reporting that captures a holistic perspective of children's lives, wishes and feelings using personalised, straightforward language, while justifying the purpose of visits and documenting key decisions and next steps.

The model could be made even more effective through the introduction of an advanced reporting system. For example, Brighton & Hove City Council has developed a 'one story' model of recording for both families and practitioners, which captures a single story about the family, ensuring all information is in one place. This avoids duplication and defensive practice and has almost halved the time spent on administration.



If you can spend less time on collecting data for other people you can think more about what data you need for yourself”

Eileen Munro, Emeritus Professor of Social Policy at the London School of Economics and Political Science, in blueprint interview



Feeling the benefits of the proposed model

With its emphasis on streamlining processes and focusing on families and children, the proposed model has many advantages for LAs, teams, individual social workers and, ultimately, the people they serve. The key benefits are:

- The potential for social workers to spend c.60% more time with children and families due to reduced travel and fewer administrative tasks
- A more than 20% reduction in average caseloads by creating 30 new practising social worker roles (as former Deputy Team Managers and Team Managers hold cases)
- A c.50% increase in the amount of time available for supervision
- Social workers who are empowered to make decisions for children and families, while maintaining access to support, expert advice and supervision via their peers and the Insight Team

This model could also deliver more consistent social care, with minimal handovers through the child protection process, and could help social workers to develop stronger relationships with families. These relationships enable greater preventative support and more timely interventions, rather than relying on punitive measures. This could reduce the number of children being re-referred to children's services across LAs. This model could also help tackle the systemic problem of increasing demand for social services which all LAs are grappling with. By converting many of the former managers to family facing practitioners, there will be many more social workers in the system who are able to work directly with families.

In the longer term, this model would create a much more sustainable system, with social workers spending more time with families and practice standards improving through increased supervision. Ultimately, this should increase the quality of care, help families stay together safely and reduce the number of children going into care.

This model also hopes to address today's morale and staff retention challenges. By being able to take on more responsibility and learn from more experienced colleagues, social workers will improve their skills, be motivated and able to deliver higher-quality practice, and have greater job satisfaction.

Quantifying the benefits in the case of the Unnamed LA

While many of the benefits of the proposed model are qualitative, some can be quantified:

- Reduction in average caseloads
- Time spent with families

Using the Unnamed LA as a case study, and assuming the same headcount and human resources costs of current model, it was conservatively estimated that the proposed model could:

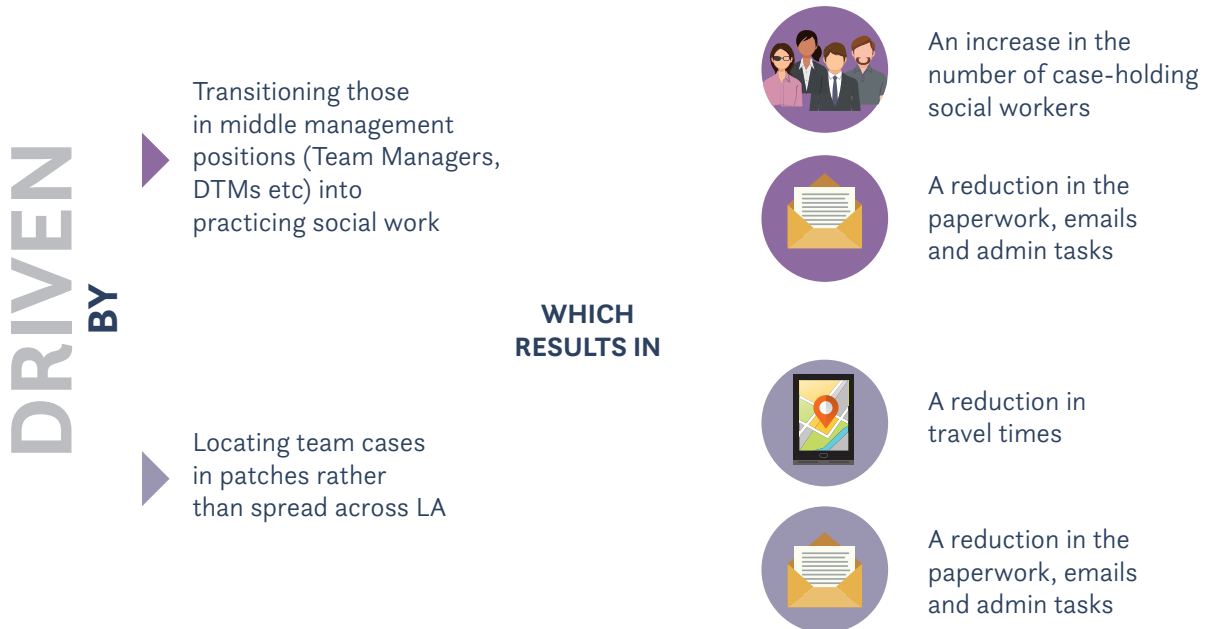
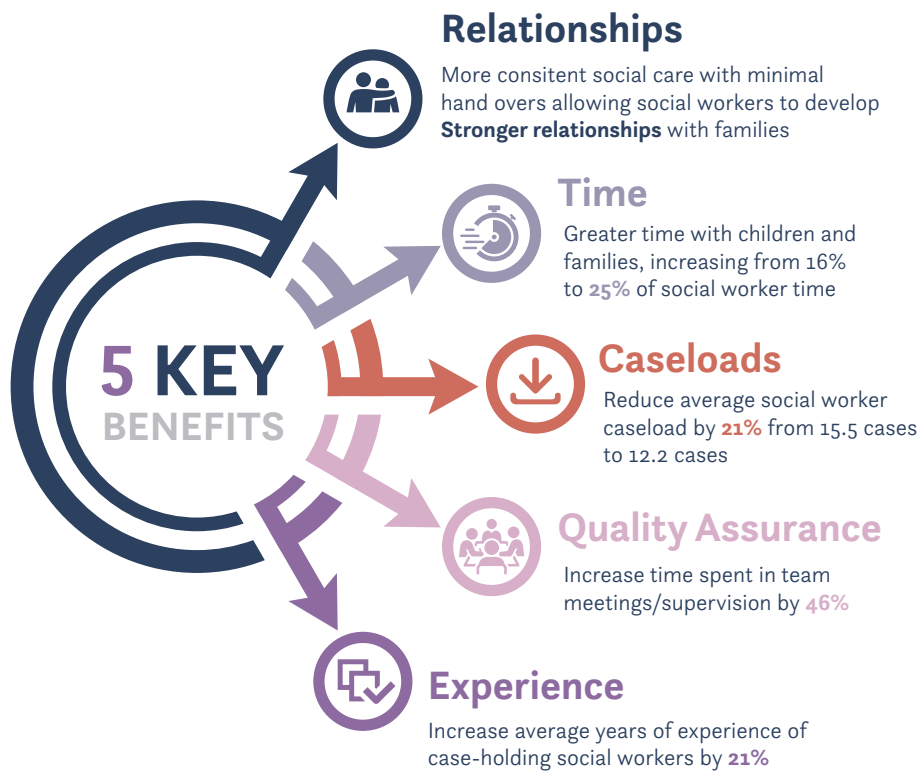
- Reduce average social worker caseload by 21% from 15.5 children to 12.2 children³³
- Social worker time with children and families would increase from 16% to 25%³⁴
- Time spent in team meetings and supervision would increase by 46%
- Average tenure of case-holding social workers would increase by 21%

These benefits are delivered by:

- An increase in the number of case-holding social workers by turning Team Manager and Deputy Team Manager into practising social workers
- Reduced travel time due to cases being located in patches rather than spread out across a LA
- Less time spent on paperwork and administrative tasks, and the communications generated by back-and-forth between social workers and middle management

More details on the proposed benefits can be found in *Figure 8* on the next page.

Figure 8: benefits of the proposed model



To test the transferability of these benefits, the anonymous LA case study was compared to another neighbouring LA. This analysis showed that, with no significant difference in resourcing, the benefits of Team Managers and Advanced Practitioners, and Deputy Team Managers becoming practising social worker roles were replicated.

In determining these benefits, the following assumptions were made:

- Headcount and human resources costs are assumed to be constant between the status quo and the proposed model (i.e. no hiring and/or firing of staff).
- CIN, CPP and CLA case numbers are held constant
- Existing roles are all moved into the proposed model:
 - The Strategy Team includes the current AD and Heads of Service
 - The Family Facing Teams include the current Team Managers, Deputy Team Managers and Social Workers
 - The Insight Team includes Principal Social Workers, IROs
 - The Enabler Team includes Service Managers and Business Support teams, Data Analysts and Performance Analysts
 - The Referral Team and Assessment Team are not considered in this analysis
- Certain functions managers currently perform (e.g. providing expert advice to other teams, duty) will still need to be performed within Family Facing Teams. These functions are included under the proposed model
- A 10% contingency of social worker time has been included for new self-management roles that will be undertaken by social workers, with an additional 20% contingency for total time spent in team meetings and group supervision



Addressing those commonly raised issues

The model being proposed here has been tested in conversations with multiple system leaders and social workers. Based on these discussions, five key questions were raised as potential risks or causes for concern. The following provides an outline each of these and a potential path forward:

1. **What happens if something goes wrong?**

The proposed model must incorporate protocols in the event of a serious incident, at worst resulting in the unexpected death of a child. In this situation, both immediate and longer term actions would be required from the LA.

In the immediate aftermath of a serious incident, it is suggested that the proposed model works within the existing framework. Following the enactment of the Children and Social Work Act 2017, the Serious Case Reviews (SCRs) will soon be replaced by Local Learning Inquiries (LLIs) and National Serious Case Inquiries (NSCIs), accompanied by a new national learning framework which should make these important exercises more robust and consistent.³⁵ In the longer term, the Family Facing Team and support teams would conduct a thorough review or a 'retrospective' of the incident to ensure lessons are made from any mistakes. Importantly, the autonomy and transparency implicit in the proposed model is likely to highlight more mistakes, and expose them earlier, than the current system by creating an environment of rigorous peer review and supervision, providing greater scope for learning and development.

2. **Do we have enough high quality social workers to move to this type of model?**

Whilst providing the checks and balances through peer supervision, the proposed model credits social workers with more decision making power over their work with families. It relies therefore on having social workers with a high bar of confidence and competence, so that that power is used responsibly and in the best interest of children and families. Some of the system leaders and those in leadership positions within LAs consulted in the creation of this blueprint stressed that there is a wide-spread issue of low quality within the social work profession. This makes any move to a system with more freedom and responsibility difficult to accept.

However, many of the team managers and social workers interviewed as part of this work disagreed that this would be a barrier to implementing this type of model. Many posited that the majority of social workers in the system would meet this required bar of quality, and a key reason for the perception of low quality in the profession is because of the way the current system disempowers and deskills social workers, making it difficult for them to flourish. "The current system undermines social workers' confidence in decision making and prevents them from growing in this area," stated one Advanced Practitioner from an East Midlands' LA.

Of course, like in any organisation, there will always be instances of low quality work. But this is not a reason to design a system around exceptions. The model proposed offers a way for the majority of social workers who do meet the bar of quality to do their best work, rather than being impeded by the system.

3. **How do you prevent the lone wolf social worker?**

Several social workers consulted raised concerns that some of their peers prefer not to discuss case issues and that the proposed model could allow for such tendencies to lead to cases being overlooked, or social workers acting as 'lone wolves' jeopardising children's safety. However, as explained in 'Benefits of the proposed model', the total hours of supervision and oversight does not decrease in the model. In fact, quality assurance over decisions is likely to increase due to more time spent in team meetings and in group supervision. Therefore, it is expected that the proposed model could do more to limit the ability of social workers to act as 'lone wolves' than the current system in which decisions are overseen by a manager who, as many social workers pointed out have limited time due other responsibilities. In the proposed model, teams as a whole are accountable for case outcomes, adding to levels of scrutiny on all case-related decisions by peers. The Team Agreements also require practitioners to talk about every child at least once a month, and teams are responsible and accountable for identifying families requiring additional discussion or team members needing additional supervision and support.

Adding to peer supervision within the team, the Insight Team would regularly attend team meetings to coach teams in how to prevent 'lone wolf' behaviours. In the model, external perspective is provided since teams also randomly audit each other, adding another check and balance against 'lone wolf' behaviours. Ultimately, teams are empowered and responsible for performance and any colleague not participating in supervision and who has not responded to feedback and the opportunity to improve will be removed from the team, by the team.

4. **Is this about saving costs?**

No. This model aims to direct resources that exist in the system to the family facing work, and thus is about the effectiveness of public resources, not making efficiency savings. When modelled with the Unnamed LA, it was determined that this can be achieved within the current staffing costs by reallocating and reorganising existing resources. The salary bill of a LA remains the same in the proposed model, however when implemented a LA may decide to structure pay in a bespoke way to support self management (for example, having experience bands rather than management grades). There are however expected cost savings in the long run, if this model were to be implemented. By enabling social workers to spend more time with children and families, and be empowered and supported to make the right decisions, demand is likely to drop overtime, particularly regarding re-referrals into the system. In the long run therefore, this has the potential to relieve some of the biggest pressures the system currently faces today.

5. **Would this work for an 'inadequate' LA, as judged by Ofsted, which is inspecting every two weeks?**

Nothing in the model restricts it working for only those LAs rated 'Good' or 'Outstanding'. What is central to the model working is the ability to build up a body of highly capable social workers who can be trusted with this way of working and a capable, courageous leadership team that can establish the conditions for this approach to thrive. If these two factors are present, the argument for testing the proposed model in a LA rated 'Inadequate' may

be more compelling due to severe lack of confidence of these LA leaders in the system's ability to deliver good outcomes for children and families and significant frustration from social workers. By empowering social workers to make meaningful decisions for families, the proposed model aims to deliver better outcomes through greater job satisfaction for social workers and improved relationships.

6. What if I don't want to work in this way?

The success of this model relies on social workers' willingness and commitment to work in this way. While many social workers consulted for this blueprint were excited by the prospect of greater freedom and responsibility and saw it as a chance to revive the profession, it cannot be expected that everyone would embrace this way of working. When it comes to piloting this model, a LA could start with an opt-in pilot, which could be scaled up team-by-team as it becomes a more established model. The carefully selected pilot team members will act not only as pioneers to enable their organisation to learn from experience on a small scale before extending the model to others, but also as ambassadors for change among their more cautious colleagues. For more on this, see the section on 'Looking Ahead: Piloting and System Change'. It is also essential that the social workers recruited, or who opt in to work in this way, are highly skilled and of a sufficiently high calibre to be trusted with the decision making power this model instills.



Looking ahead: piloting and system change

The model that has been laid out in this blueprint proposes fundamental change to the way a LA runs its children's social care services. But this kind of change cannot and should not happen recklessly. An overnight shift could be disruptive to children and families, social workers and the broader community, who absorb and manage the risk. It is also important that the proposed model is not implemented in a traditional top-down way, with families and social workers, and the agencies that support them, being on the receiving end of change.³⁶ Any LA wanting to try this approach should work with families and their social workers to tailor the model outlined in this blueprint to their specific context.

To ensure the least disruption is caused to children and families and to best understand how the model can work for a specific LA, piloting it first is the recommended best approach. What follows are two sets of considerations. First, on the enabling conditions that need to be in place for the successful piloting of the model. And second, considerations to bear in mind if radical approaches of this kind are to grow more readily across the system, beyond the pilot. These came from the many conversations with system leaders with experience in fostering innovation in the social care sector, as well as those with health and social care organisations in the UK that are currently experimenting with Buurtzorg-inspired pilots across the UK, that were conducted as part of writing this blueprint.

Enabling conditions for piloting

The below outlines nine conditions fundamental for the successful and effective pilot of the proposed model. These conditions are not exhaustive, and as stated above, any pilot would need to carefully consider the specific LA context, but they provide some guidance for LAs hoping to do this. Many also reflect the 'common features of improved local authorities' that Ofsted outlines in their guidance.³⁷

- 1. Committed and courageous leaders.** The most successful innovation programmes have been led by Directors or Assistant Directors, who are committed pioneers. This is something that is widely acknowledged by the profession, as well as reflected in Ofsted's 'common features of improved local authorities'. In speaking to many of these leaders as part of writing this blueprint, what came through was a common leadership mindset – integral to driving change. This mindset is needed at several (if not all) levels of leadership to foster this culture.
 - A strong vision for the future model and an ability to communicate this with their team
 - An openness to change – they are not afraid to veer away from traditional hierarchy and ways of working

- An ability to hold their nerve in trusting good people to step up. This is not to be confused with blind faith but holding the bar high for the quality of service to be provided to children and families and infusing the service with this expectation
- Driven by success and by demonstrating real impact in their LA, and a willingness to commit to a defined project scale and period of time (i.e. at least 3 years to get a pilot bedded in)
- A willingness to share this vision with their elected members, Chief Executives, and other senior stakeholders, to keep them abreast of what this pilot is, why it matters, and what it will change for the LA

2. **Provision of a 'heat shield'.** Leadership should be committed to protecting and supporting pilot teams, which would require a 'heat shield' – one person whose role is to protect the teams from undue interference with their work while ensuring they have the information they need. This could be the role of a DCS or AD, given their important role in the current system of managing the wider services and navigating the much larger tapestry of council services within which children's social care sits.

Since the pilot teams will be working on the basis of the Team Agreements rather than to the policies and procedures that applied previously and continue to apply elsewhere in the organisation, some managers and others might make demands that would previously have been appropriate but no longer are. Conversely, the pilot teams themselves might sometimes have queries or requests to make of their organisation. The role of the heatshield is to act as a route and filter for these communications during the pilot phase (later the Enabling Team would replace it). In this way, while the autonomy of the pilot teams is protected from undue demands, subject to the Team Agreements, they are made aware of any requirements or expectations of others that are legitimate. It is a role requiring both firmness and tact, and is suited to personnel able to command the confidence and respect of all parties.

3. **Sufficient funding.** This model has been built to work within a LA's existing budget constraints – as evidenced by the case study. That said to pilot this and transition from the current way of working to this model needs sufficient funding. At a high level, it is estimated that it would cost a LA £5-7M (above 'business as usual' costs) to fully transition all teams to this model over a 3 year period.

- This includes an initial 12-month phase for 2 Family Facing Teams (estimated cost £1-1.5M), followed by a 24-month period to ramp up all other teams.
- The complete transition over 36 months assumes that all existing FTE resources in the LA are utilised and reallocated to an appropriate team in the model. The estimate is based on the make-up of the Unnamed LA, and assumes 26 additional FTEs are hired, of which there are 16 in Family Facing Teams, 6 in the Insight Team, and 4 in the Enabler Team.
- This estimate also includes training costs and additional resources for all teams, assuming for Family Facing Team 5 initial training days and 2 monthly training days in their first year, and for the Insight, Enabler and Strategy Team 3 initial training days and 4 training days in their first year.
- The total pilot cost does not include case expenditure, given that all cases would still otherwise require budget.

4. **High quality pilot teams.** Given the level of autonomy the model proposes in the high-risk environment of children's social care, fundamental to a pilot's success are high-performing social workers, with a range of experience. Ensuring that the initial Family

Facing Teams have high standards, this blueprint suggests that senior leadership/the Strategy Team recruit the first 4 people for each pilot team who have opted in (either from within or outside of the LA), and then let them recruit the remaining 4 members of their team. This ensures that the team can trust they have the confident and competent social workers needed to make this pilot a success. Recruitment to these teams should not be a problem; the majority of the social workers interviewed for this blueprint expressed a desire to work in this way, and many team managers consulted said they had many social workers who they would deem confident and competent enough to do so.

- 5. Sufficient scale.** The proposed model is based on the premise of teamwork and support. While it is not possible to change an entire service at once, other LA experiences with innovation have indicated that a pilot is more successful when carried out at some scale. This blueprint recommends having a minimum of 2 Family Facing Teams in adjacent patches, supported by at least 2 experienced practitioners representing the Insight Team and at least 3 administrative support representing the Enabler Team. The full benefits of this model are only realised at full scale so a pilot should be set up with the intention of transforming an entire service within a defined period of time. If central government are serious about empowering social workers they could back a full scale pilot with specific innovation funding.
- 6. Work with local agencies and service providers.** The proposed model promotes a multi-agency, multi-disciplinary approach to supporting children and families. The above section on 'Enabling a multi-agency, multi-disciplinary approach' outlines how relationships between social workers and agencies and local service providers can flourish in the proposed model, if the expectations of the new model are widely understood. But it is important in any attempt to pilot this approach, that this kind of change is implemented with consultation and engagement of local partners. Such engagement will ensure both a smooth transition and minimal disruption to children and families.
- 7. Clarity of team roles and Team Agreements.** Pilot teams should establish distinct team roles and draft the Team Agreements as early as possible. This will clarify the boundaries of authority of the teams and embed collaboration and communication norms within the teams.
- 8. A location suitable for a self-managed, patch-based team ways of working.** Aligned with the principles of the model, the pilot teams should aim to identify a location that minimises travel time for all teams involved and facilitates collaboration within and across teams. This blueprint recommends that teams do not sit in entirely independent spaces however due to the benefits of cross-team collaboration, that can be more easily facilitated if teams are located together. Co-location reduces travel time for the members of the Enabler, Insight and Strategy Teams. If teams moving to locality based spaces is not possible due to funding or space restrictions, the patch-based model should still allow for travel time reductions as teams only need to visit a certain area within a LA.
- 9. Defined measure of success.** Leadership and pilot teams should define their measurement framework (e.g. increased % of time with families, reduced % of time spent on admin, increase in job satisfaction, increased % of family visits done on time) and monitor these indicators throughout the pilot, as well as family feedback. While costs should be monitored, this should not necessarily be a measure of success in the immediate short term, given that a pilot requires high fixed costs and a degree of upfront investment. However, in the long run if the pilot were to be scaled, it would be expected that the model would be at least cost neutral.

BUURTZORG-INSPIRED PILOTS IN HEALTH AND SOCIAL CARE IN THE UK

Buurtzorg Britain & Ireland – a partnership of the social enterprise Public World and Buurtzorg Nederland – has been supporting initiatives to apply its approach in the United Kingdom since 2015. Up to now, it has provided learning and development support and advice to 18 NHS organisations at local levels and 5 at national or regional levels, as well as 5 local government organisations and 4 social care charities. Examples include the Kent Community Health Foundation Trust, Medway Community Health, Kent County Council, Thistle Foundation and Cambridgeshire County Council (see 'Appendix 3' for more details on 4 of their pilots and their evaluations).

All of those initiatives, and their contexts, have unique as well as common features. Most have led to a 'test & learn' phase in which existing or newly established teams have begun to work with greater freedom and responsibility to provide care and support in more person-centred and relationship-based ways, inspired by the Buurtzorg 'onion model'. Some have involved NHS staff only – usually district and community nurses and health care assistants – while others have not provided clinical services and have involved home care workers only. In a couple of cases, the teams have combined nurses with home care workers, and in a couple of others the teams provide support specifically to people with long-term conditions including learning disabilities.

The degree to which the Buurtzorg principles have been applied has also varied, as has the principal focus of experimentation. Some have focused mainly on supporting clients or patients to increase their ability to look after themselves with more involvement of family and local voluntary resources; those initiatives have not necessarily removed hierarchy from the teams. Others have been more concerned with enabling professional autonomy within a framework defining standards of care, teamwork and productivity.

Where organisations have applied the full logic of the Buurtzorg approach, the 'test & learn' initiative has been the first step towards organisational transformation. In that context, the pioneer teams have been protected by a service centre charged with liaising between them and their employer's corporate service departments and reducing the bureaucratic burden. Over time, as self-managed teams grow in number towards becoming the norm, the service centre can develop into a new highly responsive and agile back office.

Lessons from these Buurtzorg-inspired pilots have informed the conditions to pilot of this blueprint.

Considerations for implementation across England's children's social care system

This blueprint sets out a different model for children's social care and the above describes conditions to ensure a LA pilot realises the benefits. However, implementing this beyond the pilot stage and growing radical approaches of this kind more readily across the system requires changing the environment within which children's social care services exist and operate.

Drawn from consultations with over 80 stakeholders, the below factors were highlighted as important to create an environment for models like the proposed ones to truly thrive in children's social care in England.

An enabling regulatory and political environment

- 1. A more supportive regulatory environment.** Many people interviewed as part of this work highlighted how the current regulatory and legislative environment inhibits the potential of this type of system change. As Sue White, Professor of Social Work at the University of Sheffield said in an interview as part of this work “the current environment is inconsumerate with the aspirations of the model outlined in this blueprint”. While the proposed model can deliver significant benefits under current regulation, implementation is likely to encourage practitioners and leadership of LAs to think about how Ofsted inspect and how the DfE can best support their work as they move to a way of working that credits practitioners with more freedom and responsibility.
- 2. Meaningful backing from politicians.** Local and national politicians need to understand that that they are letting go of control and that they need to stand behind this approach to give it a chance to work. A good example of this is happening, where it led to success, is in Bexley, where lead members share the conference floor with the DCS and have weekly meetings with the Senior Leadership Team (SLT). Leaders need to create the space for things to go wrong, for people to fail fast and learn well, and for a new approach to be given the backing to bed in. As Dez Holmes, Director of Research in Practice, said, *“if we want local leaders to share power, we need national leaders to also do the same.”* Politicians should also be warned that this is not a cost-saving initiative, and should not advertise it as such.
- 3. Trusting and supportive system leaders.** Leadership at the local and national level needs to cultivate a culture of trust: and there needs to be a fundamental shift of mindset. Leadership must have faith in practitioners to make the best decisions for families. Equally, practitioners also must trust each other to provide support and advice when needed.

Supportive local infrastructure and collaboration

- 4. A supportive IT system.** LAs should consider how their existing IT system can be leveraged to support teams' work effectively at an individual case level and at a team level, and what changes would be required/desired to improve this further. If funding is available/accessible, LAs could also invest in existing IT or a new system that is designed around the principles of the proposed model to make life easier for social workers and all teams. Some LAs have already or are investing in IT with families in mind, for example FutureGov have been working with Hammersmith and Fulham, Kensington & Chelsea and Westminster for the past year to create a family-centred recording IT system, to which families would have access and be able to contribute. This increases transparency and limits unnecessary reporting for social workers.³⁸
- 5. Supportive partnerships.** Many system leaders consulted as part of the creation of this blueprint flagged that agencies and service provider partners respect, and therefore often demand to work with, traditional LA hierarchies. For instance, one Head of Service in a North of England LA described how often issues between social workers and agencies get escalated up the hierarchy, and are therefore dealt with at manager or leadership level. Whilst the Strategy Team is accountable for the strategic level relationships in the proposed model, it is vital that agencies respect and work directly with Family Facing Teams of social workers to resolve issues and ensure effective partnerships. This requires a cultural shift in the notion of who has ‘power’ in a LA, from all agencies’ point of view.

To enable this shift, agencies and local partners should be brought along in the journey of change, to ensure they fully understand and can support the changes this way of working necessitates.

A ready workforce

- 6. A confident and competent workforce.** As indicated above, the proposed model requires high quality social workers to succeed both in a pilot and in the long term. Individuals must also be assessed as being knowledgeable and skilled in working with families, confident to make decisions and self aware enough to ask for peer support when required. As a result, this may require changes to the way social workers are trained and accredited.
- 7. Training in self-management, peer supervision and teamwork.** A quality, structured training programme is essential in ensuring the team's ways of working is set up for success. A minimum of 3 days training – typical for organisations piloting the Buurtzorg model – would be required for all Family Facing practitioners for understanding self-management and to understand how to interact with their team, with the LA and across the broader system. Peer supervision and teamwork training would be required for practitioners to understand, in detail, the supervision process, their role in their Family Facing Team and how the team talks about cases, risks and issues and quality assurance. In addition, training in solution-driven method of interaction – a method Buurtzorg use to enable teams to focus on solutions rather than risks – could ensure effectiveness and productivity in team meetings.
- 8. Change in recruitment processes.** Given that Family Facing Teams need to have shared values and purpose, and have varying skill requirements, existing recruitment processes and criteria are likely to change. For instance, some UK pilots of the Buurtzorg model have carried out values-based recruitment.



Conclusion

Children's social care is facing significant challenges. However, the system has the advantage of a committed workforce determined to do better. As this blueprint suggests, new ways of working could enable this workforce, already a critical resource for families and children, to have even more impact. Reflecting a broader global movement in organisational thinking and design, this blueprint outlines a proposed model for children's social care that prioritises relationships and skilled interactions with children and families above all else.

Inspired by Buurtzorg, the proposed model seeks to enable social workers to become trusted, accountable team members who are empowered to make high-quality decisions and build relationships that can improve outcomes for children and families. In the model, these individuals are supported through peer supervision in their Family Facing Team, as well as by the broader Insight, Enabler and Strategy teams, whose primary purpose is to help social workers work at their best.

Critically, this blueprint demonstrates that improvements can be made within the current budget constraints LAs face, and within the existing regulatory and legislative environment. At no additional cost, these improvements would result in social workers: spending c.60% more direct time with families; having a c.20% lower caseload; and having c.50% more time for rigorous group supervision.

A transition to this model will be highly challenging, and a significant mindset shift will be needed to put it into practice. However, the benefits will secure better outcomes for children and families, while also addressing longer-term morale and staff retention issues.

This blueprint offers a brave way of doing things differently and has demonstrated that the system doesn't need to wait around for change to happen. It is the hope that LAs, groups of social workers and the DfE can find ways of creating the space to give this a go. This blueprint gives a starting point.



Local authorities have the regulatory freedom to drive meaningful organisational change that can transform the quality of the care they provide – though this is made more difficult by the drastic funding cuts they are experiencing”

Eileen Munro, Emeritus Professor of Social Policy at the London School of Economics and Political Science, in blueprint interview



Appendix

Appendix 1: The Buurtzorg Model

Additional detail on Buurtzorg teams

Teams are based in neighbourhoods, consisting of 8-12 nurses of varying specialisms, qualification levels and experience. Nurses are specialists acting as generalists. Each patient has 2 primary nurses as well as 1-3 additional supporting nurses, who informally oversee the primary nurse's patient care plan. Teams use a solution-driven method of interaction and make decisions by consensus, based on whether nurses can 'live with' the decision. Teams are responsible for monitoring their own performance and are supported by a designated coach who monitors team metrics and is pulled in for advice and support when needed. Organisational team roles are shared and rotated within the team, including a meeting chair, rota-developer, mentor and monitor.

Impact of Buurtzorg in the Netherlands

Buurtzorg increased the quality of care for patients:

- Reduction in length of time patients spend in care, from 168 to 108 hours
- Hospital admissions reduced by 33%, with shorter average stay
- 50% of patients receive care for less than 3 months
- Highest score on Customer Quality index
- Top marks across all inspection categories from Dutch regulator

Buurtzorg reduced costs significantly:

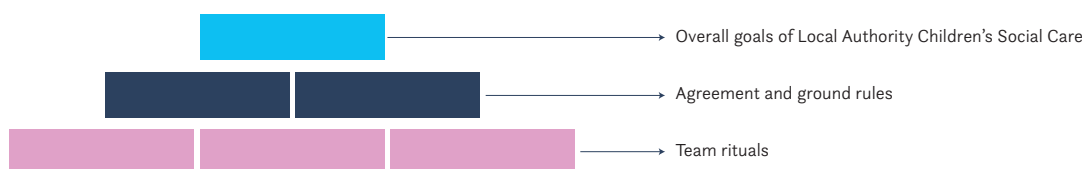
- 40% lower patient costs compared to other home care organisations
- Overhead costs of 8%, compared to Dutch average 25%
- Dutch social care bill would be ~€2bn lower if all home care was provided in the same way

Appendix 2: Self-management structures within Family Facing Teams

A skeleton 'Team Agreements'

In the proposed model, the Family Facing Teams must adhere to an agreed, consistent Team Agreements framework laying out standards of behaviour, boundaries of authority and ground rules. When the model is established, these Team Agreements (the middle layer in *Figure 9*) are designed by Family Facing Teams together with the Strategy Team and are then tested. Once crafted, all Family Facing Teams are bound to these agreements and these are used as standards to guide practitioners' thinking day to day, rather than creating rules for exceptions. These agreements also set the boundaries for when issues arising within the team have to be escalated. If a serious violation of the framework occurs that cannot be solved at the Family Facing Team level (e.g. bullying, violation of safe practice), The Strategy team has a right to intervene.

Figure 9: building blocks for effective self-management achieve in a LA



The Team Agreements can be iterated and reviewed frequently to ensure that they are fit for purpose. In organisations making change informed by Buurtzorg, their framework is typically made up of 3-4 overarching goals (pillars) with a maximum of 8 ground rules underpinning each. Below is an example Team Agreements for a LA. Included are recommended ground rules to encourage family-focused practice, collaboration within teams and respectful relationships within and outside the LA.

Examples of possible 'ground rules' within Team Agreements are listed below, grouped under four pillars:

1. Pillar 1 – Family-focused practice

- Work in partnership with families following the LA practice model and values (e.g. Signs of Safety, relationship practice etc.)
- Act professionally and in a friendly way when interacting with children and families, always having their best interests at heart and ensuring that each family has a clear point of contact within the patch.
- Each professional and each team accept those requests for care that fit their capacity and expertise, otherwise they defer to other team members or the Insight team as required.

2. Pillar 2 – Decision-making, collaborative practice and compliance with ground rules

- Refer decisions beyond the authority of the team to the Strategy Team. These relate to three types of decisions: 1) whether to initiate care proceedings; 2) whether to conduct an independent assessment; and 3) whether to place or change the placement of a child.

- Team decisions (e.g. about budget and caseload) are made by consensus using a methodology that allows for experimentation and review to encourage solution-focused action rather than stifling innovation.

3. Pillar 3 – Collaborative practice within teams

- Ensure that caseload is healthy and balanced for all members of the team
- Teams are responsible for drawing from the Enabler and Insight team resources when appropriate
- Team members are respectful to one another and are responsible for supporting each other when additional support or supervision is required
- Team members are responsible for identifying families requiring additional discussion and to flag issues with the relevant team especially when there has been a violation of the Team Agreements
- Team members ought to record what is useful for the family and for you and share the relevant information with other Family-Facing teams or the Enabler team as required
- Teams must have discussed all families once a month, to ensure minimum oversight

4. Pillar 4 – Respectful relationships within and outside of the LA

- Maintain strong relationships with the other Family Facing Teams as well as the Enabler, Insight and Strategy Teams
- Maintain and strengthen relationships with local agencies and other partners to provide holistic care

Team rituals

Family Facing Teams also should develop their own “rituals” to facilitate effective working practices (the bottom layer in *Figure 9*): supporting each other, working together, resolving issues and complying with the Team Agreements. For example, potential rituals could include:

- Frequency and duration of team meetings – e.g. weekly 3 hour meeting
- Ad hoc interaction within teams – e.g. can phone anyone in the team 9am-9pm
- Support within teams – e.g. dedicated team member is available for individual support session
- Frequency and approach to peer review / group supervision / quality assurance – e.g. each team member allocated another team member to review monthly by attending home visit with them and viewing recording practices
- Retrospective / reflection sessions to ensure lessons from mistakes are made, and the teams adapt their ways of working as a result – e.g. in response to a SCR
- Definition of team roles – e.g. budget manager, resourcing/recruitment, agency relationship manager, team wellness and health, case allocator, mentor for AYSEs (see further details below)

Team roles

Family Facing Teams also include defined roles to help teams structure their self-management. These roles rotate as agreed by teams. Potential roles could include:

- ‘Team treasurer’ who oversees team spending and facilitates team budget discussions

- 'Team backer' who ensures team members are receiving the emotional support they need and advises where social workers can go to seek support outside of the team if needed
- 'Team planner' who would organise and facilitate team supervision sessions
- 'Team performance lead' who would facilitate any HR issues within the team, as well as driving recruitment and hiring decisions
- 'Team connector' who ensures the team are best utilising the community services that exist in their patch
- 'Team learning and development lead' who ensures the team's learning and development needs are being met and scans for opportunities across teams
- Any other roles the team determines as important to enable effective functioning

Appendix 3: Lessons from the Buurtzorg-inspired 'test & learn' initiatives in the UK

Description of four pilots

Buurtzorg Britain & Ireland supported test & learn initiatives across NHS and social care organisations. These include the following:

- **The Aberdeen City Health and Social Care Partnership** ran a test & learn in 2018 project involving the creation of two new teams composed of district and community nurses employed by the NHS and home care workers employed by Bon Accord Care, a local authority trading company wholly owned by Aberdeen City Council.
- **Guy's and St Thomas's NHS Foundation Trust**, in partnership with the London boroughs of Lambeth and Southwark, established in 2017 two 'test & learn' Neighbourhood Nursing teams composed of district and community nurses and health care. They are still operating, and it is understood that the trust intends to expand with further teams.
- **Tower Hamlets Together**, a multi-agency partnership co-ordinated by East London NHS Foundation Trust, established one 'test & learn' team of community nurses and a healthcare assistant in April 2017, as part of the NHS Vanguard programme.
- A partnership of **West Suffolk NHS and local government organisations** established one 'test & learn' team of nurses in 2018.

Lessons from the evaluation reports

Burgeoning evidence arising from 'test & learn' initiatives supported by Buurtzorg in Britain show improvement in quality of care and working lives alongside potential financial savings. Formal evaluations were conducted on the four pilots described above. The following points summarise the lessons from those:

1. **Nurses and other care professionals and workers enjoy the greater freedom and responsibility that comes with self-managed teams.** As the Guy's and St Thomas's evaluation put it: "The NN (Neighbourhood Nursing) team members described their high level of job satisfaction and very positive experience of the collaborative ways of working within the team. Their control over a number of aspects of their working lives contrasted with that reported by the staff in the wider district nursing (DN) service. These were aspects the DN service staff described as frustrations and problems".³⁹
2. **The people served by the teams also experience the change very positively.** In the Aberdeen evaluation, it was found that patients were very satisfied with the support they received, with a mean satisfaction score of 4.9/5.⁴⁰ Similar positive results were found in the Guy's and St Thomas NHS trust evaluation, where individual patients could describe how this change had resulted in direct improved clinical outcomes compared to previous experience of district nursing.⁴¹
3. **The level, growth and sustainability of those benefits to staff and the people for whom they care depend on a number of factors**, including:
 - a. Clarity and primacy of purpose is key. For example, in the early days of the West Suffolk test-and-learn nursing team members were able to spend time really listening to patients, and understand their mandate to act.⁴²

- b. A clear and simple framework setting out the goals of the teams and the boundaries of their responsibility, developed initially and improved over time through dialogue.
 - c. Timely provision of organisational and administrative support infrastructure, including suitable IT. The Guy's and St Thomas's evaluation found that it was important to have 'back office' support in place before the nursing team started.⁴³ However, the design of that infrastructure also benefits from the experience of the teams themselves, which suggests the need for agile services able to flex responsively.
 - d. Organisational and system leadership commitment to overcoming challenges to growth, including supporting professional autonomy with necessary administrative changes. "There was an on-going tension described as to whether a self-managing team was fully understood, recognised and allowed to function within a very large, multi-layered, organisation. However, the model allowed the NN team to innovate in their working practices and this offers opportunities for wider spread and learning".
 - e. Investment in the learning and development support for self-managed teams and their coach. "Learning to work in a non-hierarchical way requires just that, learning. Teams need extensive support and time to develop and practise new ways of working together, fathoming out issues such as: how will we make decisions? How will we manage disagreements?".⁴⁴
4. **Allow time and space for organic growth without forcing it.** The West Suffolk site for example was lucky to benefit from support among senior leaders, who were effective in providing the team with a 'heatshield' from the wider performance demands of the system. But "there was a tension between a desire to learn and discover what this model could really do for care; and a (at least perceived) need to prove its impact, particularly in reducing demand for acute services. The former tells you to slow down and move at the pace of the work, and the latter pushes for quick evolutions to a bigger scale in an effort to show effect, to the detriment of establishing something truly effective and sustainable".⁴⁵
5. **Realisation of financial benefits requires not only sufficient time but also a systemic perspective.** The Frontier Economics study in Tower Hamlets found that the monthly cost per service user of the 'test & learn' exercise was £277 more than 'business-as-usual'.⁴⁶ This was unsurprising, since the 'test & learn' involved a start-up team over a short time span, with the number of people served growing from scratch. Nevertheless, the study also identified £233 per month savings to the wider system as a result of:
- a. 50 – 70% fewer GP call-outs;
 - b. 25 – 50% fewer accident and emergency hospital attendances;
 - c. 30 – 50% fewer unscheduled hospital admissions;
 - d. Up to 20% reduction in home care needs.

In addition, the researchers postulated but did not quantify savings arising from reduced need for residential care.

Appendix 4: Methodology

In creating this blueprint, extensive engagement with over 80 social workers, system leaders, academics, and parents and family rights groups was sought. One-on-One interviews were conducted with 51 participants: including representatives from Ofsted, BASW, the What Works Centre for Children's Social Care, the DfE and Principal Social Worker Network, social workers from many different LAs, and the Family Rights Group. For details of parties interviewed see [Table 2](#) below.

Please note that parents interviewed requested to remain anonymous, as did some other system leaders and social workers from local authorities and influential organisations in the sector. These are therefore not listed in the below table.

In addition, focus groups were also conducted with an additional 30+ social workers from different LAs, some of whom actually wrote sections of this blueprint.

Table 2: list of interviewees, excluding those who wished to remain anonymous.

Name	Role / Title	Organisation
Alice Miles	Director of Strategy & Policy	Children's Commissioner for England
Alice Peatling	Group Manager	Havering Local Authority
Alison Callan Day	Head of Business Management	Havering Local Authority
Andy Brogan	Founding Partner	Easier Inc
Anna Bacchoo	Head of Practice	What Works for Children's Social Care
Becca Dove	Head of Early Help Family Support	Camden Local Authority
Brian Green	Deputy Director of Nursing and Quality	East Cheshire NHS Trust
Charlotte Kirin	Neighbourhood Cares Worker	Cambridgeshire Council
Claudia Megele	Chair	National Principal Children & Families Social Worker (PCFSW) Network
Dave Tapsell	Head of Systemic Practice	Havering Local Authority
David Wilkins	Senior Lecturer	Cardiff University
Dez Holmes	Director	Research in Practice
Edel Harris	Chief Executive	Cornerstone
Eileen Munro	Emeritus Professor of Social Policy	London School of Economics and Political Science
Ewan King	Chief Operating Officer	Social Care Institute for Excellence
Gary Jones	Head of Service	Havering Local Authority
Gillian Ruch	Professor of Social Work	University of Sussex
Glen Peache	Head of Family and Care Resources	Kensington and Chelsea Local Authority
Helen Harding	Head of Service Early Help	Havering Local Authority
Helen Sanderson	Founder	Wellbeing Teams
Ian Dodds	Managing Director	Achieving for Children

Isabelle Trowler	Chief Social Worker for Children and Families	Department for Education
Jacky Tiotto	Chief Executive	The Children and Family Court Advisory and Support Service (CAFCASS)
Jenny Molloy	Care experienced speaker and trainer	Hackney Local Authority
Jeremy Gleaden	Senior Social Care Her Majesty Inspector	Ofsted
Kathy Evans	Chief Executive	Children England
Keri O'Riodran	Professional Officer	British Association of Social Workers (BASW)
Maris Stratulis	National Director England	British Association of Social Workers (BASW)
Mary Jackson	Chief Programmes Officer	Frontline
Micheala Berry	Practice Supervisor	Lincolnshire Local Authority
Michelle Hayden-Pepper	Assistant Director of Safeguarding	Lambeth Local Authority
Nick Pendry	Director of Early Help and Children's Social Care	Croydon Local Authority
Pam Ledward	Principal Social Work Adviser and Lifelong Links Project Director (UK)	Family Rights Group
Rachel Freeman	Team Manager	Lincolnshire Local Authority
Rachel James	Senior Social Worker	a London council
Robert South	Assistant Director Children's Services	Havering Local Authority
Ruth Allen	Chief Executive	British Association of Social Workers (BASW)
Ryan Wise	Practice Development Manager	Social Care Institute for Excellence
Sarah Wright	Director of Children and Families	Hackney Local Authority
Stephen Rice	Principal Social Worker	a London council
Steve Walker	Director of Children's Services	Leeds Local Authority
Stuart Ashley	Assistant Director of Children's Services	Hampshire Local Authority
Tania Eber	Coach and Organisational Development Consultant	Public World
Tim Fisher	Family Group Conference Service Manager	Camden Local Authority
Toby Lowe	Senior Lecturer in Public Leadership and Management	Northumbria University
Wendy Lansdown	Neighborhood Cares Worker	Cambridgeshire Council
Yvette Stanley	National Director for Social Care	Ofsted

Bibliography

Barclay report (1982) *Social Workers: Their Role and Tasks*, http://www.socialwork.ed.ac.uk/centenary/timeline/events/barclay_report_published

Bennett, Andrew & Yiu, Chris (2019) *Transforming Government for the 21st Century*, <https://institute.global/insight/renewing-centre/transforming-government-21st-century>

British Association of Social Workers (BASW) (2018) *80-20 Campaign Final Report*, <https://www.basw.co.uk/resources/80-20-campaign-final-report-2018>

British Association of Social Workers (BASW) (2017) *Scaling and Deepening the Reclaiming Social Work Model*, <https://www.basw.co.uk/resources/scaling-and-deepening-reclaiming-social-work-model>

Buurtzorg (2019) *Buurtzorg Web*, <https://www.buurtzorg.com/innovation/buurtzorg-web/>

Centre for Public Impact (CPI) (2018) *Enablement: How governments can achieve more by letting go*, <https://www.centreforpublicimpact.org/the-enabling-state-how-governments-can-achieve-more-by-letting-go/>

Centre for Public Impact (CPI) (2019) *The Shared Power Principle*, <https://resources.centreforpublicimpact.org/production/2019/07/WEB-CPI-Shared-Power-Principle.pdf>

Children's Commissioner's Office (CCO) (2019) *Stability Index: Children's voices*, <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-childrens-voices-childrens-experiences-of-instability-in-the-care-system-july-2019.pdf>

Cummings, Dominic (2014) *My essay on an 'Odyssean Education'*, <https://dominiccumings.com/the-odyssean-project-2/>

Department for Education (DfE) (2019) *Experimental Statistics: Children and family social work workforce in England year ending 30 September 2018*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/782154/Children_s_social_work_workforce_2018_text.pdf

Department for Education (DfE) (2018) *Improving the educational outcomes of Children in Need of help and protection*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762826/Children_in_Need_of_help_and_protection-Interim_findings.pdf

Department for Education (DfE) (2019) *Longitudinal Study of Local Authority Child and Family Social Workers (Wave 1)*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/826965/LongCAF_Wave1_report_IFF_DfE_August19.pdf

Department for Education (DfE) (2019) *Longitudinal study of local authority social workers*, <https://www.gov.uk/government/publications/longitudinal-study-of-local-authority-social-workers>

Department for Education (DfE) (2019) *North Yorkshire: No wrong door*, <https://innovationcsc.co.uk/projects/no-wrong-door/>

Department for Education (DfE) (2016) *Children's Services: Spending and delivery*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535043/Childrens_services_spending_delivery_report_Aldaba{EIF_July_2016.pdf

Department for Education (DfE) (2016) *DfE Strategy 2015-20: World-class education and care*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/508421/DfE-strategy-narrative.pdf

Department for Education (DfE) (2016) *Putting Children First: Delivering our vision for children's social care*, <https://www.gov.uk/government/publications/putting-children-first-our-vision-for-childrens-social-care>

Department for Education (DfE) (2011) *Munro Review of Child Protection: A child-centered system*, <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

Department for Education (DfE) (2010) *Social Work Practices: Report of the National Evaluation*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/183309/DFE-RR233.pdf

Drennan, Vari, Ross, Fiona, Saunders, Mary, and West, Peter (2017) *The Guy's and St Thomas's NHS Foundation Trust Neighbourhood Nursing Team Test and Learn project of an adopted Buurtzorg model*, <https://eprints.kingston.ac.uk/40416/1/The%20Guy%e2%80%99s%20and%20St%20Thomas%e2%80%99%20NHS%20Foundation%20Trust%20Neighbourhood%20Nursing%20Team%20an%20early%20view%20evaluation%20report%20%202017%20FINAL%20WEB%20VERSION%20December.pdf>

Early Intervention Foundation (2018) *Building trusted relationships for vulnerable children and young people with public services*, <https://www.eif.org.uk/report/building-trusted-relationships-for-vulnerable-children-and-young-people-with-public-services>

Family Rights Group (2018) *Care Crisis Review: Options for change*, https://www.frg.org.uk/images/Care_Crisis/CCR-FINAL.pdf

FutureGov (2019) *Rethinking Children's Social Care*, <https://www.wearefuturegov.com/work/tri-borough-children-s-service>

Gov.uk (2018) *Children's Social Work Workforce*, <https://www.gov.uk/government/statistics/childrens-social-work-workforce-2018>

Hertfordshire County Council (2019) *Hertfordshire's pioneering approach to family safeguarding to be rolled out*, <https://www.hertfordshire.gov.uk/about-the-council/news/news-archive/hertfordshires-pioneering-approach-to-family-safeguarding-to-be-rolled-out>

HM Government (2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

House of Commons Library (2019) *Children's Social Care Services in England*, <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8543>

House of Commons Library (2018) *Children's Social Care in England*, <http://researchbriefings.files.parliament.uk/documents/CDP-2018-0208/CDP-2018-0208.pdf>

Human Reliability Associates (2010) *Reclaiming Social Work: London Borough of Hackney Children and Young People's Services*, <https://www.whatdotheyknow.com/request/51132/response/130736/attach/4/1%202816227%20RSW%20FINAL%20Report%20Sept%202010.pdf>

Institute for Public Policy Research (IPPR) (2012) *The Relational State*, https://www.ippr.org/files/images/media/files/publication/2012/11/relational-state_Nov2012_9888.pdf

Leask, Calum & Gilmartin, Andrea (2019) *Implementation of a neighbourhood care model in a Scottish integrated context- views from patients*, <https://www.aimspress.com/article/10.3934/publichealth.2019.2.143>

Legislation.gov.uk (2017) *Children and Social Work Act 2017*, <http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

Local Safeguarding Children Board Haringey (2009) *Serious Case Review: Baby Peter*, https://www.haringeylscb.org/sites/haringeylscb/files/executive_summary_peter_final.pdf

Ofsted (2019) *Children's Social Care in England 2019*, <https://www.gov.uk/government/publications/childrens-social-care-data-in-england-2019/childrens-social-care-in-england-2019>

Ravlier, Jermaine (2018) *UK Social Workers: Working Conditions and Wellbeing*, https://www.basw.co.uk/system/files/resources/basw_42443-3_1.pdf

The King's Fund (2019) *Going Dutch in West Suffolk: learning from the Buurtzorg model of care*, <https://www.kingsfund.org.uk/blog/2019/09/buurtzorg-model-of-care>

Tilda Goldberg Centre for Social Work and Social Care (2018) *Reclaiming Social Work? An Evaluation of Systemic Units as an Approach to Delivering Children's Services*, <https://core.ac.uk/download/pdf/30322069.pdf>

University of Sheffield (2018) *Care Proceedings in England: The case for clear blue water*, https://www.sheffield.ac.uk/polopoly_fs/1.812158!/file/Sheffield_Solutions_Clear_Blue_Water_Full_Report.pdf

What Works for Children's Social Care (2019) *Darlington Change Project: Devolved budgets*, https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_interim_report_Devolved_Budgets_Darlington_Aug_2019.pdf

Wilson, Cavin (31 January 2019) *Frontier Economics to Neighbourhood Care Team, presentation at Shared Learning Event*, East London NHS Foundation Trust

References

1. DfE (2018) *Improving the educational outcomes of Children in Need of help and protection*
2. Early Intervention Foundation (2018) *Building Trusted Relationships*
3. CCO (2019) *Stability Index: Children's voices*
4. DfE (2019) Gov.uk (2019) *Children's Social Work Workforce 2017-2018*
5. BASW (2018) *80-20 Campaign Final Report*
6. BASW (2018) *80-20 Campaign Final Report*
7. DfE (2019) *Children's Social Work Workforce 2017-18*
8. BASW (2018) *80-20 Campaign Final Report*
9. Ravalier (2018) *UK Social Workers: Working Conditions and Wellbeing*
10. DfE (2019) *Experimental Statistics*
11. CCO (2019) *Stability Index: Children's voices*
12. Ibid.
13. Ibid.
14. DfE (2011) *Munro Review of Child Protection*
15. Bennett & Yiu (2019) *Transforming Government for the 21st Century*
16. IPPR (2012) *The Relational State*
17. Cummings (2014) *My essay on an 'Odyssean Education'*
18. CPI (2019) *The Shared Power Principle*
19. Barclay Report (1982) *Social Workers: Their Role and Tasks*
20. DfE (2010) *Social Work Practices: Report of the National Evaluation*
21. DfE (2011) *Munro Review of Child Protection*
22. DfE (2016) *Putting children first: our vision for children's social care*
23. CPI (2018) *Enablement, how governments can achieve more by letting go*
24. DfE (2019) *Longitudinal Study of Local Authority Child and Family Social Workers (Wave 1)*
25. BASW (2018) *80-20 Campaign Final Report*
26. What Works for Children's Social Care (2019) *Social Workers based in Lambeth Schools*
27. DfE (2019) *Children's social work workforce 2017 to 2018*

28. When applied to a LA case study, it was shown that due to the movement of former non-case holding managers into Family Facing Teams and thus increasing the number of social workers working with families, caseloads reduced by 21%. A reduction of 21% of the 17.4 case average as recorded by the DfE would result in caseloads of approximately 14 children per social worker. For more detail, see 'Benefits of the proposed model' section.
29. Buurtzorg (2019) *Buurtzorg Web*
30. DfE (2019) *North Yorkshire: No Wrong Door*
31. Hertfordshire County Council (2019) *Hertfordshire's pioneering approach to family safeguarding to be rolled out*
32. A number of assumptions the LA provided were cross checked against other LA data to ensure there were no outliers, in terms of how social workers spend their time, the levels of management, the amount of processes etc.
33. Average across CIN, CPP and CLA cases. CIN and CPP average caseload is higher, while CLA average caseload is lower.
34. 15.8% based on weighted average across Social Workers, Deputy Team Managers and Team Managers in the current system.
35. Legislation.gov.uk (2017) *Children and Social Work Act 2017*
36. This was a key learning from the DfE (2010) *Social Work Practices: Report of the National Evaluation*
37. Ofsted (2019) *Children's Social Care in England in 2019*
38. FutureGov (2019) *Rethinking Children's Social Care*
39. Drennan et al (2017) *The Guy's and St Thomas's NHS Foundation Trust Neighbourhood Nursing Team Test and Learn project of an adopted Buurtzorg model*
40. Leask & Gilmartin (2019) *Implementation of a neighbourhood care model in a Scottish integrated context*
41. Drennan et al (2017) *The Guy's and St Thomas's NHS Foundation Trust Neighbourhood Nursing Team Test and Learn project of an adopted Buurtzorg model*
42. The King's Fund (2019) *Going Dutch in West Suffolk: learning from the Buurtzorg model of care*
43. Drennan et al (2017) *The Guy's and St Thomas's NHS Foundation Trust Neighbourhood Nursing Team Test and Learn project of an adopted Buurtzorg model*
44. Ibid.
45. The King's Fund (2019) *Going Dutch in West Suffolk: learning from the Buurtzorg model of care*
46. Ibid.
47. Wilson (2019) *Frontier Economics presentation to Neighbourhood Care Team*



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