Department of Health

Named Social Worker

Learning Report

Contents

The Department of Health has initiated this programme in order to build an understanding of how having a named social worker can contribute to individuals with learning disabilities, autism or mental health needs achieving better outcomes; specifically that they and their family are in control of decisions about their own future, and are supported to live with the dignity and independence which we all strive for.

This programme is specifically about trying something different, piloting new ideas and generating early and indicative evidence as to their impact.

Introduction

This second report of three outlines the experience of 6 sites piloting an approach to a named social worker.

In the first report we set out the hypotheses which each of the sites are testing; these are very varied and reflect the deeply contextual systems in which teams work with people with learning disabilities.

In this report we provide more information about how each of the sites are getting on, detailing the specifics of what they consider the role to entail as well as some of the lessons they are learning through implementation and their further thoughts on evaluation.

Introduction

Evaluating a pilot like this is hard. In the first report we set out the sites' initial thinking about what they wanted to measure and some ideas on how they will do so. Our third and final report will focus on evaluation, whilst here we look at what it means to be a learning organisation, being responsive and adapting through experience.

This project was initiated to explore what a named social worker might look like for people with learning disabilities, autism or mental health issues, however, for the 6 months of the pilot, all of the sites are focusing on people with learning disabilities.

Despite this, sites such as Liverpool and Sheffield are asking themselves what they can learn from this pilot, in particular about social work practice, which is applicable across a much wider cohort.

These sites are asking themselves the question:

'What is it that makes a named social worker different, and how can we make that part of normal social work practice?'

A number of sites are less focused on what good social work practice looks like, and are looking instead at how a named social worker role can be used to generate systemic change. For example, in Camden and Nottingham, they are testing the contribution of a named social worker who has specific functions beyond the core work of a social worker with individuals.

Interestingly in Hertfordshire, they are taking an approach which combines changing the dynamic between the individual and their social worker, and using that as the way to elevate the voice and contribution of the social worker in the broader ecosystem of professionals. By becoming experts in 'user- centredness' their contribution and influence in professional discussions is clear and unique.

Not a dissimilar approach, but with a slightly different emphasis, in Calderdale, the intention is that by applying deeply values-driven practice, social workers will be modelling a way of working which demands changes from professionals elsewhere in the system.

Introduction

Whilst the intention of the programme is to pilot what a named social worker might look like, none of the sites see this as an isolated piece of work, independent from the other improvement and development work that they are doing to deliver a better service for people in their community with learning disabilities.

This means that they are all building on their existing models whilst also producing a range of structures, processes and insights which will endure beyond the end of the pilot.

What this looks like in each site varies from building a whole new operating model for the learning disabilities team, to resetting relationships with core stakeholders such as providers or ATU staff; from building the skills of a core team to service wide initiatives to spread best practice.

The sites' evaluations will indicate whether the named social worker models are moving them towards their target outcomes and inform a business case for continued investment, but the broader impact of the work in transforming their teams provision has already begun.

The pilot runs until the end of March 2017, after which we will publish a final report gathering the insights that the sites have generated over the period.

Of course, over 6 months it will not be possible to fully establish the contribution that a named social worker is able to have, with a clear cost benefit analysis and a business case for investment.

However, the sites have been focused on building clear feedback loops so that even in the absence of solid data on long term impacts, they are collecting a range of insights and learnings to generate an objective understanding of the impact that the named social workers have had, and which should be informative to anyone considering a named social worker approach.

All indications at this stage are that the end of the pilot will neither result in the end of this work nor be the end of their journey's to use the learning from this pilot to improve the outcomes of the individuals they work with. The legacy of this investment will continue to be seen.

Introduction

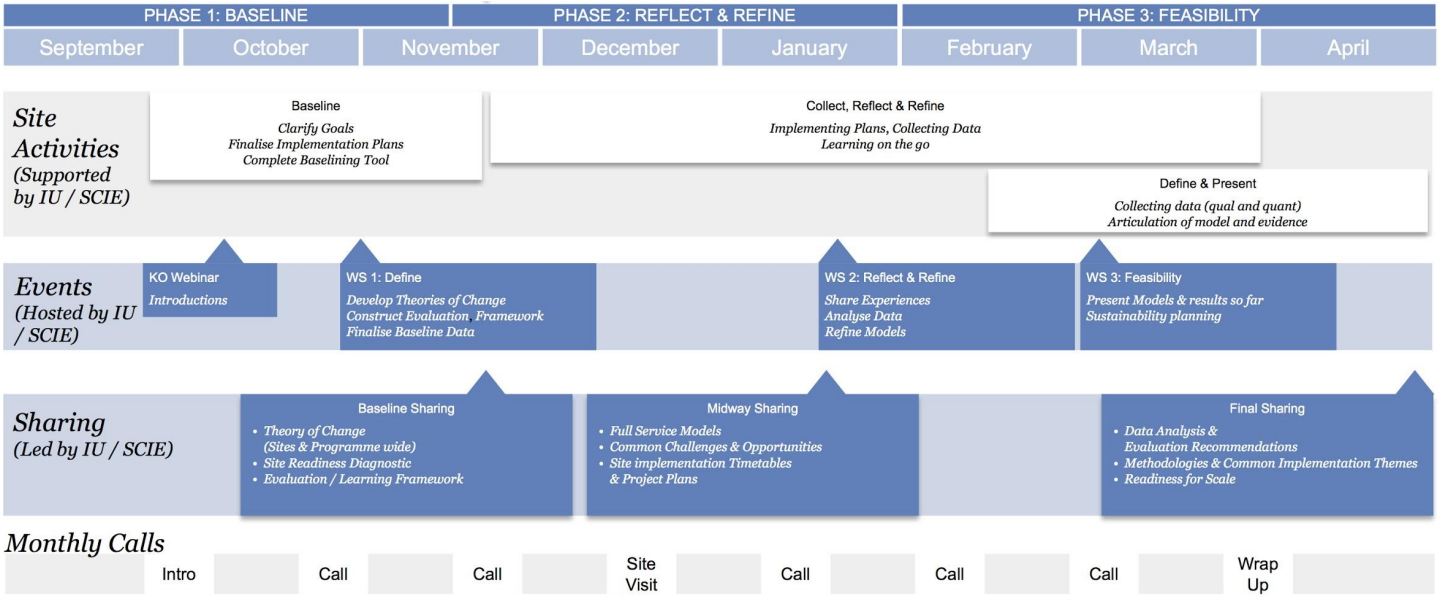
The purpose of the NSW programme is to:

- Design, implement and refine the role of a named social worker across six sites,
- Evaluate the impact that the NSW has had in each site on the lives of individuals with learning disabilities, mental health conditions and autism,
- Analyse learning from across the six sites about the implementation and impact of the models,
- Share insights and tools with the sector.

The programme is split into three phases:

- **Baseline** - articulating the model and planning for implementation.
- **Reflect & Refine** - gathering data and reflecting on learning.
- **Feasibility** - presenting models, analysing data and planning for sustainability.

In each of these phases there will be: ongoing coaching support for sites from Innovation Unit and SCIE, a whole-programme workshop and a report that shares activities, insights and learning.



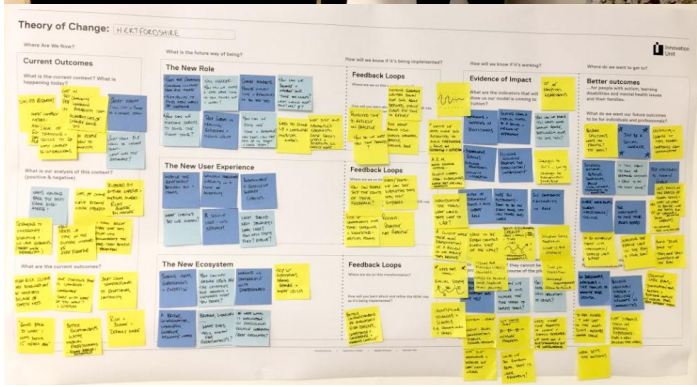
Implementation across the 6 sites

Implementation across the 6 sites

Implementing and evaluating the named social worker pilots

This programme is specifically about trying something different, piloting new ideas and generating early and indicative evidence as to their impact. The first job of the sites was to articulate their Theory of Change. Now they are testing this Theory of Change, implementing their models and establishing the best ways to evaluate the success they have had.

The following pages contain highlights from each of the sites from their implementation of the pilot. The information is arranged to help you compare and contrast sites, and to identify which may have more or less in common with your organisation or situation. These are not designed to be comprehensive, rather to surface interesting insights from the different sites relating to their vision, implementation and evaluation.



Implementation in Calderdale

Calderdale Council

"We're being a little bit disruptive..."

Organisation:
Metropolitan borough with mixed rural / urban and a dedicated learning disability / autism team

Population:
Mixed affluence/ deprivation; 90% white popn; largest BME group - Pakistani background

Current NSWs: 4
Target beyond pilot: 4
Total Team Size: 13 ***Total Cohort:*** 650
Current size / ratio of NSW user cohort:
35 (8 in-patients; 4 at risk of admission; 23 in transition)

Vision and Role

Vision
To work alongside people with learning disabilities to develop a social work-client relationship in which power and control meaningfully shift to the individual, and which is based on full respect for individuals' human rights.

3 key responsibilities of the NSW

- Supporting young people in transition to shape a future for themselves in their community.
- Working with self-advocates to build a social work approach based on partnership and power-sharing.
- Helping to develop, and share with health colleagues, an approach to risk management that looks at more than medical and psychiatric issues.

Implementation and Learning

Different approaches for different cohorts
Calderdale is finding that NSW practice varies between cohorts. With people in transition, it is about shifting control to the young people themselves. With the in-patient cohort, the focus is unjamming situations in which people are stuck in ATUs, in part by tackling medical assumptions about what works best. With all cohorts, the model of the reflective-active practitioner is informing the work people are doing.

Shifting power from the state to individuals
The work will involve shifting power from the state to individuals, using social workers' unique understanding of power dynamics. The effort is part of an ambitious long-term plan for Calderdale learning disability services, which explore different ways to work in partnership with individuals and health colleagues over time.

Evaluation

There are two main strands to Calderdale's evaluation approach. The first is working with self-advocates, to garner a baseline sense of how individuals and families experience the system now, and how they experience the new approaches being piloted. Alongside this, Calderdale are using the Health Equalities Framework (HEF) domains to create a baseline and then track individuals' outcomes against the HEF measures as they proceed through the pilot.

Calderdale is being supported by Lancaster University with this work, and the NSWs will have reflective interviews with people from the university to gather further information. Lancaster University will also conduct a workshop with individuals being supported during the pilot.

Next Steps: Build on their developing approaches to deliver effective social work to their identified cohort. Draw up an evaluation plan. Hold an event at Lancaster University to help named social workers develop their critical reflective practice.

Implementation in Camden

Camden

"We believe that the NSW should hold the system to account."

Organisation:
Heavily urbanised inner London borough with dedicated learning disability / autism team

Population:
Affluent areas / significant deprivation. 34% BME popn, & high nos. of non-British white people. Young popn.

Current NSWs: 2
Total Team Size: 13
Total Cohort: 670
Current size / ratio of NSW user cohort:
6 in-patients + 8 on the 'at risk' register

Vision and Role

Vision
Modelled on the Independent Reviewing Officer (IRO) role in children's services, Camden's vision is to develop a better understanding of the challenges faced by individuals, in order to support them to navigate the system, and to develop a more preventative approach to managing difficult periods.

3 key responsibilities of the NSW

- Meeting with individuals and families, to understand hopes and difficulties.
- Attending Care & Treatment Reviews (CTRs) and other planning meetings to make sure the voice of the individual is heard and acted upon, sometimes involving professional challenge.
- Supporting allocated social workers in their work with individuals, and their practice more generally.

Implementation and Learning

Quality assurance and support
The two NSWs have started attending CTRs to ensure the needs of the individual are central; to debate with other professionals if the focus wavers from the individual's needs; and to support the allocated social worker in their role.

Working with the health system
This approach involves an element of challenge to multi-disciplinary systems. Camden have involvement from the CCG on their project steering group, so strategic co-operation sits alongside a dynamic of greater front-line challenge. The novel and non-statutory nature of the NSW role means it is the subject of question and challenge itself. Through the pilot, the team are starting to generate information on themes such as how power can be shared and complex systems navigated.

Evaluation

Camden are mixing qualitative and quantitative measures to test if and how they are moving towards their desired goals. The former will come from baseline and exit interviews by the NSWs with individuals and families, to tease out elements of the user experience.

The CANDID-S tool will provide quantitative data on health and lifestyle outcomes, and third-party data such as admission figures, increased staffing, and the use of emergency medication are being considered to supplement this.

Camden's take on the pilot is clear and specific, so the field in which evaluation takes place can helpfully be defined quite precisely.

Next Steps: Finalise the evaluation plan and use it to shape ongoing learning. Develop the role to focus on the power of effective multidisciplinary working in order to prevent crises and in-patient admissions.

Implementation in Hertfordshire

"Working with our 'expert by experience' has really changed the way that we work"

Organisation:
County Council with dedicated learning disability / autism team.

Population:
Mix of rural and urban

Current NSWs: 8, with 1 case each
Target beyond pilot: all 40 SWs to be NSWs with one case each
Current size / ratio of NSW user cohort:
1 per NSW with aim to get to 2 per NSW.
NSW's have 17-30 general cases in addition.

Vision and Role

Vision
Hertfordshire's vision is to build a model and working culture that is resilient against fluctuations in funding. They are doing this by focusing on training, upskilling with tools and building the knowledge of NSWs. They want this effort to also position the NSW as a lynchpin for other services and a representative of the service user. They see a tension between being user-centred and delivering at scale.

3 key responsibilities of the NSW

- Finding creative, user-centred ways to include the voice of service users in planning and implementing support.
- Building and maintaining the NSW's knowledge of community organisations and assets to improve individuals' options, experience and outcomes.
- Representing the individual's experience and care needs amongst other professionals in order to ensure parity between medical and social models.

Implementation and Learning

Testing and spreading new ways of working
Hertfordshire are gathering and experimenting with new tools and training. They understand that investing in staff and improving their satisfaction and retention will help sustain the NSW model.

They are also making solid steps towards sustaining the initial NSW team of 8 beyond the pilot and building a NSW practice that can improve experiences for many of those they serve. This initial team of 8 will spread the practice in the future both formally (tools and knowledge transfer) and more organically (e.g. collaborative working) throughout their team of 40.

Connecting with individuals and the community
Hertfordshire have co-designed new service ideas with 'experts by experience'. They are gathering insights on user choice and needs to leverage against system demands.

They are building their knowledge of community organisations and options for support beyond the medical model, and looking beyond their LA to ask: 'What does good community care look like?'

Evaluation

Hertfordshire's evaluation approach is balanced between qualitative and quantitative, and varied in the methods being deployed to gather data on outcomes for individuals and service outcomes that help indicate the effectiveness of the model and the progress of its implementation.

The experienced NSW pilot team know many common-sense and long term approaches to be effective. But the perennial challenge will be to collect and present evidence of this as a way of articulating the value of the model and the case for its expansion and continuation.

They are including service users in the process and their qualitative research on the experiences this opens up will be an important part of this. So too will connecting bottom-line metrics such as how the NSW model enables more proactive and preventative work that reduces hospital admissions and blue light meetings.

Next Steps: Document the impact of including the voice of individuals in services and share new approaches to inform future ways of working. Prototype how to best articulate data on the named social worker to argue the case for its continuation with different stakeholder audiences and funders. Explore the relationships between different professionals and how social workers (including named social workers) are perceived.

Implementation in Liverpool

Liverpool City Council

"We're enhancing the model to allow a better understanding of underlying issues and history, so we can stop the revolving doors between inpatient and residential care."

Organisation:
Metropolitan LA with a generic / locality based team

Population:
Liverpool has 134 LSOAs in the most deprived 10% nationally, which is 45% of the city's total.
86% White British.

Current NSWs: **3**
Total Cohort: ***1579***
NSW caseload: **28 individuals on the in-patient tracker**

Vision and Role

Vision
Rethinking the NSW's relationships with individuals and partners, starting with assessment and then using this as a springboard to ensure both individuals and partner services are directly informing and then owning decisions about the individual's care.

3 key responsibilities of the NSW

- Assessment: developing new practice around assessment of in-patients, to be informed by individual's voices and involving partners at an early stage.
- Relationships: experimenting and developing best practice in working with colleagues from across agencies.
- Legacy: building the skills and experience of the wider team to do high quality work with people with learning disabilities of all levels of need.

Implementation and Learning

Gathering insights, codifying best practice
Liverpool are making use of the pilot to protect time for the NSW to develop and codify best practice for working with people with learning disabilities.

The NSW's are engaging with service users and partners in health in particular to develop better shared input and ownership of assessment and support planning activities. Their aim is to make involvement of everyone in developing an effective and sustainable care plan business as usual.

Working to build a legacy
The team have surfaced some core challenges to overcome in building the legacy of this work in the team, both due to existing processes (eg difficulty in allocating cases) and the knowledge gap within the team (eg about the resources available).

Evaluation

The Named Social Workers in Liverpool have appointed a 'learning lead' (the team leader) who is responsible for capturing the best practice amongst NSW's which includes the compiling of case studies and a structured process for sharing and exploring these with the wider team.

Early Feedback

The team are holding focus groups as a route to gaining feedback from colleagues. Health partners have been very positive around early engagement in shared care planning and an increased sense of partnership between the social care and health teams. Legacy building within the team is already building traction for a longer terms version of the Named Social Worker beyond the length of the pilot.

Next Steps: Continue to review and refine 'what good look slike' assessment guidance. Develop standards of what good relationships look like with individuals, carers and partners. Continue the broader social worker training programme.

Implementation in Nottingham

Nottingham City Council

"By understanding the barriers, we will build the system to identify better support prior to crisis and prevent admission."

Organisation:
Metropolitan, urban LA with a dedicated learning disability team.

Population:
Multi cultural, areas of high deprivation, generational unemployment

Current NSWs: **2**
Target beyond pilot: **xx**
Total Team Size: ***xx***
Total Cohort: ***17***
NSW caseload and cohort: **2:17**

Vision and Role

Vision
Nottingham already have named workers and so are using the Named Social Worker pilot to identify and tackle barriers within the system and to test new ways of working with individuals.

3 key responsibilities of the NSW

- Gathering stories and analysing data from individuals
- Working with health and provider colleagues to tackle the challenges identified in the stories (focusing on the risk register, skills within residential providers organisations and bespoke placements)
- Testing new types of support for individuals, disseminating learning from this across the wider team.

Implementation and Learning

Gathering social stories
The NSWs have been gathering 'social stories' from individuals in order to understand their journeys and challenges in the system. They intend to use the stories that they have gathered to ask the question 'what is the risk register for and how should it be used to best serve the individuals we are supporting?'

Engaging others
So far, the team has found it challenging to engage other professionals, for example, health or provider colleagues. One reason for this has been that the NSW role is not yet recognised and does not have statutory powers. Through clearly articulate the purpose of the pilot, the NSW role and the opportunities they present, they are having increasing success in engaging these teams.

Evaluation

As Nottingham are using the Named Social Worker pilot to both understand challenges at a system level and to test new approaches in social work practice, their approach to evaluation will be multifaceted.

One of the challenges they are facing is that the NSW is working at these different levels. This means the the evaluation will need to include both the impact on the lives of individuals through the NSW working differently with them, *and* it will have to measure the success of the wider system change intentions. Going forward, the team will identify key long and short term objectives in each of these areas.

The team will present the findings from the evaluation to the Transforming Care Partnership Nottinghamshire.

Next Steps: Complete an evaluation plan setting out clear implementation objectives. Bring together the stories and data to identify challenges in the system in collaboration with different stakeholders including the CCG and providers. Share learning from the pilot with other social workers.

Implementation in Sheffield

"The focus will be doing the right thing for that person, rather than focusing on the completion of the assessment"

Organisation:
Metropolitan district LA.
Dedicated Learning Disability Team

Population:
Two thirds of Sheffield is rural and 95.9% of people live in urban areas.

Current NSWs: **3+ NSWs identified, and as of 13th Feb staff backfill has been achieved to fully release these staff.**
Target beyond pilot: **60% staff**
Average NSW caseload: **10-15 per NSW**

Vision and Role

Vision
To develop a professional and meaningful relationship between Named Social Workers and individuals and their families that goes beyond support at crisis point, is proactive, tailored to client's needs and circumstances and allows for flexibility.

3 key responsibilities of the NSW

- Creating meaningful, professional and person centered relationships with individuals and their families
- Ensuring a multidisciplinary approach and to liaise with other professionals to enable it.
- Taking accountability and responsibility for professional decisions whilst advocating for the individual.

Implementation and Learning

Starting with values
Sheffield has a very robust and consistent understanding of how the key values (person centred, professionalism, strengths-based approach, multidisciplinary approach, etc.) fit throughout all the elements of the model.

Identifying and experiencing challenges in the system
They have been reviewing previous cases to identify behaviours and tasks related to the NSW and to constructively analyse and identify similarities and potential improvements and learning.

Sheffield had been having difficulties backfilling these positions to release the staff involved so them may fully focus on this work. Therefore the named social workers have not fully performed all of their tasks as yet.

Evaluation

Sheffield will be collecting mostly qualitative data, using a range of methods:

- NSW reflection logs
- Video interviews with NSW, service users and health professionals
- Online surveys

The outcome of the above will be fed back at the weekly meetings with named social worker. They will be inviting social care and health professionals and service users and carers to these 'analysis forums' to provide input into their model. They will have a spreadsheet updated on weekly basis with: learning, what has been done, blockages and next steps.

Sheffield has developed their evaluation plan jointly with other social care staff to ensure they make the most of what they have, they don't duplicate and that they maximise their knowledge.

Next Steps: Release social workers to the named social worker posts. Collect and analyse data despite the named social worker not yet performing their full role. Work towards goal of having 60% of their social work workforce as named social workers in the future.

What it takes to be a learning organisation

Learning Organisations

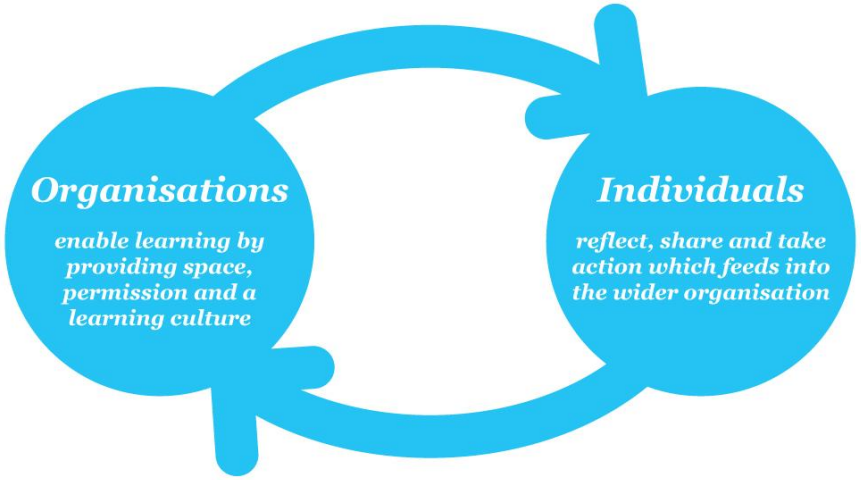
'Organisations learn only through individuals who learn. Individual learning does not guarantee organisational learning. But without it no organisational learning occurs.'

Peter Senge, The Fifth Discipline

Pilots can both be used to demonstrate the impact of an approach, and as a space to develop and learn through testing new ways of working. As a six-month programme, across six sites, it is expected that there will be *some* early indications of improved outcomes for individuals. Within *all* of the sites, however, the pilots have the potential to generate learning that could catalyse significant changes for individuals and families, individual workers and the wider system.

Most of the sites have articulated an explicit focus on learning as part of the pilot; learning about the barriers in the system, learning about social work practice, learning about ways of delivering better outcomes for people, learning about the experiences of individuals who are on the risk register etc.

For this learning to have a meaningful impact they need to feed the learning from the Named Social Worker pilot back into the culture, practice (including tools) and systems (including training) of the organisations which they are part of or working with, *and* to establish enabling conditions within organisations for this kind of learning to happen in the first place.



Learning Organisations

In order to achieve this level of learning as individuals and organisations, there are a number of key learning capabilities that can be adopted:

Being aspirational, working towards a clear goal.

Having a clear objective on paper isn't the same thing as having an aspiration or vision, both for individuals and for the team. In the case of this pilot, sites have described the outcomes they are working towards, for the individuals that they are working with and for the system that supports these individuals. These outcomes provide the overarching ambition and direction of travel for the activities of the pilot. And they create impetus to try new things to keep things moving in that direction or to challenge activities or behaviours that aren't helping to achieve these outcomes. This shared sense of purpose can also be unifying for the team.

What this looks like

- Having permission and time to try new things in aid of a wider goal.
- Professionals feel motivated to use their initiative, trust their judgement and take action whether or not it's in their job description, and often even if it falls out of their comfort zone.
- All decisions and actions take into account the experience and needs of the individuals that are supported by the service.
- Types of questions to ask - in what ways did this action contribute to the goals of (eg) ensuring individual has more control over the support they receive.

Mini Case Study:

A Shared Collective Vision

Sheffield

Feedback from people who receive long term care and support in Sheffield is that the service they are currently offered doesn't work well for many of them. Staff don't feel like they have time to properly work through issues with people and often it ends up with them having to do more work because people are in crisis. Additionally, the CCG has struggled to identify the right people in social services that can provide ongoing proactive input to ensure people have well planned and timely discharges.

The shared vision that underpins the named social worker model in Sheffield is a direct response to these issues. The individuals they work with, their staff and their external partners have all identified a need for workers who are pro-active, strengths based, have long term involvement and a commitment to genuinely supporting people, not simply putting in services. Because of this, the development of the model and the vision that underpins it has already generated positive, receptive and supportive responses.

"We do not learn from experience... we learn from reflecting on experience"
John Dewey

Reflective conversations, enquiring with an open mind.
In any pilot there will be many new experiences, new types of interactions and new sets of information, and what teams do with this depends on both the mindset they bring and the spaces they have to reflect and explore new ideas. We have seen in this pilot an openness to be challenged and an enthusiasm for experimentation, where successes are shared within as well as across sites. Unexpected results can highlight opportunity, and even failures can expose underlying barriers to change or effectiveness. The most important thing is to establish a culture of permission.

What this looks like

- Dedicated spaces within the pilot for individuals and teams involved to reflect on what has happened, what feels different, what went well and what might be done differently in the future. This is a different kind of conversation to talking about the impact the pilot has had on service users or to giving other practitioners advice on best practice.
- Asking the team to keep a reflective journal, setting up new reflection sessions (for example with all of the named social workers), or repurposing existing meetings.
- As well as the space and time for reflection, these need to be supportive, open and collaborative spaces in order to move beyond problem solving and into real learning.

Mini Case Study:
Reflection Sessions
Hertfordshire

Hertfordshire have put training, tools and learning at the heart of their strategy to build a sustainable and robust practice.

They are actively collecting and experimenting with tools from various sources including national resources, other local authorities and even recycling tools from this pilot process and tailoring them for their own specific use. Their two teams (East and West) meet fortnightly to compare what they are learning in a supportive environment.

Learning Organisations

Seeking the whole picture, and holding its complexity.

This is sometimes referred as systems thinking. System thinking means recognising that the problem is neither resulting directly from our practice or processes, nor from those of another organisation - we all are all part of a system and if the problem is in the system then, collectively, we all have a role in moving things forward. In their Learning Together approach SCIE describe how systems thinking 'looks at the interactions between people and factors in the workplace… [because] people and processes jointly create the system.' This requires taking a broader view of the situation at hand by including multiple perspectives, recognising the role that all actors (including ourselves) play, and prompting the question of what can we do with the tools at our disposal?

What this looks like

- Being exposed to new voices and perspectives, for example health professionals or individuals who use services, in order to recognise the role that all the different parts play in the system.
- Asking open questions to bring new insights and levels of understanding, even if we have been working with someone for years. Questions such as 'what are the things that help you feel in control?', 'what feels difficult day to day?' or 'can you give me an example of when you felt…'
- It is not enough to ask good questions, it is important to listen actively, noticing and ignoring preconceptions and assumptions that can cloud judgement.

Mini Case Study:

Stories from key service moments

Nottingham

In Nottingham, one of the focus areas of the named social worker is to gather stories from individuals who have previously been admitted into hospital, are currently in hospital or are at risk of admission. The purpose is to engage with their journeys in order to understand gaps in the system and opportunities to support individuals in different ways. Whilst they have some hypotheses about where the challenges lie (in particular, relating to the risk register and relationship with providers), they are asking individuals open questions to understand their experience of services and their day to day lives and aspirations.

They will be using these stories, alongside data from the health and social care systems, to provoke conversations with colleagues inside and out of the council that aim to see the challenges in a new light and find new solutions.

Learning Organisations

Bringing learning from individuals into the rest of the organisation

Whilst most of the named social workers are not receiving additional formal training themselves, they are often being used as a resource to train and support the wider team as they are surfacing new learning over the course of the pilot. In Camden, the named social workers have conducted an audit of the social work team to help identify gaps in knowledge and skills to support learning going forward. They have used the learning from this audit to feed into a programme of formal training and informal support.

Feedback loops

The diagram on the right represents the way in which feedback loops can be used for individuals to reflect and learn, and for how this learning can lead to testing and action in the wider system, allowing for continuous improvement. The flow between these stages comes from the learning capabilities described in this section; a clear sense of direction, open reflection and input from multiple perspectives and systems.

Mini Case Study:

Building Internal Knowledge

Liverpool

In Liverpool, the named social workers are upskilling locality team members, informed by their developing practice. The team leader is collating learning from the named social workers and together they are constructing monthly learning sessions for the wider team.

With highly structured yet exploratory sessions, the intention is to disseminate best practice being developed within the pilot amongst the wider team, building up their capability and confidence in supporting individuals with learning disabilities but also stimulating reflection on their broader social work practice.

Insights and provocations

Insights and provocations

The Care Act of 2014 continued the process of shifting from a more Case Management and bureaucratic approach to a more person centred and social work approach in the delivery of social care services. The Named Social Worker project is providing pilot sites with the opportunity to test and explore at a practical and operational level how far the person centred approaches and best social work practice can reach.

The core values of many of the sites are around personalised care, good practice, compliance with statutory requirements, strengths-based approach and meaningful relationships. However, the shape and form of each pilot site, and the level and type of demand is different, resulting in a diversity of approaches.

In some cases, this is an enhanced version of their role as social workers and they are focusing on:

- Striking a balance between compliance with statutory requirements and flexibility in delivery of care and support functions to enable interventions/interactions around the individual's needs
- Emphasis on learning and development within the workforce
- Positioning social care staff confidence at a level that will enable them to be equal partners in multidisciplinary settings
- Maximising the role of individuals in the delivery of care and support functions and their design, from design and engagement to co-production.

There are also examples of different types of approaches that are distinct from a typical social work role:

- Providing quality assurance on the role of the front line social worker
- Focusing on relationships with providers
- Creating changes to existing system for example, processes, forms, criteria
- Bringing in new ideas to challenge existing systems, such as working in partnership with user-led organisations

The experiences of the sites have surfaced a number of questions about what it takes to move beyond incremental change and meaningfully enhance social work practice, rebalance power in the system and move from codesign to coproduction.

What does it take to rebalance power in the system, between services and the individuals that are supported by them?

In setting up the Named Social Worker pilots, the Department of Health were particularly interested in enabling a named worker to 'provide professional challenge'. For sites on the programme, this means **rebalancing influence between 'the medical model'** (a focus on the individual's clinical diagnosis and condition management) **and 'the social model'** (which emphasises the individual's empowerment and ability to make decisions about how to live their lives to the fullest).

Sites contend that the medical model is unhelpfully dominant in risk management and inpatient settings in particular and are seeking to shift this through the pilot. For example, the team in Hertfordshire are specifically upskilling themselves to be champions for 'user centredness'. They see their understanding and **representation of the service user's voice as part of their professional identity** and are seeking to actively own its representation in interactions with the broader ecosystem, and establish a new level of respect for that voice in those settings.

Mini Case Study:

Working with Health Colleagues

Camden

Sites are grappling with some of the difficulty in challenging prevailing norms. In Camden, the named social workers are working particularly closely with health colleagues, both in their multidisciplinary teams and in inpatient settings.

It has been challenging for the named social worker role to be recognised and accepted across some of these teams due to its novel and non-statutory nature, however, they have also found ways to work collaboratively. For example, they have a nurse colleague on the named social worker pilot steering group who has supported the team to identify a robust evaluation tool for the pilot, CANDID-S. They have also aligned with psychology colleagues to promote behavioural interventions such as Positive Behavioural Support, rather than solely relying on pharmaceutical interventions.

What does it take to rebalance power in the system, between services and the individuals that are supported by them?

Persevering with this shifting power dynamic is likely to form a key learning from the pilots. Whilst this challenge to assert the professional contribution of social work alongside health colleagues may appear to be about the dynamic and relationship between services, this reading of it fails to recognise the core motivation behind raising the status of the social model in decision making, which must primarily be about **the contribution that the social model makes to achieving different, better, outcomes for the individual**.

The challenge for named social workers is to recognise that the new balance they are striving for is not between health professionals and social workers, but between medical and social approaches and what the implications are for how they engage with service users in order to achieve that.

Mini Case Study:

Challenging Decisions and Evidencing

Calderdale

In Calderdale the named social workers are taking a much stronger line in challenging health colleagues on what is presented as 'fact'.

The team are highly skilled in understanding power dynamics and interpreting the professional representation from health colleagues in order to challenge the interpretation and decision making around individuals needs. Their repeated mantra is to be shown the evidence rather than to accept, unquestioning, the judgement of need made on a medical basis; countering and re-balancing that with their understanding of need from a social perspective.

They are actively disrupting the status quo, and are finding it well received by staff at Assessment and Treatment Units , who are bringing the named social worker into decision making conversations in which they were not previously included. The standards of evidence, and the breadth of appreciation as to what constitutes important evidence, are rising.

What does it mean to co-produce as well as co-design services?

The Department of Health's commitment to trial a named social worker approach, and the enthusiasm to do so from the sites comes directly from the calls from individuals with learning disabilities to have a named social worker. This has ensured that from the start there has been an expectation that sites will engage with people using services and user-led organisations in the development and implementation of their models.

Some sites have taken interesting approaches to this. For example, bringing 'experts by experience' into their team as salaried staff or to attend key meetings and workshops to co-design and refine how services might be delivered. This is distinct from co-production, in which service users and their immediate network of carers and family may be actively delivering new service interactions and moments to improve their lives.

Based on their increasing prevalence in the sector, it feels helpful to provide some clarity around terms such as co-design and co-production.

Co-Design is the involvement of service users in decision making as to what the service should look like. It can provide insight and definition on how different moments in the service can be delivered in a more relevant, accessible, human-centred way. Calderdale are involving service users in meetings and workshops to provide feedback and input to help design new ways that the team might develop better shared input and ownership of assessment and support planning activities. They, like Liverpool, aim to make involvement of individuals in a far wider cohort in developing an effective and sustainable care plan 'business as usual'.

Co-Production is a deeper relationship focused more on consistent engagement in the delivery of the service itself. It opens up new possibilities for services and interactions that may not be possible in a provider-consumer service relationship. Rather than being 'served to', individuals are participants in delivery and making services happen. Examples of this are hard to come by, as they require time to build trust and practices to support them. Hertfordshire shared an example of how paying close attention to an individual's feedback allowed the social worker to change the priorities and criteria for accommodation on the fly, and slow down the process to make sure they got it right. While not making these decisions independently, here the individual's input is helping to co-define the criteria and tempo of the service while it is happening.

What does it mean to co-produce as well as co-design services?

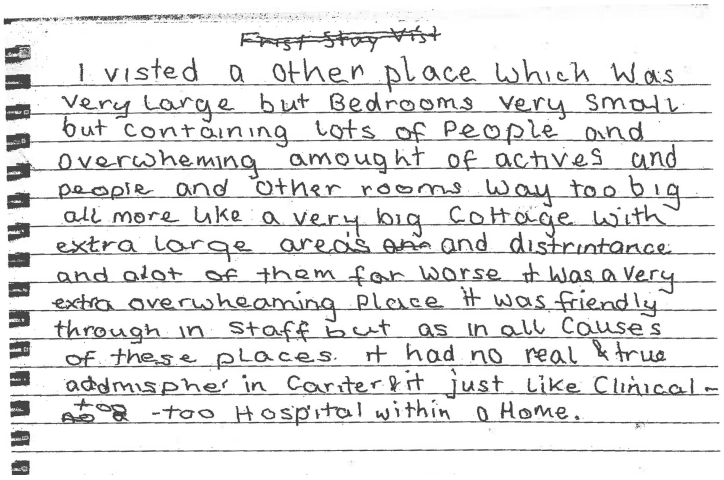
Mini Case Study:

Slowing Down the Process to Get Things Right

Hertfordshire

As part of their evaluation, Hertfordshire have asked one of the individuals they are working with to keep a reflective journal of their experiences. An excerpt from this journal describes, in unique detail, the subtler experience and priorities of the individual who was in the process of finding a new place to live.

It was striking to contrast professional criteria for accommodation suitability with the individual's own words. The individual was looking to move from a ward "where mentle ill people with learning Disabilities go to" into more independent accommodation. The individual repeatedly described places as "overwhemling," "had some same with food and tablets and non could speak," "no real & true addmispher in Dalto & it just like Clinical - too - too Hospital within a Home."


~~First Stay Visit~~

I visted a other place which was very large but Bedrooms very small but containing lots of People and overwheming amought of actives and people and other rooms way too big all more like a very big Cottage with extra large areas ~~are~~ and distrintance and alot of them for worse it was a very extra overwheaming Place it was friendly through in staff but as in all Causes of these places it had no real & true addmispher in Carter & it just like Clinical - ~~to~~ too -too Hospital within a Home.

Contrasting this with later entries in the journal indicates that the named social worker had adjusted the criteria and, by the number of places visited, slowed down the process until the individual found somewhere that worked for them. The descriptions now focus on feeling like home, and the peace and tranquility of a place.

"My room is very peacefull...I was very happy and (content) and Peacefull day and felt as if I had lived there quite a while."

The named social worker has the opportunity to support and facilitate co-production, where the services themselves are delivered in partnership with individuals as well as having individuals' input and feedback in the design of the service.

How can a named social worker move from extra capacity to extraordinary capacity?

Social work has always been, in part, about supporting a person to make connections where there are gaps in either a professional, multi-disciplinary system, or in a community network of friends, families and local services. In the pilot, some named social workers are plugging gaps in the system, as an additional resource to take proactive ownership and create momentum behind a situation, such as seeking out a suitable support package.

Across nearly every site we have heard about uplifting examples of how a named social worker can identify these gaps and develop the sort of relationship with an individual that enables them, together, to find better support, and navigate the care and support ecosystem to get the person to where they want to be.

Whilst this need is pressing and the named social workers are clearly achieving important results for individuals, **if this problem solving capacity only lasts the length of the pilot, then these gains could be quickly lost**. All the sites are doing deeper work to rethink and experiment with new relationships, processes or responsibilities, yet pragmatism means they are having to **strike a balance between the use of capacity to achieve immediate outcomes and experimenting with how social workers might be used to achieve transformative outcomes.** The more they can afford the space to focus on the latter the better. Steps in this direction include efforts in Calderdale to shift the ecosystem towards a more community-focused social work practice, and in Hertfordshire to establish the named social worker as a person-centred representative and lynchpin for other services and professionals.

Mini Case Study:

Reflecting on Supporting Human Rights

Calderdale

In Calderdale the team are very clear that their goal is to support and realise the human rights of the individuals they are working with. This is not just their shared goal that they are all abstractly working towards, but the primary question that the team ask themselves about their own practice, be they a social worker, a team leader, or a head of service.

The team are able to flex and develop their approach to the work by holding themselves to account against this goal, for example when asked to feed into processes and conversations about risk with partner organisations, rather than work out how best to comply with the processes they ask themselves *how is this supporting the individual's human rights?*

Appendices

Across the sites, common themes are emerging about planning and delivering a short pilot:

- **Pilots afford space to experiment** with new methods, tools and approaches and are an opportunity for reflection, refinement and evolution of practice in an environment of tight budgets and a tendency to be in 'firefighting mode'.

- **Where the model is clear and bounded** it can be easier to deliver and evaluate.

- **Pilots often have a home in the system**, in this case in social care, which often means that they become an initiative of that department or team; this can mitigate against shared activity across the system to lead change.

- Clarity about **the aims of the pilot and its intended legacy** helps keep things focused even if these might evolve.

- Individuals find it easier to engage with pilots where **teams are creative with tools** - e.g. developing an 'easy read' explaining the project can help engage participants.

- It can be challenging to strike a balance between time and resource spent on **delivery and evaluation**. It is important to build in time and resource for evaluation to be done well.

- Where pilots involve working with individuals in different ways, there will need to be an **exit strategy** so that they aren't left vulnerable at the end of the pilot.

- As well as thinking about what a new service or role might look like, it is important to articulate the **skills, values and behaviours that will be needed to deliver it** and, whether the workers delivering it will require additional training or support.

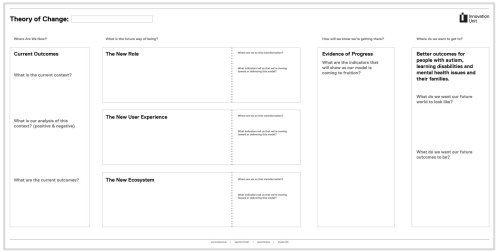
Appendix 2: Resources

If you are interested in developing your own approach to a named social worker, we are making the tools used in this programme freely available. To find out more about how to access these, or to understand more about any of the models presented here, **please email** chloe.grahame@innovationunit.org

Phase 1 & 2 Prep Activity Books

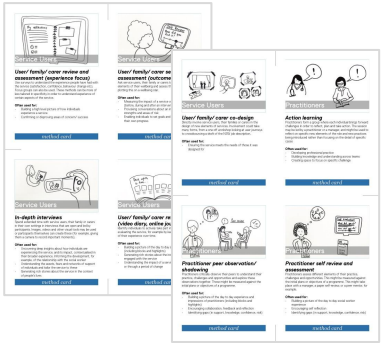
These booklets contain a range of exercises to explore your ideas and assumptions as a team, and develop your readiness, and implement and measure your NSW model, including:

- Define your area, team and vision
- Outline the role and ecosystem
- Create a persona and make observations
- Develop your evaluation practice & plan



Theory of Change Poster

This Theory of Change poster was used in the first workshop to generate the hypotheses for each of the six sites. It will be revisited in the programme.



Methodology Cards

These cards offer some example methodologies for capturing data and helping to measure NSW implementation and effectiveness.

Appendix 3: Next Steps & More Information

This document represents the second of three phases:

1. **Baseline** - articulating the model and planning for implementation.
2. **Reflect & Refine** - gathering data and reflecting on learning.
3. **Feasibility** - presenting models, analysing data and planning for sustainability.

The six sites will continue to implement their models, supported by the programme through coaching, workshops and sharing knowledge between sites.

The delivery partner for this pilot programme is Innovation Unit, working in partnership with the Social Care Institute for Excellence. Innovation Unit creates new solutions for thriving communities: solutions which build, support and recognise human potential and the critical importance of thriving relationships. The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works.

scie social care institute for excellence

Innovation Unit

Department of Health

Named Social Worker

Reflect & Refine Report