



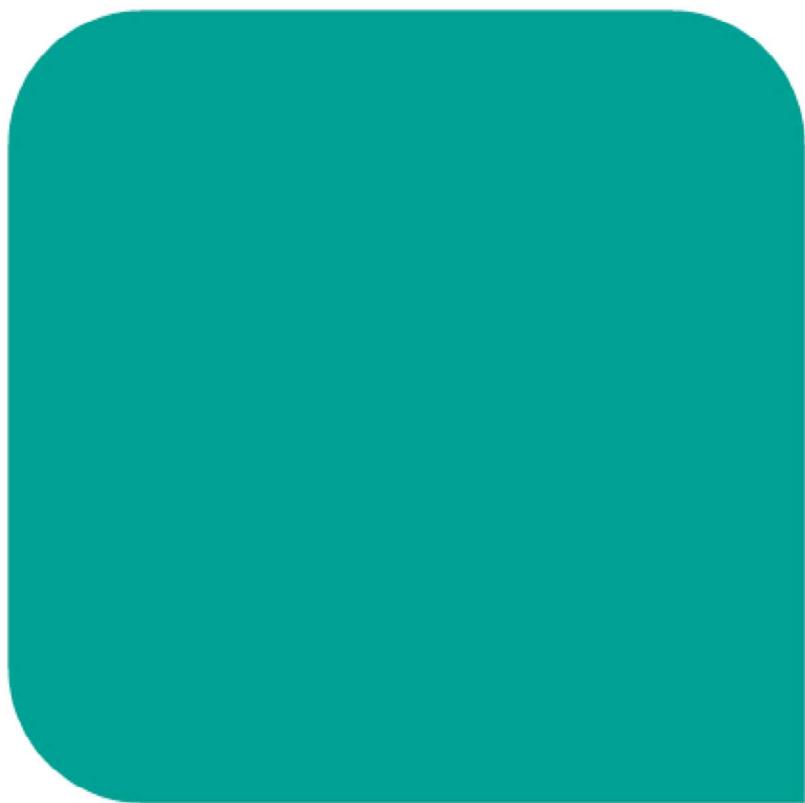
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Named Social Worker pilot

Programme evaluation – final report

July 2018



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[SH] Executive summary

[A] Introducing the NSW pilot

The Department of Health and Social Care (DHSC) initiated the Named Social Worker (NSW) pilot to build an understanding of how having an NSW can contribute to individuals with learning disabilities, autism and mental health conditions 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 for which we all strive.

The pilot sought to change social work practice and wider system conditions to improve outcomes and experiences for individuals in the cohort and for the people around them. This programme was specifically about trying something different, piloting new ideas and generating early and indicative evidence as to their impact.

Phase 1 of the pilot ran from October 2016 to March 2017 and involved six pilot sites – Calderdale, Camden, Hertfordshire, Liverpool, Nottingham and Sheffield. The second phase of the pilot ran from October 2017 to March 2018 and involved Bradford, Halton, Hertfordshire, Liverpool, Sheffield and Shropshire. The overall investment of Phase 1 was £460,000 and Phase 2 was £403,535. This report presents Phase 2 learning. It has been developed by SCIE in partnership with the [Innovation Unit](#).

[A] Summary of NSW pilot Phase 2 activity

There was no defining NSW model adopted by all six sites. Sites were encouraged to structure their social work team and engage their cohort depending on what they wanted to achieve in their local context. Across all sites, the pilot recruited the equivalent of 24.5 full-time equivalent (FTE) named social workers (NSWs) who worked with a cohort of 119 individuals over the course of the pilot. Three pilot areas focused on transition cases while the other three sites worked with individuals who were from learning disability or Transforming Care cohorts.

Sites engaged a wide number of key partners throughout the pilot: children's social care teams, housing providers, health colleagues and advocacy groups, as well as families, carers and the other important people around the individual. A summary of each site's NSW pilot structure is contained in Appendix A.

[A] The evaluation

The evaluation took a capacity-building approach, primarily working with sites to design an evaluation framework that would guide data collection and analysis to draw out learning and impact that could help future decision-making. Sites submitted evaluation packs containing data and analysis to evidence the impact of their NSW pilot. This report draws upon the evaluation packs submitted by sites and is triangulated by findings from two NSW surveys and interviews with site leads.

This report should be read alongside three other reports: the Named Social Worker programme: Cost Benefit Analysis (York Consulting); Putting people back at the heart of social work: learning from the NSW pilot (Innovation Unit); and Peter's story: the perspective of a person supported by a named social worker (*Humanly*). A short, executive summary evaluation report, *The Impact of the Named Social Worker programme*, brings together the key messages across all reports.

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[A] Meeting the NSW pilot objectives: key findings

Phase 2 pilot sites were highly positive about their experience as part of the NSW pilot. They presented a wealth of evidence and data to demonstrate how the pilot had enabled them to work more intensively with the individuals in their cohorts, and to work in new ways and with different partners, depending on the local issue they were looking to address. Sites reported that the NSW pilot met their wider objectives to pilot new ways of working and that this led to positive impacts on the cohort and the people around them.

Despite the short pilot time frame, the evaluation evidence suggests that the NSW pilot had significant impact at three levels of impact, as presented below.

1. The individuals and the people around them:
 - had increased opportunities to feed into their person-centred plans in ways that met their communication needs and over a time period that helped them build consistent and trusting relationships with their NSW
 - felt that their NSW listened to them and acted on their behalf across the other people involved in their lives and
 - felt that NSW was putting measures in place that met their needs and those of the people around them to live a good life in the future.
2. The NSWs:
 - practised the knowledge, skills and values necessary to do good social work with people with learning disabilities, autism and mental health conditions
 - were protected by the NSW pilot structure, so that good social work happened in practice and
 - reported significant increases in confidence over the pilot and through the elevated status of the role, were more motivated and reported greater job satisfaction.
3. NSW pilot sites:
 - explored and deconstructed specific policy issues or objectives and piloted new ways of working

- engaged a wider body of stakeholders to tackle systemic practice and/or improve processes and
- built up an evidence base of what good social work looks like in the local context.

More detail about these headline messages is presented in the following sections.

[B] Improving outcomes and experiences for individuals with learning disabilities, autism and mental health conditions and the people around them

A relationship-building approach was key to the NSW pilot. It helped NSWs work closely with the individuals and the people around them to explore their needs and build them into their person-centred plans. This was particularly important in the area of transition, when the process of moving from children's to adults' services could feel complex and confusing. Having the time to share and digest information around transition helped young people and their families properly consider their options for the future as they become more independent. The sites that focused on transition generated evidence that linked early intervention to improved outcomes in their local areas.

NSWs reported various examples of ways they built the cohorts' voices into their own person-centred plans to help them live a good life. Individuals were supported into more appropriate living arrangements, including discharge back into the community or moving into a different residential setting with a reduced package of care. There were softer, more qualitative ways the NSW worked with the cohort, for example helping them get the pet they'd always wanted. The evidence also highlighted how NSWs supported family and carers, for example in decisions concerning respite care, in a holistic approach to social work.

Sites submitted examples and photographs of creative means of engaging the cohort in person-centred planning, for example mood boards, pen picture templates and emoji storytelling techniques. NSWs that used these methods were generally positive about using such tools in person-centred planning. However, it wasn't always possible to engage the entire cohort with these methods, just as it wasn't always possible to build a trusting relationship with everyone by the end of the pilot. The evidence suggests that reasons for this variation include:

- the time it took to build up relationships and the short pilot time frame meant that some sites were only ready to use more creative methods of engagement when the pilot came to an end
- the different starting points of the individuals meant there was no 'one size fits all' tool to engagement
- the NSWs had different levels of confidence and skill in designing and engaging the cohort in co-production activities.

Despite some variability in individuals' experiences, there is a wealth of evidence that suggests that the pilot was an opportunity for the NSWs and the people they worked with to begin an important longer-term journey to meaningful engagement, and learn things about each other that helped shape their future plans.

[A] Changing social work practice

Feedback from sites suggests that the knowledge, skills and values of an NSW epitomise ‘good social work’ – for example, putting the individual at the head of person-centred planning and advocating across the people that surround the individual so that their voices and wishes are heard.

Sites were able to test what it takes to put ‘good social work’ into practice in complex multidisciplinary settings, working with people who might be united by a learning disability diagnosis but otherwise vary tremendously in terms of their starting points, not to mention how they individually define what a good life looks like to them. This meant NSWs were able to develop their practice, confidence and skills and, in many cases, the practice of others.

The specific components of the NSW approach which allow ‘good social work’ for people with learning disabilities, autism and mental health conditions to take place in practice include:

- protected time for an NSW caseload, whereby the NSW can spend time to build up trusting relationships with the individual and the people around them, away from a time-and-task model of social work
- protected space and peer supervision structures for NSWs to reflect on their practice, work with colleagues to brainstorm and tackle concerns and share ideas and good practice
- the opportunity to trial and practise creative methods of engagement and approaches to delivering person-centred planning with people with learning disabilities, autism and mental health conditions and the people around them
- a risk-aware permissions framework, underpinned by legislation, to empower NSWs to ‘constructively challenge’ existing decisions concerning mental capacity and/or packages of care
- the elevated status of the NSW role to be able to work confidently across multidisciplinary teams of professionals and families to ensure the voice and wishes of the individual led the decision-making.

Despite the short pilot time frame, the opportunity to put ‘good social work’ with the cohort in action had a significant impact on the confidence of NSWs. Being part of the pilot improved social worker morale and motivation in their day-to-day work.

[A] Changing wider system conditions

Sites particularly valued the flexibility of the NSW pilot and the opportunity to try something new and trial new ideas or ways of working. Whether the focus was on the transitions process for young people moving from children’s into adults’ social services or working with the Transforming Care cohort to move into more appropriate residential settings – or indeed changing the wider systemic approach to taking risk – the NSW pilot allowed sites

to test, tackle and draw out learning around what good social work practice looks like these young people rooted in their local context.

Phase 2 sites used the NSW pilot to explore and tackle wider systemic conditions. This is particularly evident in the ways sites approached the pilot through a particular policy lens. For example, by: investigating the local transition process; streamlining processes for the Transforming Care cohort; or embedding a system-wide overhaul of local social work, underpinned by the Mental Capacity Act (MCA). Sites mapped out the different stakeholders and their touch points in a particular process, trialled a continuing personal development (CPD) training plan for the wider social work teams and built wider strategic relationships (e.g. inviting new partners to attend NSW steering groups or peer supervision sessions). In some areas, NSWs were involved in commissioning activity. For example, being part of the commissioning panel for new services related to learning disabilities and advocacy services, looking to stimulate the market for new forms of care.

[A] Economic impact

Analysis of the economic impact of the NSW pilot conducted by York Consulting used a predictive financial return on investment (FROI) methodology. This model generated an NSW FROI of 5.14. This means that for every £1 invested in the model there was an anticipated return of £5.14. Of the savings, or costs-avoided through the NSW, the primary beneficiary was the local authorities, which attracted 89% of all financial benefits. Full details of the analysis and findings are contained in York Consulting's NSW programme Cost Benefit Analysis report.

Supporting the results of this predictive analysis, sites produced evidence that showed how person-centred plans – taking a strengths-based approach – generated significant savings (or costs avoided) for the local authorities. New care packages, put in place collaboratively with the individual, generated a reduction in costs to the local authority and other partners. For individuals moving back into the community from out-of-borough placements, or for those receiving less intensive forms of respite care, the financial impact was significant, with cases generating savings in the region of £900 per week. Peter's story: the perspective of a person supported by a named social worker ([Humanly](#)), explored the financial impact of the pilot upon one individual's package of care in depth.

Sites were confident that these were not just one-off savings but that they also represented cumulative savings in the longer term. As placements and plans were rooted in the preferences of the individual, they were more sustainable and less likely to trigger crises in future. Sites were also confident that these savings were directly attributable to NSW activity. As with the qualitative findings, sites felt that without the NSW approach, positive benefits would either take longer to materialise or would likely not have happened at all. This was especially true of the transition cases where 'business as usual' would not ordinarily have involved an adult social worker at the pre-transition stage of the process.

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[A] Building up the evidence base

The NSW pilot gave sites the opportunity to try and test new ways of working and the evaluation process was a mechanism to help capture that impact and learning. Phase 2 sites used the evaluation process to articulate the impact of the pilot on the cohort and the people around them, the NSWs and the wider system. They attributed outcomes directly to the NSW pilot compared to 'business as usual' social work. For example, how an NSW was able to build up relationships before jumping into assessment, or have the knowledge and confidence to challenge a decision rather than accept the view of another

professional. Phase 2 sites added to their evidence base concerning what 'good social work' with people with learning disabilities, autism and mental health conditions looked like locally, as well as the framework required to make it happen in the future.

[A] Challenges to the NSW approach

Protecting time for a specific cohort was more difficult during times of organisational change and NSWs with mixed caseloads could struggle to hold time for their cohort if another case required increased attention. Sites raised questions concerning how the approach could be sustained, particularly in areas which were moving away from specialist social work teams to a more generalist approach. Pilot leads and NSWs agreed that local commitment to an NSW approach has to be in place across a wide range of partners, not to mention funding, for the approach to be sustained in future. Without this wider commitment and investment, there were fears that the NSW would be fighting the system rather than working within it.

Plans for the future

Sites described how they have either secured local funding for future NSW work or are in the process of securing it. As well seeking financial investment to protect the time of an NSW, there are a number of other ways in which sites hope to capitalise on and embed the pilot learning. These include plans to:

- maintain the structure of the peer group sessions, led by reflective practice, and share learning across teams, with the NSWs acting as peer group supervisors
- continue to use and build upon the co-design toolkit and person-centred tools when working with the cohort, and commission NSWs to produce a 'skills and what works guide' to share with other teams
- identify key partners to strategically engage in the system (e.g. mental health teams, housing, health colleagues, schools etc)
- clarify new processes and structures (e.g. the point at which an individual is deemed ready to be handed over to more light-touch community teams).

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

[SH] Introduction to the NSW pilot

The Department of Health and Social Care (DHSC) initiated the Named Social Worker (NSW) pilot to build an understanding of how having an NSW can contribute to individuals with learning disabilities, autism and mental health conditions 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 for which we all strive. As [Lyn Romeo](#) has summarised, the broader ambition of the pilot was:

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

Lyn Romeo, [Gov.UK blog](#)

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

[A] Phase 1 of the pilot

Six pilot sites (Calderdale, Camden, Hertfordshire, Liverpool, Nottingham and Sheffield) took part in the first phase of the NSW pilot, which ran from October 2016 to March 2017, with investment of £460,000. Despite the short time frame, the pilot generated insights into how providing permission for social workers to practise differently, to work more closely with individuals and to work confidently in multidisciplinary teams throughout an individual's health and care journey, could benefit their work and individuals' lives. These insights are presented in the Phase 1 [Findings report](#).

[A] Phase 2 of the pilot

The second phase of the pilot ran from October 2017 to March 2018 and total investment was £403,535. Each site was responsible for developing and implementing their approach to an NSW pilot, with practical support from the Innovation Unit and SCIE programme team. Three sites from Phase 1 applied for and were awarded Phase 2 funding (the other three Phase 1 sites – Calderdale, Camden and Nottingham – did not apply for Phase 2 funding):

- Hertfordshire County Council
- Liverpool City Council
- Sheffield City Council.

Three new sites were awarded NSW pilot funding:

- City of Bradford Metropolitan District Council (MDC)
- Halton Borough Council

- Shropshire Council.

Table 1 provides a snapshot of each site's activity.

Table 1 Activity in each site

City of Bradford MDC	Halton Borough Council	Hertfordshire County Council
 <p>NSWs were starting a process of culture change that made citizens' human rights the focus of social work, including the development of a competency framework for advanced practitioners.</p>	 <p>NSWs were building long-term relationships with young people moving towards adulthood and used creative and person-centred approaches. They did whatever it took to support the young people to achieve their goals.</p>	 <p>Continuing to implement their approach from Phase 1, Hertfordshire situated NSWs as a lynchpin between the individual and other professionals, with a strong focus on peer support between professionals.</p>
Liverpool City Council	Sheffield City Council	Shropshire Council
 <p>Liverpool's NSWs were working with colleagues in children's social care and other agencies to apply the practice developed as part of Phase 1 to planning for young people moving towards transition who were currently in out-of-area placements. They also continued to work with a small number of cases from Phase 1.</p>	 <p>Sheffield applied the NSW approach developed in Phase 1 to its new Future Options Team. That team focused on developing professional and meaningful relationships between NSWs and their families that went beyond support at crisis point.</p>	 <p>Shropshire worked with a cohort of young people based at one of its local special education schools. The aims was to work closely with both young people and parents to plan together for better supervision and to inform a better design for transition services in Shropshire more widely.</p>

[B] Phase 2 pilot objectives

Despite tailoring the NSW approach locally to reflect the local situation and needs, the key ambition for all the sites was to use the pilot to:

- provide excellent person-centred support for individuals with learning disabilities, autism and mental health conditions and the people around them
- equip and support social workers to be enablers of high quality, responsive, person-centred and asset-based care

- build more effective and integrated systems that bring together health, care and community support and deliver efficiency savings.

[B] Phase 2 pilot support

As in Phase 1 of the pilot, Phase 2 pilot sites were supported by the Innovation Unit and SCIE. The majority of the support offered through the programme was bespoke to each site to enable them to achieve their ambitions for the pilot. The focus of Phase 2 support was on:

- doing ‘good social work’ and being ambitious about what this means
- having people with learning disabilities, autism and mental health conditions at the heart of things – from design and delivery, to learning and evaluation
- learning together and on behalf of the wider system
- evidencing the impact an NSW can have.

Specifically, support included:

- a dedicated coach throughout the programme
- design and facilitation of two site visits or local workshops
- specialist input across themes – evaluation, co-design, reflective practice – or other themes as per the specific interest of sites
- a series of webinars involving all sites and the wider sector
- practical tools: frameworks for design and development; implementation; evaluation and learning
- opportunities to share and raise the profile of the work with the wider sector.

Alongside this bespoke coaching support, SCIE offered dedicated evaluation support. The purpose of the evaluation is explored in greater detail in the following section.

[SH] The evaluation approach

The evaluation had two core objectives, at both a site and programme level, as follows.

1. **Site level:** support the six NSW Phase 2 pilot sites to build their own evaluation frameworks to steer their evidence capture and analysis, help articulate their own impact and frame this learning effectively to influence local stakeholders.
2. **Programme level:** design an overarching programme evaluation framework to guide the analysis and reporting of the NSW pilot impact in a robust and systematic way and gather primary data to validate findings presented from sites.

The evaluation approach to both levels is explored in more detail in this section.

[A] Context and considerations

The evaluation was designed to evidence the impact of the NSW pilot on three levels: the individuals and the people around them, the NSWS and the wider system. The methodology was influenced by a number of factors, outlined below.

1. There was a six-month gap between the end of Phase 1 and the beginning of Phase 2 of the pilot. This means that the sites that took part in Phase 1 and who received Phase 2 funding experienced an implementation gap in delivery, making it difficult to attribute longer-term impact directly to the pilot.
2. Only three sites from Phase 1 received funding for Phase 2. This means that sites had different baseline starting points.
3. The pilot was only lasted six months, including the time it took for sites to shape and set up the pilot locally. This implementation period means it is necessary to be realistic about what impact it is possible to measure over that time.
4. Staff capacity was dedicated to delivering the pilot, meaning that evaluation activities had to be light touch, realistic and focused.

Given this context, and the evaluation objective to support sites to build up their own evaluation framework, the evaluation adopted a theory of change approach.

[A] A theory of change approach

The theory of change approach to evaluation was first developed specifically to evaluate complex, community-based interventions¹ and is very well suited to exploring the effects of emergent and heterogeneous interventions such as complex community-based programmes. Additionally, theory of change, with its focus on outcomes, is a helpful planning tool for new initiatives.

Each site was visited in October 2017 and took part in a theory of change workshop attended by the site's NSW pilot lead and other members of the team including NSW team

leaders, the NSWs themselves and other partners such as a local advocacy organisation or a mental health nurse. This session was to support sites to:

- articulate the intended outcomes across three levels of impact (i.e. on the cohort and the people around them, the NSWs and the wider system)
- map back from outcomes, to review the planned pilot activities, and test the logic underpinning the model in terms of why working in a specific way was intended to lead to certain outcomes
- identify what indicators for longer-term change might look like in a six-month period and which could be measured during the evaluation
- identify partners and other stakeholders who needed to be engaged by the pilot in order for it to achieve the desired outcomes
- identify the key people to influence, in order to make the case for longer-term sustainability of the local NSW approach.

Recognising the time pressures facing sites, the evaluation lead used these session to tailor site-specific theory of change models which sites then validated. These models were refreshed and appended to the sites' evaluation packs. The NSW programme theory of change model is presented in Appendix B.

[A] Key evaluation questions

The site's theory of change model was different for each site. To create a programme-level evaluation framework, these models were 'read across' to pull out 10 key evaluation questions for both the sites and programme to explore during the evaluation. The questions mapped across the three levels of impact and are presented below.

Impact on the cohort and the people around them

1. How has the pilot facilitated consistent and trusting relationships between the NSW, the cohort and the people around them?
2. How has the pilot given the cohort opportunities to tell their stories – and have choice and control – when shaping their own person-centred care and support plans?
3. In what ways has the pilot supported the cohort and their families to live the lives they want?

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Impact on NSWs

4. What are the knowledge, skills and values of the NSWs?
5. How have the NSWs been supported to exercise their skills and judgement through the pilot – and what has been most effective in supporting them?
6. To what extent have the NSWs been motivated to work differently, and how satisfied are you that they have been able to do so?

7. Is there any evidence that NSWs have been able to constructively challenge and/or collaborate meaningfully with their partners?

Impact on the wider system

8. In what ways has partnership working improved cohort and family outcomes over the course of the pilot?
9. What is the economic impact of the NSW pilot?
10. To what extent has the NSW pilot influenced practice across the wider system, and what are the barriers and enablers to embedding person-centred practice?

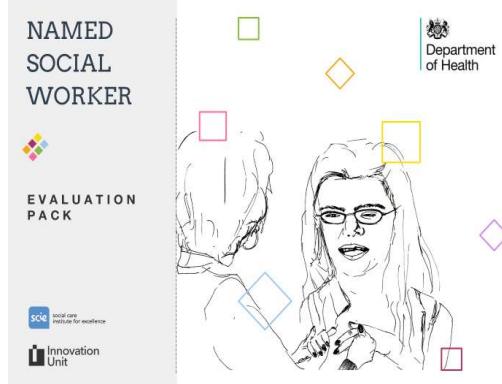
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Sites were brought together in January 2018 to review and sense-check the approach and overarching framework in an evaluation workshop. They were asked to map their own objectives against the key evaluation questions and begin to identify the different sources of data they could use to evidence against these key questions.

[A] Site self-evaluation packs

Sites were asked to identify a minimum of six key evaluation questions that they wanted to answer through the evaluation and were encouraged to select those that would best support them to build their own business case to sustain NSW activity and influence their local stakeholders with a case for change. Sites were also asked to reflect on what they felt were the biggest enablers and barriers to NSW activity, as well as outline their hopes for sustaining it in the future.

With some support, sites completed and returned these packs with appendices before the pilot closed in March 2018. Appendices included a range of materials including case studies, NSW reflective logs, new assessment protocols or other information produced throughout the pilot as well as photographs and images taken to build up a picture of day-to-day work with the NSW cohort. Sites submitted their evaluation packs and appendices to the DHSC.



[A] Economic evaluation

In order to understand the financial impact of the NSW pilots, York Consulting conducted a financial return on investment (FROI) assessment. Given the short pilot timescale and the lack of available data over the course of the pilot, York Consulting designed a predictive model, based on a range of assumptions validated by an in-depth study of the Hertfordshire pilot. Sites submitted their own predictive data as part of their evaluation packs which York Consulting used to for a wider pilot-level analysis.

[A] Pilot-level evaluation data collection

This pilot-level evaluation report draws upon the following data sources to summarise the impact of the pilot across the six sites.

Secondary data produced by sites

- **Site evaluation packs** which included: the sites' theory of change models; an overview of their NSW local pilot model (e.g. size of cohort, number of FTE NSWs); an overview of their approach; answers to the key evaluation questions; and plans to sustain the NSW approach in future.
- **Data and evidence submitted as appendices to the site self-evaluation packs** which included: detailed case studies on the cohort; NSW reflective logs; feedback from partners; evaluation data; cost–benefit analysis; examples of new processes and protocols; examples of presentations and training delivered through the pilot; and photographs of work with the NSW cohort.

Primary data gathered during the evaluation

- **Interviews with site leads in April 2018:** site leads were interviewed by SCIE to gather more data on the impact of the programme and by the Innovation Unit to understand their experience of practice elements of the pilot. Data gathered from these interviews was used to validate the key messages coming through the evaluation packs.
- **Interviews with NSWs:** these interviews were conducted by the Innovation Unit in December 2017 and explored the NSW role, experiences of the pilot and hopes for the future.
- **A baseline and follow-up online survey for NSWs:** this received 19 full responses in December 2017 and 17 responses in March 2018. The baseline survey asked the NSWs to reflect on their confidence when they started the programme, and this was repeated in the follow-up survey as the pilot came to a close. The survey also asked NSWs to reflect on whether they had achieved what they'd hoped through the pilot as well as on any barriers and enablers to implementing an NSW approach at a local level.² Graphs and additional analysis from the surveys are included in Appendix C.
- **Other data taken from ongoing discussions with sites and coaches:** including during the theory of change planning sessions, at the evaluation workshop in January 2018 and in multiple other conversations with sites when completing their self-evaluation packs.
- **Interview with Phase 1 site:** to complement the learning taken from Phase 2 sites, we invited Phase 1 sites to contribute to the evaluation and conducted one telephone interview with a Phase 1 site lead.

[A] [The purpose of this report](#)

This is the programme-level evaluation report. It draws upon a wide range of data sources to summarise the NSW approach and learning at site level as well as present the

emerging impact of the pilot on the cohort and the families around them, the NSWs themselves and the wider system.

[A] Reading this report

This report follows the structure outlined below.

- Pilot profiles: a short summary of the activity at each site, to illustrate the variety and breadth of focus at a local level.
- Scoping out the NSW approach: a thematic review of some the key processes involved in setting up a NSW approach, common to all sites regardless of their individual focus.
- Impact: a thematic review of the NSW pilot's impact on the individual and the people around them, the NSWs and the wider system.
- Conclusions and recommendations: key conclusions from the pilot and recommendations for government and other areas looking to embed an NSW approach.

[A] Other reading

This report should be read alongside other pilot outputs including:

- NSW programme Cost Benefit Analysis report and FROI tool (York Consulting)
- Putting people back at the heart of social work: learning from the NSW pilot (Innovation Unit)
- Peter's Story: The perspective of a person supported by a named social worker (Humanly)
- co-production toolkit ([Humanly](#))
- The Impact of the NSW: a summary of evaluation findings (SCIE, Innovation Unit, York Consulting)

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[SH] Pilot profiles

This section draws on a wide range of data produced by sites over the NSW pilot, including their initial vision statements and final evaluation packs, to produce short pilot profiles that offer a snapshot of site activity. Each pilot profile contains the following.

- **The vision:** the overarching hope for the NSW pilot and what it would achieve locally.
- **The aims:** more specific detail on the pilot core aims and objectives for Phase 2.
- **The approach:** a summary of the approach taken locally, designed to enable sites to achieve their aims.
- **The structure:** a summary of the number of NSWs and the wider NSW team, the size and background of the cohort caseload, the partners they engaged in the pilot and the economic impact of their work.
- **The impact:** a case study or other evidence of how the NSW approach has led to positive outcome for an individual from the NSW cohort.
- **The learning:** from the site's perspective, the key things that have led to positive outcomes, and what they would recommend for other sites.
- **The future:** site's hopes to sustain the NSW in future.

Bradford: embedding a human rights approach in the wider system

The vision

Our vision is ... citizens and social workers being side by side, with citizens having the power to say how they want their lives to be led. A human rights-based approach that supports people to live independently in communities.

Bradford's vision statement

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The aims

Bradford as a local authority was new to Phase 2 of the pilot, but the NSW team had been part of Phase 1 in the nearby borough of Calderdale. As such, despite the differences between the two areas, the management team brought their experience and learning – not to mention vision – as a result of Phase 1.

Specifically, the NSW pilot was seen as a catalyst to embedding a wider human rights approach to social work in Bradford as part of significant culture change. This is outlined by the following quote, taken from Bradford's evaluation pack:

We believe that the endemic low ambition and expectations devalue the lives of learning disabled people.

We were hopeful that social workers educated in the social model of disability, with its theoretical underpinnings in disability studies, held promise to support a different, human rights-based approach to practice, which could challenge deep-held values and assumptions.

Our ambition was that over time this approach may result in learning disabled people experiencing better social work which enables them to access their full range of their rights as citizens.



The approach

Bradford aimed to implement its vision through the following approach and principles:

- have four NSWs starting a process of culture change that made citizens' human rights the focus of social work
- promote independent living and minimise the use of settings that deprive a person of his or her liberty
- work alongside citizens every step of the way
- develop a competency framework for advanced social work practitioners.

The structure

The cohort: The team identified a cohort of 38 individuals across transitions, adults with learning disabilities and transforming care. Of the 38, 6 lived in a hospital or secure unit and 32 in residential care. All members of the cohort had a carer.

The NSW team: The pilot engaged four FTE NSWs. The team was managed by the principal social worker, MCA lead and the programme lead who had been involved with the Phase 1 of the pilot in Calderdale. All social workers were BIA/AMHP qualified advanced practitioners.

Partnership working: Key partners included: the joint learning disabilities commissioner; Bradford talking media editor; director for Centre Disability Research; and specialist commissioning leads. These stakeholders were engaged in various ways, including a monthly planning and review meeting and bi-weekly catch-ups.

The impact

Bradford's case studies are still live and so potentially sensitive and have not been included in this report. However, the Bradford NSW team have worked with colleagues across the social care team and have overturned decisions relating to an individual's mental capacity, leading to new living arrangements informed by that person's needs and preferences.

The learning

For Bradford, the biggest impact was recruiting advanced practitioners into these roles who were experts in human rights and the MCA. The values they feel to be particularly important are as follows:

- People are enabled to choose their place of residence and where and with whom they live on an equal basis with others in keeping with their rights under Article 19 CRPD.
- People are not obliged to live in a particular living arrangement otherwise than in accordance with the MCA or the Mental Health Act (MHA).
- Each person can access a range of in-home and community support services, including the support necessary to ensure inclusion in the community and to prevent isolation or segregation from their community, as is consistent with that person's wishes and feelings.
- People are supported to remain in control, feeling safe and empowered by having a professional who is knowledgeable about their individual needs, and the legal framework for decision-making where the person lacks the capacity to make the specific decision about their place of residence and/or need for care and treatment.
- Where the person lacks capacity to make the specific decision about place of residence for the purposes of care and treatment, all practicable steps shall be taken to enable them to communicate their preferences and to uphold their right to have their previously known wishes, feeling and beliefs taken into account in decision-making.

Bradford's theory was that this pod of passionate advocates working alongside the other social work teams would permeate the wider system. In this way, the NSW pilot was an opportunity to put the building blocks in place to cement this vision.

The future

There are plans to sustain the NSW approach in future, with the hope of building on the positive steps made and expanding the team.

Bradford will continue to deliver CPD events, including training days that focus on legal literacy and human rights. Bradford are underpinning this approach with further work around CPD, including the use of critically reflective supervision, to continue to embed this practice across the whole social work service.

Bradford hope to extend their work in the area of transitions in the future, and would like to explore further options concerning residential colleges for young people with a learning disability and a five-day offer.

Halton: an earlier transitions process to prevent crisis

The vision

Our vision is ... to develop a new transition service that gives young people, from the age of 14, the best chance of a positive journey into adulthood. The named social worker will build long term relationships with these young people using creative and person-centred approaches to help them map their goals, and support to achieve them.

Halton's vision statement

The aims

New to Phase 2 of the programme, Halton Borough Council saw the NSW pilot as an opportunity to explore and test new ways of working around transition. The wider aim was to reduce the number of young people reaching crisis point through an earlier intervention approach. The specific aims were to:

- help young people and families to understand what works already (and what doesn't) in order to develop a new approach to working with the young people who are often seen as the most challenging and who often end up in out-of-area residential placements
- work with young people and those that support them to develop plans that are true to the strengths and needs of individuals and that help them to thrive within their communities
- support social workers to reflect together on their practice and develop a better understanding of the skills and behaviours that enable relational working
- build on a strong foundation of integrated health and social care services in order to ensure that future planning is seamless.

The approach

Previously, adult social care teams in Halton would wait until they received referrals, from various agencies, of young people just prior to their eighteenth birthday. This system wasn't working, and the adult social care team wanted to review their processes. Given the NICE guidelines on transition and wider appetite locally, the NSW pilot was an opportunity to protect time and engage partners around this issue. The NSWs became the core of the new transition team.

The transition team NSWs took a proactive approach to working with young people, by working alongside the children's health nurses and schools to identify the young people who needed support the most, and prioritising them for intense intervention. They also worked closely with a local advocacy agency, Bright Sparks, to understand what 'good transition' looked like from the young people's perspective and to produce tools to help engage them. This enabled young people and their families to develop a positive relationship with their NSW, outside a period of crisis, and so led to better outcomes in the longer term.

The structure

The cohort: Halton has focused on transitions for 16–18-year-olds with learning disabilities and autism. Of the total cohort of 17, 1 lived alone in the community, 14 lived in the community with their family or carer and the remaining 2 lived in residential care.

The NSW team: The team was made up of 2.5 FTE NSWs and a full time social work student. They were supported by one advanced practitioner and one principal manager. Each member of the team was allocated between five and seven NSW cases.

Partnership working: Key partners included a children's nurse and a clinical commissioning group (CCG) commissioner who attended joint assessment meetings. A special educational needs and disabilities (SEND) coordinator supported the review of Education Health Care Plans (EHCPs) and future planning activity with input from schoolteachers, a community matron, a self-advocacy agency and specialist support from the Child and Adolescent Mental Health Service (CAHMS) and an MCA assessor.

The impact

The following case study is taken from Halton's evaluation pack.

Who is this person, what are they like?

C lives at home with his Mum and has a small family network around him. He attends a specialist education placement and enjoys this. C loves the outdoors and enjoys going on his bike, for walks, swimming and horse riding. C has autism and unable to verbally communicate. C requires assistance throughout the day and also support from an MDT to ensure that his health needs are met.

How have you worked with this person during the pilot? Who else was involved?

The Named Social Worker worked closely with C and Mum, visiting him at home and also attending meetings at school. They liaised with the CHC Nurse that is involved with CAD health care as well as the LD Nursing Team. Positive Behaviour Support are involved with C and also had meeting with the Direct Payments Team, commissioning and advocacy. Completion of paperwork.

What was life like for this person before the pilot?

C has Complex Health needs, placement in school that was often disrupted due to challenging behaviour. Mum requested a placement for when C was 18: stressed she did not feel that his support was working. The respite placement not working, as it was making C anxious, his skin condition deteriorated and challenging behaviours increased. Police reports in the community (weekly). To manage his behaviours was thought that C was in pain and the GP has increased his pain killers. His sleep routine was poor, with him and Mum being sleep deprived. There was only 2 PA supporting at home.

What difference has the pilot made?

- Re-evaluation of the use of Direct Payment monies
- Scrapped respite and increased Direct Payment, support at home
- Reduction in challenging behaviour
- More settled at school
- Medication reduced
- Better sleep routine
- Less anxiety for C and Mum
- Support tailored for C needs
- Reduction to LA of £900 per week.

The learning

For Halton, the biggest impacts were achieved by:

- giving the NSWs the space to invest in young people going through transition at a pace led by the individuals themselves
- putting transition at the forefront of all agencies' minds
- having the opportunity to develop documentation/processes that ensured the approach could continue after the pilot's formal end
- working with the local advocacy agency, Bright Sparks, which supported planning and engagement approaches with young people.

The recommendations for other sites interested in this approach would be to:

- develop an action plan and ensure that all agencies, from senior management to front-line staff, are signed up to the shared approach
- ensure that families and young people are engaged and co-working with the new approach, and have dedicated staff with dedicated time.

The future

Halton has secured funding to continue the NSW pilot for several more months. During this period, the pilot lead plans to take a report to the Halton senior management team, with all the information, feedback and Bright Sparks material, along with financial information. This evidence will seek to demonstrate that this approach has not only improved quality of life for young people, but is less costly and reduces crisis intervention. It will also be used to illustrate that a more planned approach to transition leads to a more enjoyable role for the social workers themselves.

Hertfordshire: building on the learning from Phase 1

The vision

Our vision ... is that the NSW pilot:

- situates NSWs as a lynchpin, the connector between the individual and other professionals
- uses a shared collaborative plan (not duplicated in each profession) to create consensus between services
- makes room for creativity in finding person-centred asset-based solutions
- is about being open to input and challenge from professionals, individuals and families, actively seeks feedback and uses it to influence decisions and experience.

Hertfordshire's vision statement

The aims

Hertfordshire was keen to build on the learning of Phase 1, particularly in terms of embedding peer supervision structures for the NSW team as these had been successful in sharing learning, knowledge and best practice. Other aims included:

- spread the NSW approach beyond Phase 1 practitioners and grow the NSW culture across the service
- co-design the NSW service offer and experience with people who use services, carers and front-line staff
- work more closely in partnership with colleagues in health for more integrated delivery
- codify the NSW approach in a 'scrapbook' of practice and develop a deeper understanding of its impact and sustainability.

The approach

Hertfordshire identified two teams on either side of the county, led by social work team managers to lead on the NSW pilot. Each team had four NSWs working on a mixed caseload, including cases deemed to meet the pilot brief. Not all of the NSWs were the most senior or experienced, as one of the objectives of the pilot was to build and share learning across the team and beyond the Transforming Care social workers.

Through the peer supervision structures, teams had protected time and space to creatively engage with the cohort, to be less risk averse and build longer-term, trusting relationships. Hertfordshire also aimed to increase partnership working with providers and health colleagues, by engaging them in pilot meetings and encouraging NSWs to network across teams.

The structure

The cohort: The cohort was made up of 10 adults with learning disabilities who had mental health or behavioural needs requiring specialist assessment and treatment services and who were at risk of experiencing the criminal justice system. Of the cohort,

four lived in supported living, two had their own flats in the community (one with 24-hour support), one was in prison and three were in residential care.

The NSW team: There were eight NSWs who had a mixed caseload (averaging a caseload of 24, with between one and three NSW cases each). They came from two teams within the adult disability teams. Each team had a team manager and deputy team manager who directly supervised them. They had mixed levels of experience: two with under 2 years of post-qualifying experience; four with 5–10 years of post-qualifying experience; and 2 with 10 years of post-qualifying experience.

Partnership working: The Community Assessment and Treatment Service was involved in all cases, attending two formulation meetings and two care and treatment reviews. Other partners included the provider service, advocacy, the commissioned health provider, the general hospital and the wider family of three cases.

The impact

The following case study is taken from Hertfordshire's evaluation pack.

Hertfordshire case study

As part of the Named Social Worker pilot I worked with a 35year old lady who suffers from mental health issues, autism and physical disabilities. I became involved in her case when she was waiting to be discharged from the mental health unit and my role was to support the discharge and make sure that she is appropriately supported in the community.

Ms G has a history of being readmitted to a mental health unit after her placements break down. My priority was to prevent further hospital admission and support Ms G to rebuild her life and integrate back in the community. The Named Social Worker pilot allowed me to use my creativity and try unconventional ways of working to achieve Ms G's goals. Thanks to a protected caseload I was able to meet with her even twice weekly (each time for at least 2 hours) jointly creating her care plan, taking her out, discussing support options, meeting with professionals etc. I was not afraid to try different support options (reducing/increasing care etc) and clearly promoting positive risk taking practice because I felt that being on NSW pilot allows me to do that.

I would often challenge mental health workers' decisions, who based on their previous experience of working with Ms G, would be very risk averse limiting her options and trying to implement the restrictions which in my opinion were unnecessary. I spent hours working closely with the support staff, explaining the relevant legislation to them, supporting them with their recording skills all to make sure that Ms G is supported in a less restrictive and positive way. I would try thing that did not work in the past due to Ms G being too challenging, I would purchases the same items over and over again even though the previous ones were smashed by G- working very closely with her to prevent further damage.

Although the core professionals were not pleased with the idea to purchase a laptop for Ms G due to various reasons including a safeguarding concern raised couple of years ago, risks of damaging it, risk of not engaging in community activities etc, I decided to buy her a laptop which she wanted and there have been no incidents with it.

This is an extract from a Named Social Worker reflective log.

The learning

Hertfordshire describes its approach as similar to a practice development programme which works well for both experienced practitioners and less experienced practitioners alike. For experienced practitioners the pilot was an opportunity to challenge established practice and refresh thinking. By talking about the approaches used, practitioners brought to the fore their knowledge and skills that could be shared with less experienced practitioners. Additionally, the peer group approach brought in expertise in the form of workshops or visiting professionals which kept the learning active and interesting.

Hertfordshire identified some barriers to delivering this type of activity during a period of organisational change, particularly as it could be challenging for practitioners and managers to find the time to attend peer group sessions or write reflective logs. Nonetheless, the peer group approach provided a source of stability and helped people to hold on to good practice during wider flux.

The future

Hertfordshire has plans to continue the NSW approach locally. In particular it plans to identify cases that fit the criteria across the seven adult disability teams and identify the social workers working with those individuals. This is anticipated to be no more than 35 cases.

To share and disseminate the learning, NSWs will be asked to produce a guide to what skills and approaches have been used on the pilot. Hertfordshire also plan to maintain the NSW peer group, continuing with support from Transforming Care professionals, and to bring in the Community Assessment and Treatment Service and a wider cohort of social workers. Hertfordshire intends to continue to use the co-design toolkit and person-centred tools to help support individuals to express themselves. However, Hertfordshire is aware that the NSW approach needs investment if it is to be fully maintained, as outlined below:

Developing approaches to support co-design and gain feedback on practice needs investment in order to help practitioners to work out how this can be achieved as part of normal practice.

Hertfordshire's evaluation pack

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Liverpool: developing a ‘city wide’ transition journey

The vision

Our vision is ... to develop a new ‘transition journey’ from children’s to adults’ services for a young person, building on their strengths and aspirations, promoting their independence, wellbeing and choice. The principle of the NSW embodies the foundations of best social work practice. Acting as a key ‘connector’ across multiple agencies and systems, NSWs will build a meaningful assessment to facilitate an effective transition journey to adult life.

Liverpool’s vision statement

The aims

As a site which was involved in the first NSW pilot, Liverpool aimed to consolidate the learning and best practice of Phase 1 and embed it into the wider neighbourhood teams. However, for Phase 2 this was to have a specific emphasis on working with young people with complex needs at the point of transition to adults’ services. The aim was to work in collaboration with young people, parents/carers, social workers and other professional partner agencies/services to develop effective plans for individuals and a new asset-based assessment tool that was co-produced and designed to facilitate a positive journey to adults’ services and adult life.

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The approach

Liverpool’s overall approach was to deliver the project based on a cycle of analysis, planning, doing and reviewing. The cohort identified as part of the pilot included 27 young people in transition with complex needs, accommodated out-of-area. This group was identified following on from Phase 1 of the programme.

Liverpool proactively engaged a wide range of stakeholders across adults’, children’s and health services. It initiated a multi-agency project team that met on a fortnightly basis to progress the project and support the work of the NSWs. Liverpool also ran a series of focus groups with wider partners to understand the issues of transition from a strategic perspective and to design the action plan.

In partnership with the children’s social workers and independent reviewing officers, the NSW team worked collaboratively over a number of weeks to develop pen picture exercises (mini-biographies) with each individual being supported by the pilot, drawing on information and data from multiple services and professionals. Given the time limited nature of the project, this approach was considered to be the most appropriate route to understanding more about the individuals before being introduced to the NSW. It also provided assurance that these plans would be sustained once initial contact had commenced from adults’ services.

The structure

The cohort: The cohort included 27 young people of transition age in out-of-area placements who had either a learning disability and/or autism diagnosis, and also included individuals who had no formal diagnosis but presented with challenging behaviour.

The NSW team: The team consisted of two FTE NSWs who were supported by a team leader and a community, locality and divisional manager. They had between two and eight years of post-qualification experience (one is a practice educator). Each NSW was allocated nine cases.

Partnership working: A wide range of partners were engaged in focus groups, including the adult social care transition team, neighbourhood and mental health teams, children's social care reviewing officers, the leaving care team, the permanence team, the adult community learning disabilities health team, a specialist school pastoral lead, Alder Hey's Children's Hospital transition team and parents and carers. A range of partners were attended NSW fortnightly meetings including service managers, the adult service commissioner, the SEND lead for children's services and the early help information officer. The team scheduled meetings with CAMHS and school nurses to take place at the end of the pilot.

The impact

The following case study is taken from Liverpool's evaluation pack.

Liverpool case study

Who is this person, what are they like?

P is 16 years old and is currently living in a residential children's home he shares with two other boys and attends a specialist education provision. Both his residential home and education provision are out of area.

P loves to play on his computer by finding clips of his favourite movies on you tube and repeatedly playing short sections of them over and over again. P has a diagnosis of autism and displays behaviour that challenges and at times severe self-injurious behaviour when agitated. P does not respond well to demands being placed on him or changes to his routine. P is largely non-verbal although he can repeat words you say, and has a few words he says without prompting. P uses verbalisation noises to convey how he is feeling. One of the most important things he will say is 'shut door' which means you must leave the room.

How have you worked with this person during the pilot? Who else was involved?

I went to school to complete an observation and he allowed me to stay in the same room as him for 20 minutes and watched a little of what he was doing on his computer. This was positive as I was advised that P often asks new people to leave. Building a relationship will P will take time; I have met his teacher and support staff at school, the manager of his children's home, the Children's social worker and both of Ps parents. A PEN Picture has been completed and a Care Act Assessment commenced.

What was life like for this person before the pilot?

P has been in his current placement for about 18 months and in his current school since September 2016. He had regular visits from his parents but Ps primary focus is engaging with this computer and diverting his attention from this can lead to agitated behaviour. Achieving progress in this area required intensive work. We have now started the transition journey in a meaningful, person centred way engaging with key stakeholders.

What difference has the pilot made?

Early assessment has identified that P has complex needs, which will likely lead to him requiring a specialist service as an adult. Early assessment will inform/frame the commissioning process and assist in his transition to adulthood and adult services.

My conversations with both of his parents have helped alleviate some of their concerns as we all have a clear idea of what outcome we want for P and what a good transition for him would look like and the assessment process has led to a number of recommendations being made, which will be added to the current care plan that is in place from Children's services.

The learning

From the experience and learning to date, Liverpool would certainly recommend this approach to other areas. The response from NSWs, managers and partners was overwhelmingly positive and Liverpool are continuing this work across the city post-pilot.

For Liverpool, the best outcomes have emerged through the relationships built with children's practitioners. It became apparent that they had concerns regarding some young people that they would not have considered referring to transitions, yet after discussion with the NSWs this was deemed to be very appropriate, and a more coordinated approach, embracing person-centred planning, could commence.

Early asset-based assessment provided a platform for a better transition to adulthood and adults' services. A large number of the cohort were in residential care and therefore the primary focus was often around crisis and placement management. This could be a barrier to focusing on preparing for adulthood and ensuring there was appropriate time to develop the necessary skills to be independent within a community setting. By addressing this, the project had a positive impact on the young people themselves as they had an adult self-supported assessment that may not have taken place without the pilot. Their aspirations were recorded, and planning could commence to achieve these.

The focus groups also identified the issues in practice from a multi-agency perspective, which interestingly identified many of the same issues. This allowed practice development to become focused, and meaningful changes in practice to be made. This will be ongoing in combination with workforce development.

The future

Liverpool has been successful in securing additional funding over the next three years to further develop the NSW approach. The additional funding will enable further work to be undertaken to streamline the process of transition, ensuring young people are identified at the earliest opportunity and NSWs are allocated to support the planning of future services through a promoting independence approach.

[Sheffield: good social work during organisational change](#)

The vision

Our vision is ...To develop a professional and meaningful relationship between NSWs and individuals and their families that goes beyond support at crisis point, is proactive, tailored to clients' needs and circumstances and allows for flexibility.

The three key responsibilities of the NSW team are:

- creating meaningful, professional and person-centred relationships with individuals and their families
- ensuring a multidisciplinary approach and liaising with other professionals to enable it
- taking accountability and responsibility for professional decisions while advocating for the individual.

Sheffield's vision statement

The aims

Phase 2 of the NSW pilot in Sheffield has focused on embedding the learning from Phase 1 across a bigger team, the Future Options Team, which works with customers who have complex needs and are in restrictive care settings. The aim was to move them to community care settings that promote their independence where possible. Sheffield also wanted to explore how this work could impact across all adult social care teams in the city, which were restructured in September 2017 and moved to locality-based (as opposed to specialist) teams.

For Sheffield, the Future Options Team seemed to be the natural home for Phase 2 of the NSW pilot. It aimed to improve, shape and embed NSW practice, and test the model in a busy social care team faced with competing pressures and priorities. Specifically, some of the issues that the pilot wanted to address were:

- individuals are spending too long in hospitals and out-of-town facilities, away from their communities
- individuals often don't know who to contact when issues arise, meaning initial contact is often during crisis
- processes can be frustrating and intrusive for individuals, with each stage of interaction likely to be with a different person
- carers are frustrated that focusing social worker roles around tasks reduces skills and the chance to build relationships
- interactions are short, specific (narrow) and focused on completing tasks and assessments, rather than building independence.

By the end of the pilot, Sheffield wanted to have a good idea of the added value of the NSW approach and recommendations on how to apply it across other adult social care teams, identifying which service users were likely to benefit from it most. The Future Options Team was also an innovation site for the 'Three Conversations' model (currently

being rolled out across adult social care and referred to as 'Conversations Count'), and Sheffield wanted to see how the two approaches might complement each other and assess the strengths of each.

The approach

The original ambition was for all 10 of the Future Options social care workers to have a cohort of three NSW cases. However, competing priorities meant that the team was split between this pilot and the 'Conversations Count' innovation site. While they had many similarities, it was decided to keep the pilot cohorts separate to allow for more robust data collection and benefit-measuring.

One of the Phase 1 NSWs continued into Phase 2 and is an expert practitioner who has helped improve, shape and embed the pilot's practice. Other members of the Phase 1 team who joined the Phase 2 team included the practice development coordinator, the team manager and the commissioning officer. Sheffield defined three key responsibilities of the NSW pilot as:

1. Creating meaningful, professional and person-centred relationships with individuals and their families.
2. Ensuring a multidisciplinary approach and liaising with other professionals to enable it.
3. Taking accountability and responsibility for professional decisions while advocating for the individual.

The structure

The cohort: The total cohort included 15 individuals, with 7 of those from the Transforming Care cohort. The cohort were people with learning disabilities and mental health needs who were living in a hospital or restrictive setting in the community.

The NSW team: The team included five FTE NSWs who were supported by a Future Options team manager, a practice development officer, a project manager and a commissioning officer. Each received three NSW cases, which were part of an average of 14 cases per person.

Partnership working: a number of key partners were engaged throughout the programme including an independent advocacy group which was used to co-produce pilot documents such as letters and questionnaires. Other partners included residential and nursing care providers, CCG and continuing healthcare (CHC) stakeholders who attended multidisciplinary team meetings, and housing providers and commissioners. Sheffield Health and Social Care Trust was also involved in discussing acute services and multidisciplinary team support, as was NHS England in relation to Transforming Care cases.

The impact

The following case study is taken from Sheffield's evaluation pack.

Sheffield case study

Who is this person, what are they like?

VM is a young lady who has a very good sense of humour. Due to her PDA she struggles to initiate and progress through daily living tasks. As a result she can become verbally and physically aggressive. Long term she would like to live in a flat of her own, and would like a job. This would be in Sheffield. VM has lots of interests such as; horror films (her favourite is The Nightmare Before Christmas), art activities, anything to do with animals. She is 27 and currently living in a hospital unit.

How have you worked with this person during the pilot?

The pilot has given me the opportunity to visit VM more regularly. I have been able to support her to have pet therapy. She has a close relationship with me, and will confide information that she is not willing to share with the ward. I am then able to attend MDTs and pass on this concerns, raising Safeguarding where necessary. A member of her family has become unwell while I have been working with the her, and so I have been able to support the family also. As I have been visiting VM, and getting to know her I was able to challenge one of her diagnoses and request that she was assessed for PDA. Following this staff were offered specific training linked to this by the ward.

What was life like for this person before the pilot?

VM has had two admissions to ATS in the last two years. On this occasion she has been on the ward for over a year. VM was living at a specialist residential unit, however following safeguarding concerns this accommodation was closed. VM was physically and verbally aggressive whilst at her home, and police were called on several occasions. VM is currently medically fit for discharge.

What difference has the pilot made?

Before this admission, the police had been called to VM on several occasions; her placement was not stable and broke down. She requires a high level of support in a specialist accommodation. VM is now fit for discharge, and by being in the pilot I have had the opportunity to spend more time researching and visiting placements. The hope is that she will be discharged to a more appropriate placement which can meet her needs.

The learning

For Sheffield, the NSW approach fitted with social work values and lead to better long-term outcomes for people who use services, with less crisis management. It focused on individuals and their outcomes and helped to plan for, and manage, crisis situations, leading to fewer formal complaints.

For the cohort

- Consistency is important for providers, partners and families too. It helps families to know who to contact, reduces their anxiety and avoids their call being stuck in the system.
- The pilot allows social workers to undertake a preventative role, focusing on quality of life, to give people a better life.
- The use of PEN pictures is good practice, as it turns someone who may be treated as a customer with a narrow set of needs into a person, and provides an opening for conversation based on their interests, to develop rapport and find out previously unknown information about them.

- An NSW is beneficial for some people to help them navigate the social care system.

For the NSWs

- Time for reflective practice has helped them to develop professionally.
- Peer and reflective discussions have improved staff morale and satisfaction.

For work with partners

- Spending more focused time with Transforming Care cases and the multidisciplinary team has improved quality outcomes for the cohort, including three discharges.
- Improved lines of communication have come from more regular contact with multidisciplinary team partners and have resulted in agreeing roles, responsibilities and ownership with them, leading to better outcomes for people.
- It enables Sheffield to improve its professional standing with other professionals in the multidisciplinary team environment, and clarifies their expectations of social workers.
- It is not one size fits all. The focus is on those with the most presenting risks, for example autism-specific cases in the community, and this helps to prevent escalation.

The future

Sheffield plans to continue to use the NSW approach through the care and treatment review process for Transforming Care cases in the Future Options team, and when working with people in the step-down process. Some of the cases will transfer to locality teams and they expect to recommend that this approach is continued with some individuals.

Sheffield is also planning to explore its links with the 'Conversations Count' approach to embed good practice across the wider adult social care teams. Additionally, its final internal evaluation of the pilot will take place at the end of June 2018 and Sheffield is hoping to demonstrate the benefits of this way of working with some people (e.g. complex learning disability cases) to its internal partners in adult social care.

Shropshire: earlier intervention and a system-wide approach to transition

The vision

Our vision is ... To develop a more transparent and accessible transition process in Shropshire that ensures that young people and their families:

- have consistent and trusting relationships with their social worker and other service professionals at the point of transition
- have a clearer understanding of the process of transition and who is involved
- receive transition information earlier and trust the system is going to work
- are involved in conversations to shape a tailored transition plan so that their needs and aspirations are understood and met.

Shropshire's vision statement

The aims

In Phase 2 of the NSW pilot, Shropshire aimed to deliver the following objectives for the cohort, the NSWs and the wider system.

The cohort and their families

- The aim was for a cohort of 12 young people to have completed person-centred support plans that would allow them to transition from school in a planned way that minimised stress and anxiety. These plans were to be built upon strong and trusting relationships with them and their families which promoted the independence of each young person.

The NSWs

- The aim was for the NSWs to become skilled in working with transition-age young people to promote independence, choice and control over their lives. Each social worker was to gain a thorough understanding of the processes involved and build strong relationships with partner agencies.

The wider system

- Shropshire aimed to have a better understanding of the system for transition, both within adult social care and across the wider system, and to work more effectively with partner agencies to facilitate early intervention and longer-term planning.

The approach

The overall approach was to adopt a 'virtual transition team', with social workers from across Shropshire's localities working together. This aim was to release NSWs from the pressure of a mixed, generic caseload led by crisis intervention, and adopt an earlier intervention model. Shropshire also implemented a peer support model of group supervision to enable the team to gather county-wide resource information.

NSWs were given the freedom to explore what an NSW approach might look like in Shropshire, with a focus on person-centred practice. Through peer supervision, the team developed the concept of 'business as usual' (BAU) and the NSW approach to allow

them to highlight the differences between the two, and articulate how they could implement a new model within transitions in future.

The structure

The cohort: The cohort was a group of young people from Shropshire's specialist education academy, involving 12 young people and their families (10 young people from year 14 and 2 from year 13). The young people were from the complex and profound and multiple learning disability (PMLD) groups within the school.

The NSW team: The team comprised three NSW at an FTE of six days per week. Each had four NSW cases and worked two days per week on the pilot. Each social worker covered a different geographical area (north, central and south Shropshire). The team was supported by a principal social worker and a senior social worker (transition lead).

Partnership working: The team's key partner was Severndale Specialist Academy, a local specialist school attended by the cohort. The school helped the team recruit the cohort and communicate with parents, and provided general support in communicating with the young people. Shropshire Joint Training and Taking Part helped develop, deliver and facilitate the parent workshops, with the latter also supporting one-to-one advocacy.

The impact

The case studies submitted by Shropshire are potentially identifiable and therefore cannot be shared in this report. However, this photo illustrates creative approaches to person-centred planning in practice, between an NSW and an individual from the NSW cohort, taken from Shropshire's evaluation pack.

The learning

The biggest impact for Shropshire in the future will be the system change that occurs based on the evidence generated during the pilot. The protected social work time that the pilot financed gave Shropshire the opportunity to identify the challenges in the county to delivering 'good social work' with people with learning disabilities, and to explore ways to make improvements. Key to this is early intervention.

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

Shropshire evaluation pack



Additionally, Shropshire found that partnership working is key, and time spent investing in relationships with partner agencies was successful in terms of both outcomes for young people and value for money. Shropshire believes it now has a good understanding of the knowledge, skills and values that transition social workers need to support young people to plan their 'good life'. Specifically, for the area of transition, Shropshire would recommend:

- working with young people as soon as is practicable within the organisation as planning and early information-sharing with young people and their families is key

- developing a model within the organisation that protects NSW time
- building relationships with, establishing and working towards a shared vision with partner organisations
- introducing advocates for young people before issues arise
- being realistic about what can be achieved in a short timescale
- being very clear to young people and parent carers about timescales, outcomes etc. to avoid unmet expectations.

The future

The Shropshire team feel positive that the NSW pilot has given them a wealth of evidence to inform how the system can change to improve outcomes for young people in transition. They are developing a transition process to support an early intervention model which can be implemented once system change is agreed. They report:

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

Shropshire evaluation pack

As part of this, Shropshire has prepared a benefits and burdens summary for all options to guide how the team is constructed, from social workers remaining generic with an upskilling programme through to a centrally located and managed transition team, with a range of options in between. On completion of the pilot, this will be presented to the senior management team for a decision to be made on the structural changes to the teams.

For this approach to become sustainable, Shropshire will need to ensure it is offering services that offer best value. This will mean working in partnership with both council provisions and provider organisations to ensure the services on offer are able to support young people to develop their independence and maintain their skills.

[SH] Defining the NSW approach

Beyond taking a ‘named worker’ approach, the NSW pilot was non-prescriptive. The specific cohort, policy angle and overall approach was to be shaped by sites to meet their local needs. As a result, sites devoted the early stage of the pilot to refine their thinking about the pilot’s focus and the specific NSW approach that would deliver it. From deciding which cohort to engage, recruiting the NSW team, identifying and engaging key partners and stakeholders to designing pilot materials and processes, each site identified a set of specific activities before the pilot began to deliver in earnest. This section looks across the pilots and presents a thematic review of these key activities.

[A] Piloting new ways of working

[B] Focus on transitions

Three sites – Halton, Liverpool and Shropshire – used the NSW pilot as an opportunity to test approaches to improving practice and processes around transition. These sites were concerned that, as is common nationally, young people in their areas were not adequately supported into adulthood. There was an awareness that adults’ services were only picking up these cases as they hit a crisis point or on their eighteenth birthday.

Additionally, sites described how young people and their families had to be supported to understand the different legislation, practice approaches and services that characterise adults’ rather than children’s services. For example, children’s services protect the young person from risk, whereas adults’ services give individuals control over their decision-making, as explained in the following quote:

The focus in children’s services is to contain the risk while there is a recognition within adults’ services that individuals are able to make what may be considered as unwise decisions.

Liverpool evaluation pack

This change in risk management can be challenging for a young person and their family to understand, and sites described how they wanted to ensure that transition social workers were able to guide young people through this process.

Sites also used the NSW pilot as an opportunity to map out the wide range of stakeholders, from children’s and adults’ services, through to health and housing partners, local schools and colleagues – not to mention friends and family – who were involved at different points of the process. This helped identify key partners to engage through the pilot so that they could help shape a locality-wide response to improve transition.

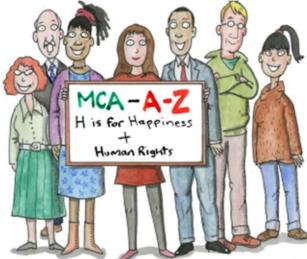
[B] Focus on the wider view of social work practice

The other three sites focused on adults with learning disabilities, autism and mental health conditions who had higher level of need, particularly those who were considered part of the Transforming Care cohort. Sheffield, Bradford and Hertfordshire worked with individuals from the Transforming Care cohort, as they had done in Phase 1, working with a high number of individuals in residential or out-of-area settings. For Bradford, the NSW approach was synonymous with a human rights approach to social work, whereby social work is a means to uphold a citizen’s right to liberty. This meant that the NSWs took a

different approach to other sites, working as a pod that supported the wider social work team to follow the overarching principles of a human rights approach across the wider caseload. As Bradford commented:

[Our approach is to take] into account a long-term view of developing a workforce with human rights as its base while upholding people's rights during this process.

Bradford evaluation pack appendix



In these ways, the sites used the NSW pilot very flexibly – from exploring a specific local process to being part of a values-based approach to change – depending on the vision and the local needs to be addressed. As such the pilot gave sites the opportunity to protect time to test, trial and embed new ways of working for wider system and practice change.

[B] Using wider partners to shape the approach

For sites focusing on transitions, identifying and working with a wider group of partners such as advocacy organisations and specialist education providers was one way to quickly learn more about the transition process and the specific issues facing different stakeholders.

Wider partnership working was also a way to engage the young people in the cohort, as well as their families and carers, and to build in their views of the process. This worked particularly well for Halton, which worked with Bright Sparks to deliver a series of workshops with young people to understand more about how they liked (and disliked) to be engaged. Similarly, Shropshire had the support of a local specialist education provider that helped recruit the cohort and reached out to parents, and Liverpool put on a series of workshops to explore multi-provider perspectives around transitions to help unpick and redefine the process.

Other sites described the importance of engaging partners to help shape the approach and supporting materials. Bradford worked with a local advocacy organisation, Bradford Talking Media, to test out ideas of what 'good social work' looked like from the perspective of people with learning disabilities and autism, and Sheffield approached a local advocacy agency to help co-produce NSW materials including letters and a questionnaire.



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Source: Image taken from Halton and Bright Sparks transition event.

[A] Building the NSW team

[B] Recruiting NSWs

When recruiting for the NSW team, sites often approached individuals with a complementary skills mix, for example those with experience of working in children's services or particular knowledge of the MCA. Others actively looked to build a team of social workers with mixed levels of experience, to transfer knowledge across and upskill individuals across the team. Remaining sites asked for an expression of interest, which served to identify the most keen and passionate applicants to take into the role. In these

ways, sites were able to recruit a high calibre of enthusiastic social workers onto the team despite the short pilot time frame.

Recruitment tended to be quicker for Phase 1 sites who could approach social workers involved in Phase 1, or who might still be working with an NSW caseload. Despite this, building the team of NSWs still required a degree of administration and internal negotiation, which meant that recruitment was often an involved and fairly lengthy process.

[B] Allocating the caseload

Sites had to make a series of decisions concerning the caseload structure for NSWs in the pilot. The sites took very different approaches, often shaped by their overall vision for the role. Bradford operated as a pod, allocating the NSW cohort across the wider team and offering targeted support and training to other social workers around key components of the Human Rights Act, MCA and other legislation. Liverpool similarly offered peer support to other social workers holding the main point of client contact alongside some direct NSW activity. The Shropshire NSW pilot had a smaller team but with dedicated days per week to the pilot, meaning NSWs had protected time to work intensely with their cohort. The remaining sites took a mixed caseload approach, having a larger team working on a reduced number of cases overall, to give them the space to increase their time with the NSW cohort.

The decision concerning how to structure the teams was influenced by various factors including the vision of the overall pilot, the appetite and availability of suitable social workers to recruit to the team and the size of the overall cohort. The shorter pilot time frame, not to mention sites operating in the midst of wider organisational change, meant that initial plans could quickly change depending on these factors. This meant that sites had to be flexible and pragmatic in their approach.

[\[A\] The knowledge, skills and values of an NSW](#)

[B] Doing 'good social work'

One debate that runs throughout the pilot is the question of whether the NSWs apply a different set of knowledge, skills and values to non-NSWs, or whether the NSW pilot is actually an example of 'good social work' in action. This debate continues from Phase 1 of the programme and the overall conclusion from sites is that the core knowledge, skills and values of an NSW fit into a broader definition of 'good social work'. The pilots have been an opportunity to test what it takes to put this into practice with a cohort that often achieves poor outcomes and for whom complex systems, processes and resource pressures can supersede person-centred and asset-based support. This is well summarised by the following quote taken from the NSW survey:

[Named social workers have the] same skills that make a good social worker: listening skills; the ability to build trust; honest and open communication; observation skills; multiagency working; consistency and empowering people to make their own decisions.

Follow-up survey respondent

Inevitably, putting 'good social work' into practice isn't easy. Sites describe a range of ways in which they supported their NSWs to develop and deepen the knowledge, skills and values required to do good social work with people with learning disabilities, autism and mental health conditions. This involved training in person-centred planning, legislation and the generation of a wide range of tools to encourage creative forms of meaningful engagement. It also involved reflective practice and team working. This support was designed to build confidence when working with and advocating on behalf of the cohort.

This theme is explored in more detail in the Innovation Unit's practice guide, Putting people at the heart of social work: learning from the named social worker programme.

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[B] Training

In order to support NSWs to develop their practice, sites put on a series of additional training sessions for the NSW teams. These ranged from informal workshops to a series of CPD sessions. Training varied across sites. For example, Shropshire's wellbeing through person-centred planning sessions and Bradford's training on the MCA. Sites which focused on transitions also took the opportunity to train NSWs on children's legislation, and Liverpool brought social workers from children's and adults' services together for shared learning focus groups, as outlined below:

Shared learning included [the] children's social work team being informed about adult legislation including [the] Mental Capacity Act 2005 and adult services staff gaining a greater understanding of the Children and Families Act 2014.

Liverpool evaluation pack

[B] Producing tools for meaningful engagement

The scoping phase was an opportunity to work with self-advocates to produce tools for meaningful engagement, whether that was producing a consent form for being part of the pilot or tools for ongoing person-centred conversations. Halton's work with Bright Sparks shaped 'easy read' feedback forms and materials, as well as smiley face tools which were subsequently used with the young people involved. Halton has since commissioned Bright Sparks to produce a film to help explain what transitions means to young people with learning disabilities and autism. Alongside these tools were a wealth of other materials that sites produced to support NSW delivery, including assessment forms, leaflets and awareness-raising materials, feedback materials etc. Some of these can be found in a separate site profiles and resources document.



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As part of Phase 2's programme support, SCIE and the Innovation Unit worked with a specialist agency, Humanly, to support sites to identify tools and approaches to facilitate meaningful engagement including:

- using creative techniques to make involvement more enjoyable and accessible, such as mood boards or smiley faces
- encouraging NSWs to go to different places with their cohort, rather than meeting in less familiar or the same surroundings each time

- involving people that know individuals with learning disabilities, autism and mental health conditions well, for example support workers who may be able to help contextualise or interpret responses
- producing a set of creative tools for meaningfully engaging people with learning disabilities, from planning to evaluation.

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[A] Setting up the NSW approach

What is significant about the pilot is that the NSW approach allows 'good social work' for people with learning disabilities, autism and mental health conditions to happen in practice. It does this in a range of ways, but most notably by protecting the time for NSWs to move away from a time and task model and focus on the details that matter to the person, as explained by the following extract:

The social workers involved in the pilot feel that the knowledge, values and skills are the same as for other social workers in the Future Options team, but [the NSW pilot means] they are enabled to focus on them. Although the work isn't different to their normal roles, it has allowed time to dig into the details instead of being task focused.

Sheffield evaluation pack

The evaluation revealed a number of other ways in which the NSW approach enabled good social work for the cohort to happen in practice. Many of these themes started to emerge during Phase 1 of the pilot and are explored in more detail below.

[B] Protected time to do 'good social work'

One of the core components of the NSW approach is that it protects time to do 'good social work'. In this way, NSWs are encouraged to tailor their contact with the individual and the people around them, depending on their needs and preferences. It allows them the space to think about and engage differently with the people they work with and the freedom to build up a better understanding of each other. Fundamentally, this time to build relationships is seen to increase the trust between the NSW, their cohort and the people around them, and allows them to build better and more sustainable long-term plans and prevent crises from occurring.

Overall, sites reported that they were able to protect the time of the NSWs to work more intensively with their cohort. Here is an indication of what this might look like, taken from the Hertfordshire evaluation pack:

A range of between nine and 121 interactions were recorded per NSW between October 2017 and end March 2018, which included direct contact with client, meetings, professional liaison, family liaison. Of these interactions there was a range

from one to 31 direct contacts with the individual client, either face to face or by phone.

In two individual NSW cases there were over 80 interactions in the time period (one, 81 recorded and the other 121). In the other eight cases there was between nine and 35 recorded interactions in the time period evaluated.

There is a wealth of evidence that describes how the NSWs were given the time to build up trusting relationships with the people they worked with. There are examples where NSWs arranged to meet their cohort in different settings, to build up a more holistic picture of them, rather than always in the same place. There are descriptions of just spending time with the individual, watching them at play, or with other people, to understand what drives them and learn more about their interests. As the following extract from Sheffield's evaluation pack shows, this protected time gave NSWs the flexibility to trial and test different support packages, with relationship-building across partners at the core:

The NSW approach has differentiated from the normal way of working through having initial interviews, consultation with [the person using services], satisfaction questionnaires, reflective weekly meetings, and we have developed tools and invested in training to support the reintroduction of person-centred planning. There is a focus on building relationships with other professionals, agencies and institutions.

Having protected time and the permission to be led by the cohort's needs and preferences is turning a time and task model of social work on its head. Sites reported that it was sometimes hard for social workers to adapt to this way of working, particularly as it challenges traditional role boundaries and structures that dictate what is and isn't possible. It also requires more emotional engagement, empathy and resilience, which in turn were fostered through creating meaningful reflective spaces. Sites reported that it sometimes felt 'strange' to work in this way given the usual focus on 'output'. This is illustrated by an extract from Liverpool's evaluation pack:

One of the named social workers reflected on the time it took to visit a young person out of area and that the usual practice would have been to commence the assessment [straight away]. She reported that it felt strange to not have an 'output' from the visit but recognised the importance for the young person to have the time to reflect on her future as she hadn't previously given this much thought.

However, while the NSW pilot protects time for the NSW to work more frequently with their cohort, sites were keen to point out that not everybody would want or require such intense engagement all of the time. Again, this would vary according to the individual and their needs at that particular time. In other words, the NSW approach is not just about increasing contact for the sake of it. It's about really understanding people in order to make sure they have the appropriate support going forwards, where some of that support could

be from family or community organisations, and sometimes would involve a more intensive, ongoing social work intervention. Sites often described an initial engagement-building process which could then become more light touch once trust has been established, as outlined by the following quote from Hertfordshire's evaluation pack:

Once the NSW has developed trust and demonstrated that they have understood what is important to the individual, the NSW may only need to have occasional direct/indirect contact.

This intensive relationship-building is particularly important for the early contact but doesn't have to be maintained throughout the NSW relationship.

It is also worth noting that while there is a wealth of evidence concerning relationship-building and improved outcomes as a result (as explored in more detail in the impact section of this report), there are examples where this was not always possible. For those individuals in out-of-borough placements, an NSW might only be able to visit once a month, and at the same setting. Additionally, given the different starting points of individuals within the NSW cohort and the people around them, sites reported that for some cases it would take longer to build trusting relationships than the six months of the pilot. Nonetheless, NSWs tended to agree that the protected time gave them the space to work with the individuals at their starting point and to go at their pace.

[B] Resetting the permissions framework

A significant way in which the NSW pilot set up a framework within which 'good social work' could operate was through the way in which it reset the permission for social workers to use their judgement and take positive risks as an integral part of their social work practice. Phase 1 findings of the pilot showed this was central to the NSW approach, and this continued as a key theme into Phase 2.

As already noted, approaches to risk change between children's and adults' services. Additionally, sites described how system-wide partners are also risk averse, for example health colleagues looking to increase packages of care or housing providers who are reluctant to extend tenancies. In this way, social workers are operating in a wider risk adverse environment which, exacerbated by high caseloads and the time and task mentality, can make it difficult to think creatively or build up an argument to back what might be viewed system-wide as an 'unwise' decision.

Perhaps given this system-wide view, all sites talked about the importance of risk-taking as a key component of the NSW approach. This was seen to be a hugely valuable aspect of the pilot by management teams and NSWs alike. For Bradford, risk-taking lies at the heart of the human rights approach to social work and is a core part of the NSW offer. Bradford make the link between risk-taking and the MCA to explain how risk-taking is part of social work practice (rather than a breach of the duty of care by professionals), as outlined below.

The principles underpinning the Mental Capacity Act 2005 that an individual must be assumed to have mental capacity to make certain decisions unless it is established that they do

not, [are] core to the way we work. Every effort will be made to support the individual with decisions. If an individual has the mental capacity to make an informed decision and chooses to live with that level of risk they are entitled to do so. The law will treat that person as having consented to the risk and so there will be no breach of the duty of care by professionals.

Bradford, Risk Enablement Panel Framework

To support the wider social work teams, Bradford set up a Risk Enablement Panel. It advises that social workers should always follow the usual positive risk assessment and action planning processes, but when no agreement on risk is reached they can approach the Panel and attend with the individual concerned and/or the people around them. Other sites described how they gave NSWs the permission to take risks, underpinned by the relevant legislation, through training sessions or during workshops and discussions at peer supervision groups.

[B] Weekly practice time and peer supervision

Bringing the NSWs together to reflect on their caseload and work together to identify solutions has continued to be a central plank of the pilot for all sites. Peer supervision has allowed the transfer of learning between social workers, regardless of their levels of experience, and is a useful tool to bring in wider stakeholders or social work teams to build relationships or understand different perspectives. The value placed on peer supervision is explained in more detail in the following extracts.

Having weekly reflective practice time with each other has benefited the social workers in the pilot hugely. They have been able to talk cases through to unblock problems, support each other and be motivated and supported to work differently.

Sheffield evaluation pack

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

Hertfordshire evaluation pack

Peer supervision was also helpful for the structure it brought to team development, particularly for sites undergoing wider organisational change. As part of the pilot, time for peer supervision was protected, meaning that NSWs, management teams and partners would still attend, even if they had busy workloads and competing priorities.

As part of peer supervision, sites valued reflective practice, whereby they could review their own decision-making and share it with the wider team. Peer supervision sessions are not exclusive to the NSW approach, however, they were seen as an essential enabler of putting 'good social work' into practice as part of the pilot. The ways in which sites were

overwhelmingly positive about the benefits of peer supervision suggest the NSW pilot was an opportunity to embed such activity into general social work life.

[SH] The impact of the NSW pilot

This section of the report draws on the evidence submitted in and alongside the site evaluation packs, the NSW surveys and the interviews with site leads on the impact of the NSW pilot on:

- the individual and the people around them
- the NSWs themselves
- the wider system.

[A] Impact on the individual and the people around them

The ultimate goal of the NSW pilot was for people with learning disabilities, autism and mental health conditions to lead a good life. The assumption was that having an NSW as a consistent point of contact, with oversight of all aspects of an individual's life, would lead to improved outcomes.

The following section explores the impact of trusting relationships on the cohort. It illustrates how such relationships generate information to help person-centred planning and presents some of the early indicators that the NSW pilot supported the cohort to lead a good life.

[B] The foundation of trust

Sites produced a wealth of evidence to demonstrate that this relationship-building was the foundation on which their NSW activity could build. The following extract from a reflective log shows the importance of a trusting relationship as reported from a cohort's perspective, shared by an NSW in Halton.

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 TB said that because he knows I'm his named social worker he can ask me questions.

 TB said he didn't like it when I phoned him directly to arrange to see him. Even though he knows me it made him feel panicky. He has asked that in future I contact his dad or step-mum to arrange to see him and speak to him face to face.

 TB is happy now he has been reassured that I will do this in future.

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Source: Halton reflective log

Halton also produced evidence from parents to describe the benefits of a trusting relationship from their and their children's perspective:

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

Halton feedback, email from A's mum

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

Halton feedback, email from J's mum

Evidence suggested that a consistent point of contact reduced anxiety and increased confidence in the services around the individual. This is illustrated by the following extract, taken from Sheffield's evaluation pack.

The consistency of having a named social worker is important. It helps [a] family to know who to contact, reduces their anxiety and avoids their call being stuck in the system.

What also emerged from the data is that the building of a consistent and trusting relationship was not necessarily a linear process. In other words, an NSW might have a constructive visit one day and then a difficult visit the next. This might be due to the individual going through a period of being unwell or hitting a point of crisis, or it could be because they decided not to engage on that day. Either way, what was striking from the case studies submitted by sites was the ways in which a trusting relationship was not just a necessary stepping stone or by-product of the wider work, but a significant outcome of the pilot in itself.

[B] Person-centred planning

[C] Finding the individual's voice

Through the pilot, NSWs were led by the individual in terms of where to meet and what to discuss. NSWs reflected on the value of this flexible approach, particularly in terms of the quality and quantity of additional information it generated about the individuals and the people around them. As Shropshire explained in its evaluation pack:

Named social workers have also been able to observe young people in a range of environments, including at home and in short-break care. This has allowed the young people to communicate to us about their needs, preferences and activities to give us a broader understanding of them.

Shropshire continued to describe how this flexibility varied from general social work practice. They explained how only meeting an individual using a business as usual

approach not only narrowed the information the NSW learned about the cohort but also undermined their voice in the planning process:

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

In these ways, the time the NSW had to build up a trusting relationship was a critical means of gathering information about the person. It reduced reliance on direct questioning, which was not always appropriate for the cohort, and allowed time for an indirect process of observation and probing to gather information. The importance of this approach to those who do not like questioning is outlined by the following quote:

D cannot cope with demands being put upon him. Asking D questions ~~is demanding and he cannot tolerate it for long so~~ defers to mum. Without an NSW approach it would only be mum's voice that is heard.

Halton, D's case study

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Source: Image taken from Feedback from LF in Halton.

Case studies revealed all the incidental, colourful detail of the individual's life beyond the disability, needs and care package, such as their favourite film and activities, what made them happy and what made them sad. That their NSW learned their likes and dislikes was hugely important to many, as the following extract from a reflective log illustrates:

It is important that my named social worker visits me and understands what I like and don't like.

Hertfordshire reflective log



Knowing an individual's favourite film or their favourite food was essential information to help build a person-centred plan and gave the NSW the evidence they required to advocate or challenge on the individual's behalf.

[C] Creative methods of engagement

The evidence suggested that NSWs found different ways to work creatively with their cohort. Sites used mood charts to help guide conversations, and emojis and smiley faces to walk through discussions. Pen pictures, an exercise to draw up short, biographical portraits, were used to find out more about the cohort in an indirect, non-invasive way. These methods were tailored to the communication needs of the individuals they worked with and generated quality information to shape tailored person-centred plans. As one site explained, a pen picture exercise revealed something about an individual no one had heard before:

The use of pen pictures is good practice in giving people the opportunity to tell their own stories and shape a person-centred support plan. For example, we found that one person really wanted a budgie, which is now written into his plan; no one had known that before.

Sheffield evaluation pack



The evidence suggested that the use of creative engagement tools varied across sites, NSWs and the individuals they worked with. Indeed, one site felt that it was just at the point of considering creative methods of engagement when the pilot drew to a close. The reason for this was that the early work had focused on relationship-building and on the immediate priorities (e.g. hospital discharge) rather than wider or longer-term person-centred plans. Other sites reported that taking the time to build up deeper relationships – for example through increased contact points, observations, meeting in different settings etc. – was a creative form of engagement in itself compared to business as usual social work practice.

[C] Time to digest and respond to complex information

Having frequent contact points helped the NSWs convey information to the cohort and help them think through the implications over a longer period. For example, this was particularly helpful for young people at the point of transition between children's and adults' services. Having time to build up a relationship to help the young person think through their options over the next five years was essential to ensure they were clear about this, in order to get the right plan in place for the future. As the Liverpool lead reflected:

What do you want to do for the next 5 years is a big question.
If someone asked me that today I wouldn't know, I'm
focusing on what I'm doing tomorrow or next week. How are
they expected to know on the spot without thinking about it in
advance?

In the context of transitions, it wasn't just the individual who benefited from more time to digest information and consider the options available from adults' services. Family, friends and carers also reported increased understanding of the process of transition and what it involved, as well as having a new appreciation of the fact that they had to allow the young person to begin to make decisions about the key issues that affected them. The overriding reflection for Shropshire, which focused on transitions, was that engaging young people earlier in the process was critical to improving outcomes.

As already suggested, the frequent contact points between the NSW and the people they worked with also helped the transfer of information between them. When the individual was facing a time of monumental change, such as the transition from children's to adults' services, this period of thinking through information was crucial to shaping a quality person-centred plan.

[B] Living a good life

Having choice and control over decision-making is one of the central planks of a person-centred plan – with the ultimate aim of supporting an individual to live the life they want. As a signifier of ‘good social work’ with people with learning disabilities, autism and mental health conditions one objective of the NSW pilot was to build quality and meaningful engagement into the process, to ensure that subsequent plans were a conduit to a good life.

For these individuals, living the life they want to live was just as personal and unique to them as it was for everyone else. Some of the ways the NSW pilot helped people live the life they wanted are presented in more detail below.



Commented [JI19]: Please credit image thus:

Source: Bradford NSW presentation for Lancaster Better Social Work conference.

[C] Overturning decisions about diagnoses

Bradford's starting point was at a fundamental human rights level. The primary objective was to review the individual's capacity to make their own decisions and, as such, positively reinforce MCA legislation. The NSWs described how they worked with other social workers with complex cases to help them challenge during multidisciplinary team meetings. As a result of this work, Bradford's NSW pilot successfully overturned decisions concerning mental capacity, putting the individual at the heart of new decisions about their package of care.

Another example of a significant impact on an individual resulting from the NSW pilot was an instance where an NSW in Sheffield successfully challenged the mental health diagnosis of an individual in her cohort. The outcome of this changed diagnosis was a more tailored, sustainable support plan for the individual, which would help her to avoid crisis in future. This is described in the extract below:

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

Sheffield evaluation pack

[C] New residential settings

Other pilot sites reported how NSWs supported a number of individuals to achieve discharge from hospital or a move from a high-cost residential home into supported living arrangements. This was particularly effective in Liverpool: NSWs worked with young

people living in costly out-of-area placements to help them move them back to their local communities on reduced packages of care.

The following extract, from Halton's evaluation pack, describes how an NSW was able to prevent a young person being admitted to hospital and instead built a support package to enable him to live in his own house in an area close to his family:

LF was at risk of hospital admission [but as a result of the NSW pilot] has been supported to live in his own home in his home town near to family and familiar places, close to the railway station which he loves and close to open spaces where he can go for walks. He has a trained and dedicated support staff team who are getting to know him really well.

[C] Preventing crisis

There are several examples where NSWs intervened at points of crisis, using their knowledge of the individual to prevent escalation of issues and mediating across providers and other people involved. In at least one instance this meant that an individual was able to stay in their supported living for longer, rather than be admitted to hospital. The vision across sites was to build sustainable, longer-term quality plans that would prevent individuals reaching crisis point in the future.

[C] Defending unwise decisions

Another emerging theme was the way in which an NSW defended 'unwise' decisions. For example, one individual wanted a laptop but, due to previous destructive behaviour had been denied one by the wider multidisciplinary team. The NSW was able to argue a case to overturn that decision and use funding to buy a laptop, which was then well looked after by the individual.

[B] Impact on people and families around the individual

Site evaluation packs indicate that decisions around what a good life looked like took into account the needs not just of the individual but also the families, carers and friends that surrounded them. The case studies reveal examples where the NSW realised that the current living arrangements were not ideal, or worse, actually escalating crisis within families. In one instance, the NSW changed a respite system which was adding to a strained relationship between parent and child. In another situation, an NSW arranged for a carer's assessment for a grandfather and found a confidence-building course for the mother to attend.

Again, these are examples of 'good social work in action' rather than a significantly new model. However, the creativity and flexibility of the NSW, enabled by the time and permissions of the NSW pilot, allowed this holistic approach to happen.

[B] Measuring impact

Given the short pilot time frame, these rich examples of impact are a testament to the NSW approach, which facilitated 'good social work' for people with learning disabilities, autism and mental health conditions to happen in practice. Sites attributed these outcomes

to the work of the NSWs and suggested that without their input either it would have taken much longer to achieve the outcomes or they might not have happened at all.

For example, without Bradford's NSW team, social workers would not have drawn upon their support to challenge decisions concerning an individual's mental capacity. Without permission to build up relationships, NSWs across sites commented on the information they would have missed about an individual if they had jumped immediately to assessment. For sites exploring transitions, the impact of the NSW approach upon the cohort was almost immeasurably different to business as usual social work. For young people and their families, in Halton and Shropshire in particular, having the time to process the meaning of transition and be part of active planning was the difference between a positive, empowering process and crisis. The pilot has generated powerful evidence from these sites which links early intervention to improved outcomes.

However, it is worth exercising some caution, particularly as the evaluation is not able to make statements concerning the extent to which every individual in the NSW cohort experienced trusting relationships or was actively involved with person-centred planning to live a good life. It is clear from the case studies and interviews that the NSWs achieved some incredible successes with individuals from the cohort. But it is equally clear that individuals had different starting points and aspirations, meaning that such 'success' is relative and complex. An NSW reflected on the barriers to delivering the pilot in the follow-up survey:

The time constraints of the pilot are tight, whereas good social work is about working at the individual's pace. Given the needs of the people we are working with, it may be difficult to achieve outcomes for the pilot with people with whom it necessarily takes time to develop relationships and outcomes.

As such, the evaluation draws together these early indicators of impact to suggest how the NSW approach is part of the journey to a good life and not an end in itself.³

[A] Impact on the NSWs

This section explores the impact of the NSW approach on social work practice and on the NSWs who were part of the pilot. It begins by describing the knowledge, skills and values required for 'good social work' with people with learning disabilities, autism and mental health conditions and then reviews the specific elements of the NSW approach which meant that these were deployed in practice. The section ends with reflections on how an NSW approach had a positive impact on NSWs' motivation and morale.

[B] Doing 'good social work' with people with learning disabilities, autism and mental health conditions

The online surveys explored the extent to which the NSWs had confidence concerning some of the principal knowledge, skills and values required to work with this cohort at the beginning and end of their work on the pilot.⁴ NSWs reported significant increases in confidence against all indicators over the course of the NSW pilot, as explored below.

[C] Building consistent and trusting relationships

For the NSWs who started the pilot who were more accustomed to an output approach to social work, intense relationship-building the cohort and their families could feel like a daunting task. The online surveys asked NSWs to assess their confidence in their ability to develop consistent and trusting relationships over the course of the pilot. Remarkably, despite the short pilot time frame, NSWs reported a significant increase in confidence – from 49 per cent saying they were confident or very confident in the baseline survey, to 93 per cent saying they were confident or very confident in the follow-up survey.

The evaluation packs presented extensive evidence about the varied ways in which NSWs had the permission and freedom to build up consistent and trusting relationships. There were some instances where this was more difficult. Out-of-area placements could be more difficult to visit regularly and so these members of the cohort sometimes experienced less face-to-face contact. Additionally, those NSWs with a mixed caseload could feel pressured to spend more time on their regular caseload, and so there were instances where their time felt less protected. Nonetheless, the evidence firmly suggests that NSWs enjoyed and valued the opportunities to build consistent and trusting relationships with the people with whom they worked.

[C] Support, assessment and communication

At the beginning of the pilot, 37 per cent of NSWs assessed themselves as confident in their ability to support, assess and communicate with people with significant learning disabilities and autism. Another 37 per cent were quite confident in this area. By the end of the pilot, confidence saw another marked increase, with 43 per cent feeling very confident and another 50 per cent feeling confident.

[C] Understanding legislation

For those sites working to improve the local transition process, which involved new partners and processes, the NSW pilot was an opportunity to increase NSW confidence in specific legislation. The survey asked those involved in the process of transition to reflect

on their confidence in their ability to work with relevant children's legislation and with an education, health and care plan.

Again, despite the short time scales, NSWs reported an increase in confidence across the two points of the survey. In the baseline survey, only 21 per cent of respondents felt quite confident, with 26 per cent reporting themselves to be not confident (42 per cent of respondents felt that this was not relevant to them). By comparison, at the end of the pilot, 42 per cent of respondents felt very confident or confident, with another 36 per cent feeling quite confident. Only 7 per cent felt not confident and, furthermore, there was a significant reduction in NSWs who felt this legislation was not relevant to their practice. This suggests that even sites which didn't focus on transition had the opportunity to generally broaden their understanding of wider social work legislation.

The permission to take risks needed to be underpinned by a solid understanding of the legislation that supports risk-taking in adult social services – the MCA and the European Convention on Human Rights (ECHR). Again, the survey revealed that the pilot had a positive impact on NSWs' confidence about this legislation. In the baseline survey, 42 per cent felt very confident or confident and another 37 per cent felt quite confident. In the follow-up this jumped significantly to 86 per cent reporting that they felt either very confident or confident by the end of the pilot.

[C] Creative approaches to person-centred planning

In Phase 1 of the pilot, a number of sites reflected that they would like to be more creative and ambitious about how to involve the cohort and the people around them, particularly in developing person-centred plans. To enable people to have genuine control of their own life they must be involved in a way that is meaningful to them, in the service design or individual planning and decision-making processes. Indeed, the opportunity to put person-centred planning into action was a key driver for some social workers who applied to take part in the NSW pilot:

[My hope for the NSW pilot is] to improve [the] quality of person-centred support assessment and planning for people with learning disabilities and autism [and] to have the flexibility to use creative approaches to achieve this.

Baseline survey respondent

NSWs were asked to reflect on their confidence in meaningfully engaging the person they work with (and the people around them) to deliver person-centred plans. As they started the pilot, 45 per cent felt they were confident, and a further 32 per cent reported that they were not confident. By the end of the pilot, 64 per cent felt very confident, with 29 per cent reporting themselves to be confident.

The evidence from evaluation packs suggests that there is more that can be done to support social workers to habitually and confidently utilise co-production techniques in person-centred planning. However, the NSW pilot gave NSWs across the sites the opportunity, confidence and encouragement to trial and test some methods which were new to them, in a short time frame and with a cohort of individuals with different starting points and needs.

[C] Advocating on behalf of the cohort

As the primary point of contact with the individual, and the person with oversight across the individual's life – key people, services, likes and dislikes – the NSW has an important advocacy role. The online surveys asked the NSWs to reflect on their confidence in their ability to advocate on behalf of the people they were working with in multi-agency settings. At the start of the pilot, NSWs were generally confident in this area, with 16 per cent reporting they were very confident and 47 per cent feeling they were confident. This confidence increased by the end of the pilot, with 57 per cent being very confident and 36 per cent being confident.

As the following extract from a Hertfordshire reflective log suggests, this advocacy could involve close work with support staff, to ensure they were working correctly according to legislation in order to improve the experience of the individual:

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

The survey also asked NSWs to reflect on their confidence when advocating with families and the people around them. While slightly less confident here than in multi-agency settings, the broader emphasis is the same, with 11 per cent very confident and 53 per cent confident at the start of the pilot, and 50 per cent confident and 43 per cent very confident at the pilot's end.

[C] Constructive challenge

Linked to advocacy is the notion of 'constructive challenge' where the NSW might have to bring an alternative view to decisions about an individual, to ensure that their views were driving planning. This 'rock the boat without falling out' approach was a particular driver for Bradford, but was a key component of the NSW pilot across all sites.

The survey asked NSWs to reflect on their confidence in their ability to constructively challenge other professionals and services. At the start of the pilot, 7 per cent felt they were very confident and 36 per cent felt confident. At the end of the pilot, 29 per cent felt very confident and 57 per cent felt confident.

[B] The NSW approach in action

The following is taken from a reflective log from Hertfordshire and clearly attributes the change in social care practice directly to the framework of the NSW pilot.

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

Thanks to a protected caseload I was able to meet with her twice weekly (each time for at least two hours), jointly

creating her care plan, taking her out, discussing support options, meeting with professionals etc. I was not afraid to try different support options (reducing/increasing care etc.) and clearly promoting positive risk-taking practice because I felt that being on the pilot allows me to do that.

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

Hertfordshire, reflective Log 2

[B] Working across the system

There is a wealth of qualitative data that describes 'constructive challenge' in action that shows the wider impact of NSWs having the confidence and skills to work across the system. As the following extended extract from a Hertfordshire reflective log illustrates, having the confidence to challenge a decision concerning a hospital recall, based on a detailed understanding of the individual and their triggers, not only led to improved outcomes for the individual but also improved the relationship between the NSW and the service provider.

L was not a part of the first phase of the NSW project as she had just been discharged at the time and was not yet well settled in the 24-hour 1:1 supported living placement in the community. There had been incidents where she had placed herself, her staff and members of the public at risk. Her consultant as well as the multidisciplinary team was considering recall or the need for additional staff support; 2:1 rather than the 1:1 support she was receiving.

As a named social worker and an approved mental health professional, I was strongly opposed to a hospital recall especially within the first year of discharge. A similar strong view from L's service provider meant that a decision was made not to recall. Furthermore, about six weeks after this crisis, L was discharged from the community treatment order.

The service provider has since fed back that they felt quite reassured and supported by my ability to challenge the medical model as well as my approach in making L's needs and views central in my discussions with all involved in her care. In addition, I also received a 'thank you' card from L expressing her appreciation for 'not giving up' on her.

The service provider has stated that they have found my regular contact, open communication and transparency supportive and reassuring while working with L to ensure that she settles and remains in the community.

[B] Motivated, enthusiastic and values-driven staff

NSWs reported a wide range of reasons why they wanted to be involved in Phase 2 of the pilot. For those involved with Phase 1, the second phase was an opportunity to continue to work with their original NSW cohort or to move into a new area of focus, such as Liverpool which used Phase 2 to look at transitions. For those new to Phase 2, being involved in the pilot was an opportunity to try something new, whether that was work with a different cohort or the chance to apply some of the social work skills which were harder to employ with a busy caseload.

A series of interviews with NSWs in Hertfordshire revealed that there was status and recognition attached to being an NSW. It gave an authority to their work, both in terms of the complexity of the cases but also due to the multidisciplinary approach. This provided an opportunity to increase confidence and broaden experience, and was a huge motivator for NSWs, as illustrated by the following quotes taken from the follow-up survey:

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

It has been really useful and I have valued the time it has allowed me to take [a] look at my own practice.

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

It has offered a great opportunity to develop skills and knowledge as a social worker. It has enabled awareness-raising and improvement in transition across our local authority.

As suggested by the surveys, the confidence of NSWs hugely increased as a result of their involvement in the pilot. This is not to say that the NSW pilot was easy or that every individual engaged with it, or that partners always listened. But it does suggest that the pilot was an opportunity to do 'good social work' with the cohort, leading to better outcomes for the individuals and for the NSWs themselves.

[A] Impact on the wider system

This section explores the early indicators of the impact of this activity on partners, as well as the ways in which the wider system – processes, structures and budgets – was impacted as a result of the NSW pilot.

[B] Reducing the cost of care

Analysis of the economic impact of the NSW pilot conducted by York Consulting used a predictive financial return on investment (FROI) methodology. This model generated an NSW FROI of 5.14. This means that for every £1 invested in the model there was an anticipated return of £5.14. Of the savings, or costs-avoided through the NSW, the primary beneficiary was the local authorities, which attracted 89% of all financial benefits. Full details of the analysis and findings are contained in York Consulting's NSW programme Cost Benefit Analysis report.

When looking at costs saved for the local authority, sites described rehousing individuals out of expensive out-of-borough settings and into supported care back in the local community. Other individuals had changed respite packages with a reduced number of support ratios. Savings were also anticipated across the system, including benefits for health, police and emergency services, with reduced GP visits, criminal activity and ambulance call-outs.

For Halton, their work with one individual led not only to a vast array of qualitative benefits to the individual and his mother, but also equated to a direct reduction in costs to the local authority of £900 per week. Crucially, these savings had been generated as a direct result of a strengths-based approach to social work and not just as part of a wider drive to save money, as Halton explained:

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

Halton evaluation pack

As well as the cost savings of individual cases, Bradford calculated how the cost savings generated through the pilot could have a local authority-wide impact of £2.4 million if the approach was rolled wider:

A 14.7% reduction has been achieved in the number of new people aged 18–65 who are placed in residential care during the period of the pilot. This is a significant rate of improvement. The alternative support plans cost differential is a cashable savings to the council of £200k per annum for the 8 people who were diverted from residential care during the pilot period.

The gross unit cost of 18–64 placements is £1,519/week, [the] second highest in Yorkshire and Humber (15 councils). The average is £1,279. There were 9,863 weeks paid for in 2016/17 ... If unit costs were brought in line with regional average across the whole service due to roll out of the approach, annual gross cost could reduce by £2.4m.

Bradford evaluation pack

Sites were confident that these were not just one-off savings but that they represent cumulative savings in the longer term. As placements and plans were rooted in the preferences of the individual, they were more sustainable and less likely to trigger crises in future. Sites were also confident that these savings were directly attributable to NSW activity. As with the qualitative findings, sites felt that without the NSW approach, positive benefits would either take longer to materialise or would likely not have happened. This was especially true of the transition cases where they would have had no involvement of an adult social worker at this stage.

[B] Shaping a multi-agency response to a systemic issue

As sites scoped out the NSW pilot they engaged various partners in various ways, depending on their particular objectives. All three sites which focused on transitions described bringing a range of partners together across the system (including young people and their families) to explore the issues from a multi-agency perspective, particularly given the wide range of stakeholders involved across children's and adults' services but also beyond into the NHS, education, housing and other charitable or provider services. The aim was to understand how the current transition process operated, what worked well and less well, and identify new ways to create a more integrated, strategic system.

The impact of this strategic engagement, particularly for the transition sites, has been significant, from raising awareness to changing practice, as the following extract from Liverpool's evaluation pack reveals:

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

A recommendation has also been put forward following the focus group with independent reviewing officers, that a referral is made as part of the Child Looked After Reviews. This supports person-centred planning as an early Care Act assessment can commence, leading to better/more person-centred services implemented at a more timely stage.



Liverpool evaluation pack

Halton, Liverpool and Shropshire all report that the NSW pilot has been an invaluable opportunity to scope out the local transitions processes and build up a body of evidence around what needs to happen locally, and who needs to be involved to improve it.

The new ways of working during the NSW pilot [have] demonstrated very clearly to us that we are becoming involved with young people far too late. In Shropshire, we already have a commitment to 'different conversations'. In terms of transitions, we have learnt that 'different conversations' means early intervention in order to engage in person-centred planning as opposed to conflict management around funded resources.

Shropshire evaluation pack

The pilot was a helpful way to get transitions moving. We wanted to learn from our mistakes around transition and it was in the same month that the NSW came up and the NICE guidelines came out around what good transitions looked like. The pilot couldn't have come at a better time and it has helped us get the outcomes we need to sustain this approach.

Halton evaluation pack

In this way, the NSW pilot was a catalyst to testing new approaches which generated local change.

[B] Co-producing strategy with self-advocacy groups

Bringing people with lived experience into planning discussions embedded a degree of co-production into the process. Bradford worked alongside Bradford Talking Media, which gave access to a self-advocacy group of people with learning disabilities to explore what good social care looked like from their perspective. Sheffield worked with an advocacy group to shape information and questionnaires. For Halton, young people were tasked to define what a good transition would look and feel like, via the local advocacy agency, Bright Sparks. This definition of transition is now at the heart of Halton's new transition team. It states:

Good transition will involve people who listen to me, that let me make my own decisions and don't make them for me. It's about having people that know me well to support and help me to plan ahead. To do this, I need lots of good information in [a] way that I can understand it about the options that I want to do and support to learn the life skills I need.

This engagement of self-advocacy groups is not the same as co-production with the NSW cohort, but there are some examples of direct consultation with the cohort in Hertfordshire, which ran a feedback session with its cohort at the end of the pilot. There were also people from Halton's NSW cohort within their co-design sessions. Engagement with self-advocacy groups is one way the NSW pilot has built the voices of those with lived experience into the process over the short pilot time frame.

[B] Stimulating the market

Sites described a range of ways their work had influenced commissioning decisions or actively stimulated the market around specific areas. For example, in Bradford, any commissioning for new services related to learning disability, advocacy services or mental capacity always involved NSWs on the panel or at the provider events. Bradford has designed case studies for providers to respond to, with a focus on human rights and the MCA, to ensure awareness of the implications for the person if they are served notice to leave their residence.

Commissioning was also important in terms of the process of transition, particularly in light of the arbitrary separation between children's and adults' services. Liverpool has committed to exploring what 'all-age commissioning' looks like, and to embed an integrated approach across its neighbourhood teams.

[B] Sharing learning across the local authority

The findings from Phase 1 suggested that peer supervision was a valuable resource, not just for the NSWs to reflect on their practice with the NSW team, but also because it created a forum in which other social workers could engage. The benefits of bringing in other social workers were that it was a chance to share learning and start to influence practice across the wider local authority. The evidence for Phase 2 echoes this finding and suggests that peer supervision, training sessions and reflective practice were key to disseminating the learning of the NSW more widely, or to keeping the learning interesting:

A peer group approach that brings in expertise in the form of workshops, or visiting professionals, keeps the learning active and interesting.

Hertfordshire evaluation pack

The extent to which the NSW pilot had an impact on wider practice is, however, difficult to quantify. Sites that were involved in Phase 1 talked about their aim to influence change in social work culture – but at least one site reflected this was not possible in practice given wider organisational change and the competing pressures faced by NSWs. Additionally, as protected time is a significant component of the NSW approach, other social work colleagues might benefit from the training or learning from the approach but not have the protected time to practise it. There are examples, however, of sites that are planning to transfer elements of the practice principles (e.g. asset-based conversations or assessment) to a wider workforce and cohort of people who use services.

The one site which had a more tangible impact across the wider practice of social work teams was Bradford, which put culture change at the heart of its approach. With its hub

model – whereby NSWs supported a wider team to work with the cohort – the Bradford NSW team delivered training and formalised permissions frameworks (most notably around risk), and set up other structures of support including an ‘MCA mailbox’. In this way, it was possible to ‘rock the boat without tipping ourselves out’ as part of a bigger vision of radically changing social work in Bradford.

[B] Widening the ethos of the NSW approach

Pilot sites identified a number of ways in which to engage partners in some of the NSW pilot structures beyond the day-to-day advocacy on behalf of the NSW cohort. Colleagues from different social work teams were invited to join NSW peer supervision and training sessions to raise awareness of the NSW approach or to encourage networking. Where office space allowed, nurses or colleagues from mental health teams were invited to ‘hot desk’ in the NSW office to help share information across cases. This worked effectively in Halton where the transition team was co-located with a children’s nurse. There are also examples where strategic stakeholders from health or children’s services were invited to join NSW steering groups to encourage a system-wide response to issues.

The evidence suggests that different partners had different priorities and approaches, even when working with the same individual. Cohort case studies and NSW reflective logs contain various examples where they had to challenge partners or support them to understand the legislation in relation to a specific individual. The following extracts from Hertfordshire’s evaluation pack describe how this was a signifier of a risk-averse system. Hertfordshire engaged partners into NSW pilot structures to encourage them to think differently about how they planned for individuals, as part of a wider push for culture change:

The project aimed to continue to focus on developing staff’s skills and confidence in challenging the views of others. For example, our NSW staff are often asked by our health colleagues to increase packages of care as a way of eliminating risk. An increase of package isn’t always the best way forward for individuals as it demonstrates ‘control’ and therefore has an undesired outcome. This means that we need to have better links with our health colleagues. This has started to happen and health colleagues have expressed an interest in the pilot and those involved have shared positive feedback.

Hertfordshire evaluation pack

In general, the project was seen as an innovative and much welcome new initiative aiming to improve person-centred practice, positive risk-taking and partnership working ... questions were raised though [about] how that can be achieved.

Hertfordshire, February 2018, meeting with Community Assessment and Treatment Service EP

It is not possible to claim that the NSW pilot achieved system-wide culture change in the six months of Phase 2. Rather, it helped sites identify local issues and the roles of

partners, understand the gaps in services and processes to be addressed and start to build up relationships and networks in order to shape the system in the future.

[SH] Conclusions and recommendations

[A] Conclusions

The NSW was an ambitious pilot with a wide scope over a six-month implementation period. As such, it is necessary to be realistic about what is possible to measure and attribute to the pilot over this time frame. As Shropshire noted:

A short-term piece of work highlights the gaps in provision, it doesn't solve the problems. Long-term commitment is required to develop a[n] NSW model that is effective.

Despite this, the evidence suggests that sites were able to flex the pilot to suit their needs. It was an opportunity for sites to trial and test different methods and work differently with a caseload compared to a 'business as usual' approach. Through the pilot, NSWs increased their confidence in the knowledge, skills and values required to deliver 'good social work' with people with learning disabilities, autism and mental health conditions. The NSW pilot framework – the protected time, the peer supervision space and the permission to take risks – meant that this good social work took place in practice. Sites have confidently attributed improved outcomes for individuals directly to this pilot. As Halton reflected:

I don't know how we could go back now, we really can't.

Interview with Halton lead

Sites were encouraged to capture the impact of this work on the individuals, the NSWs and the wider system to build an evidence base of what works locally and to help shape future plans. Sites described how they have either secured funding for future NSW work or are in the process of securing it. The plans for sites' longer-term delivery were as unique to the localities as were the pilots.

Halton planned to continue to pilot the NSW approach for transitions and was considering using 'community connectors' to work with individuals with lower levels of need in the longer term. Bradford planned to continue in an NSW support role to other social workers, particularly with Transforming Care and transition cohorts. Hertfordshire hoped to test how an NSW approach could work in a system that moved away from specialist to more generalist teams. Shropshire and Liverpool were continuing to focus on early intervention to improve outcomes. Again, this suggests the value and flexibility of the NSW approach.

There were concerns from sites about potential barriers to sustaining the NSW approach in future. One question was how to maintain the high level of enthusiasm generated by the NSWs involved in the pilot. These individuals were keen and motivated to engage and so may not be representative of the wider workforce. Similarly, there was the question of how the NSW approach would work for those sites which moved away from specialist to generalist teams.

The bigger question was how to protect the time for an NSW approach in the face of business as usual – the pressures of workload, capacity, pressures on budgets, paperwork, processes in a wider, crowded, risk-averse system. Despite this, with positive feedback from the cohort, a significant impact on the workforce, the opportunity to build genuine relationships with a wider range of partners, and early examples of approaches

that are reducing overall packages of care, the question for sites was not whether to build a longer-term plan for an NSW approach in future, but how best to do it in practice.

[A] Recommendations

[B] Recommendations for government

The following set of recommendations is designed to support the DHSC to build on the learning of the NSW pilot. The recommendations are for government to:

- provide support and develop tools to help local areas bring the existing NSW pilots to scale and to spread to new adopter sites
- establish learning and peer networks to support NSWs to share learning and peer support.
- develop a national guide on NSWs and managing transitions, building on lessons from evaluation and NICE guideline on transitions

[B] Recommendations for training or professional bodies

The following set of recommendations is designed for training or professional bodies to tailor their support in future. The recommendations are for these organisations to:

- ensure findings from pilots are used to advance the knowledge and skills for social work with people with learning disabilities, autism and mental health conditions and their carers
- develop and provide blended training programmes for NSWs on the MCA, transitions, person-centred care planning, strengths-based social work, co-production and working in partnership
- ensure findings about what constitutes good social work within the pilots are fed into development of knowledge and skills statements (KSSs) for supervisors and principal social workers in adult social care

[B] Recommendations for other sites looking to embed an NSW approach

The following set of recommendations is designed to support other local authority areas looking to embed an NSW approach. These recommendations also include thoughts from a Phase 1 pilot site concerning how to sustain the NSW approach once the funded pilot has closed. The recommendations are for sites to:

- co-produce a vision of what good social work looks like for local people with learning disabilities, autism and mental health conditions and rally social workers and other partners around that clear narrative
- take time to plan, identify the cohort, gather relevant data, approach and engage key partners

- structure the model to include protected time for the NSW caseload and peer supervision, to maintain focus and momentum
- focus on what it is possible to achieve and be realistic when managing expectations and relationships if delivering the pilot within a short time frame
- gather data to evidence impact and learning around key impact areas and to clearly illustrate how strengths-based approaches to social work can generate cost efficiencies across the system.

[SH] Appendix A: Summary of pilot sites

Table 2 Summary of site structures

Site	No. NSWs	No. of cohort	Description of cohort	Key partners engaged through the pilot
Bradford	4 FTE NSWs with no direct caseload.	38	Individuals from transitions, adults with learning disabilities and Transforming Care teams; 6 lived in hospital/secure units and 32 in residential care.	Joint learning disabilities commissioner; local advocacy organisation; Centre for Disability Research; specialist commissioning leads.
Halton	2.5 FTE NSWs and a full-time social work student. Each had between 5 and 7 NSW cases.	17	Focus on transitions for 16-18-year-olds with learning disabilities, autism or post-traumatic stress disorder. Of the total cohort of 17, 1 lived alone in the community, 14 lived in the community with their family or carer and the remaining 2 lived in residential care.	Children's nurse; CCG commissioner; SEND coordinator; schoolteachers; community matron; self-advocacy agency; CAHMS; MCA assessor.
Hertfordshire	8 NSWs with a mixed caseload (between 1 and 3 NSW cases each).	10	Adults with learning disabilities with mental health or behavioural needs requiring specialist assessment and treatment services who were at risk of experiencing the criminal justice system. Four lived in supported living, 2 had their own flats in the community, 1 was in prison and 1 in residential care.	Community Assessment and Treatment Service; provider service (including their commissioned health provider); advocacy services; general hospital.
Liverpool	2 FTE NSWs each with 9 NSW cases, each supported by a team leader and a community, locality and divisional manager.	27	Young people of transition age in out-of-area placements who had a learning disability or autism diagnosis or no formal diagnosis but presented with challenging behaviour.	Adult Social Care Transitions Team; neighbourhood and mental health teams; children's social care reviewing officers; Leaving Care Team; Permanence Team; Adult Community Learning Disabilities Health Team; specialist school pastoral lead; Alder Hey's Children's Hospital Transition Team; service managers; adult service commissioner; SEND lead for children's services; early help information officer.
Sheffield	5 FTE NSWs with a mixed caseload (3 NSW cases out of an average of 14 each).	15	7 members of the cohort were specifically part of the Transforming Care cohort. All individuals were people with learning disabilities and mental health needs who were living in hospital or in a restricted setting in the community.	Independent advocacy group; residential and nursing care providers; CCG and CHC stakeholders; housing providers and commissioners; Sheffield Health and Social Care Trust; NHS England.

Shropshire	3 NSWs at an FTE of 6 days per week. Each had 4 NSW cases and worked 2 days per week on the pilot.	12	A group of young people from Shropshire's specialist education academy from the complex and PMLD groups within the school. 10 young people were from year 14 and 2 from year 13.	Local specialist academy school; local advocacy groups.
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[SH] Appendix B: NSW programme theory of change

The NSW programme theory of change was initially designed after a review of Phase 1 project documents and Phase 2 material. The first draft was taken to a theory of change mapping session at each site and was revised after all meetings had taken place.

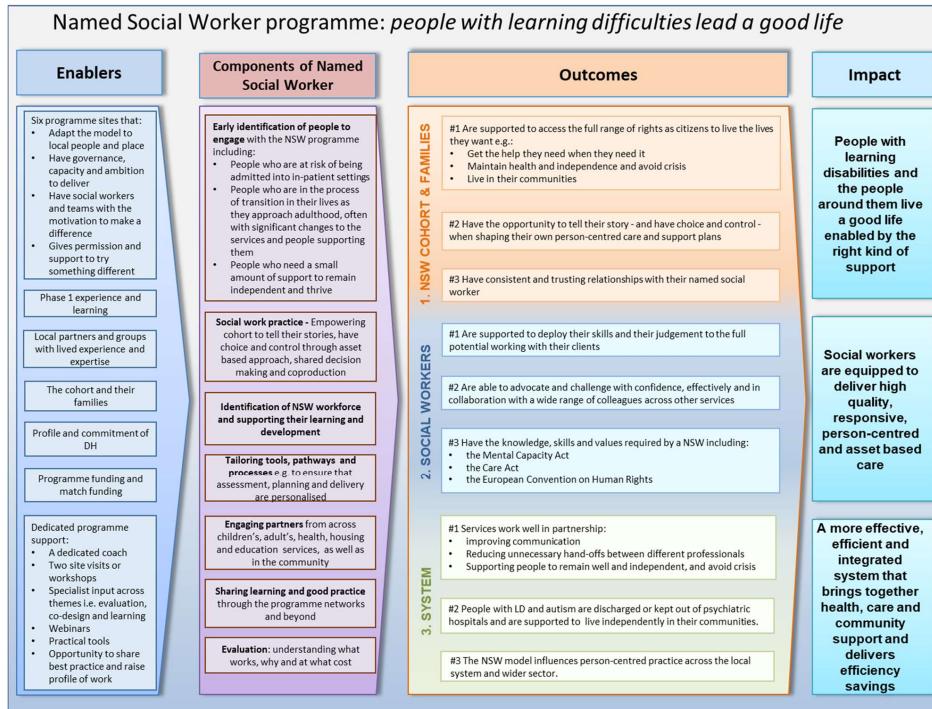


Figure 1 NSW programme theory of change

The evaluation lead used the discussions from each theory of change mapping session to design individual site models which were later validated and signed off by sites.

[SH] Appendix C: Findings from the NSW surveys

This section presents the findings from the two NSW surveys. The first survey ran in December 2017 and asked NSWs to reflect on their confidence in their abilities across various indicators as they first started their role. The second survey ran in March 2018 and asked NSWs to reflect on their confidence in their abilities across the same indicators as their role came to an end.

The survey was completed by 19 individuals for the baseline and 17 for the follow-up. This is a small sample and, as the survey was both voluntary and anonymous, there is no way of tracking that the same NSWs completed both surveys. This introduces a note of caution for analysis as it is possible for the results to be skewed accordingly. Nonetheless, the survey evidence is useful to present broader trends triangulated by all the data presented in site evaluation packs and by the interviews with site leads.

Table 3 presents the percentage confidence reported by NSWs across all knowledge, skills and values indicators. When an indicator sees an increase over 20 percentage points it is highlighted in green. When it drops by 20 per cent it is highlighted in red.

Table 3 Percentage responses to the NSW pilot surveys

How confident are you in your ability to ...	Survey	Very confident	Confident	Quite confident	Not confident	Don't know/ NA
Develop a consistent and trusting relationship with the person you're working with and the people around them?	Baseline	5%	42%	37%	0%	16%
	Follow-up	53%	41%	0%	6%	0%
Meaningfully engage the person you're working with and the person around them to deliver a person-centred plan?	Baseline	0%	47%	32%	5%	16%
	Follow-up	65%	29%	6%	0%	0%
Support, assess and communicate with people with significant learning difficulties and autism?	Baseline	0%	37%	37%	0%	16%
	Follow-up	35%	53%	12%	0%	0%
Work in a strengths-/asset-based way as outlined in the Care Act?	Baseline	0%	42%	42%	0%	16%
	Follow-up	47%	53%	0%	0%	0%
Work with relevant human rights legislation, e.g. MCA, ECHR?	Baseline	5%	37%	37%	5%	16%
	Follow-up	29%	59%	12%	0%	0%
(For those working with transitions) Work with relevant children's legislation and work with an EHCP?	Baseline	0%	0%	21%	26%	53%
	Follow-up	18%	24%	35%	6%	18%
Advocate on behalf of the people you're working with, in multi-agency settings?	Baseline	16%	47%	21%	0%	16%
	Follow-up	59%	35%	6%	0%	0%
Advocate on behalf of people you're working with, with families and people around them?	Baseline	11%	53%	16%	5%	16%
	Follow-up	53%	41%	6%	0%	0%
	Baseline	7%	36%	36%	0%	21%

Constructively challenge other professionals and services?	Follow-up	29%	59%	12%	0%	0%
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The following charts present the findings across all indicators in a graph format.

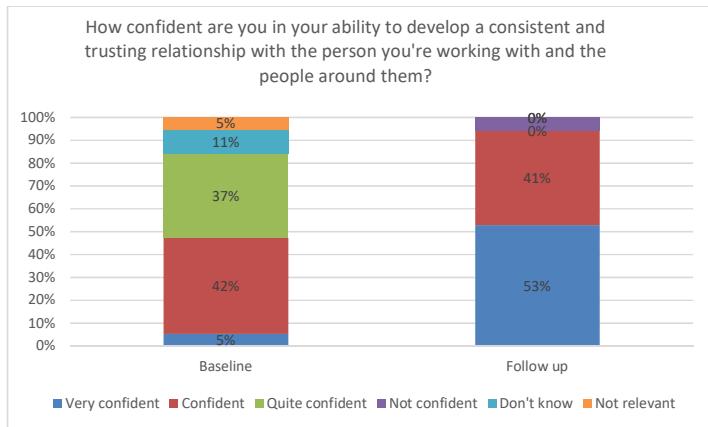


Figure 2 How confident are you in your ability to develop a consistent and trusting relationship with the person you're working with and the people around them?

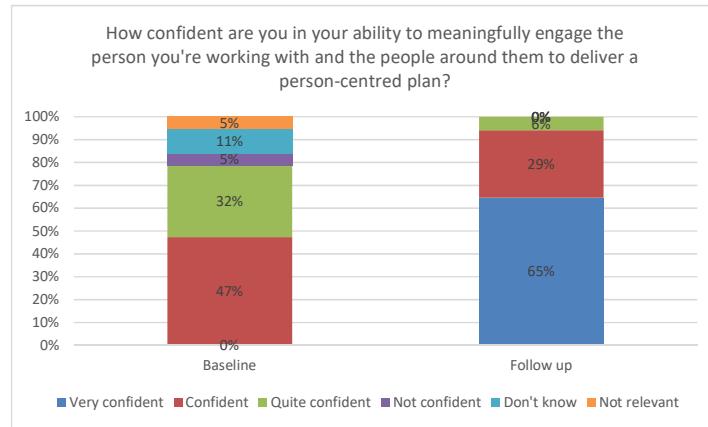


Figure 3 How confident are you in your ability to meaningfully engage the person you're working with and the people around them to deliver a person-centred plan?

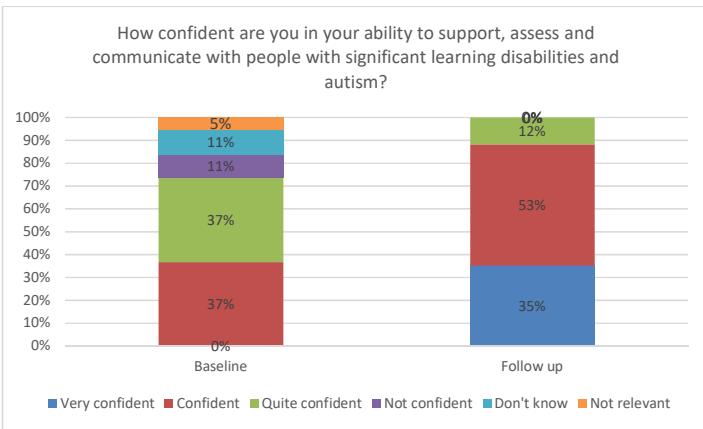


Figure 4 How confident are you in your ability to support, assess and communicate with people with significant learning disabilities and autism?

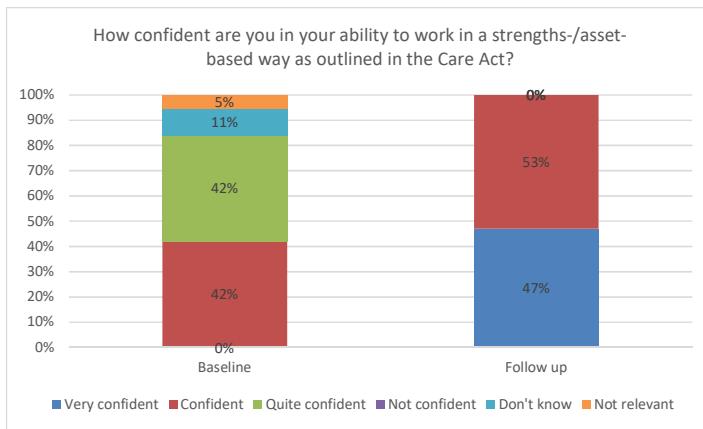


Figure 5 How confident are you in your ability to work in a strengths-/asset-based way as outlined in the Care Act?

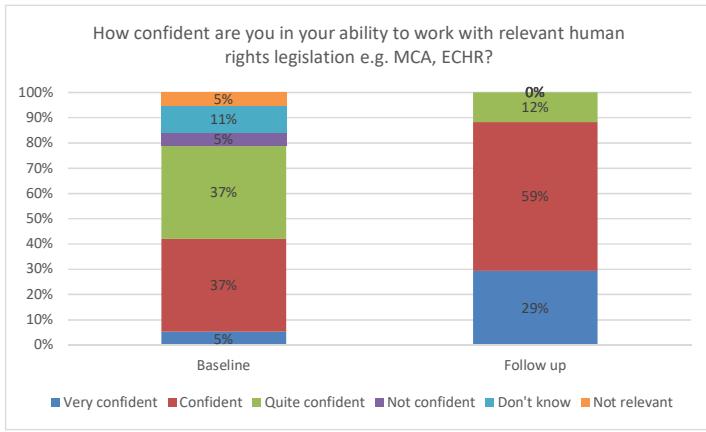


Figure 6 How confident are you in your ability to work with relevant human rights legislation e.g. MCA, ECHR?

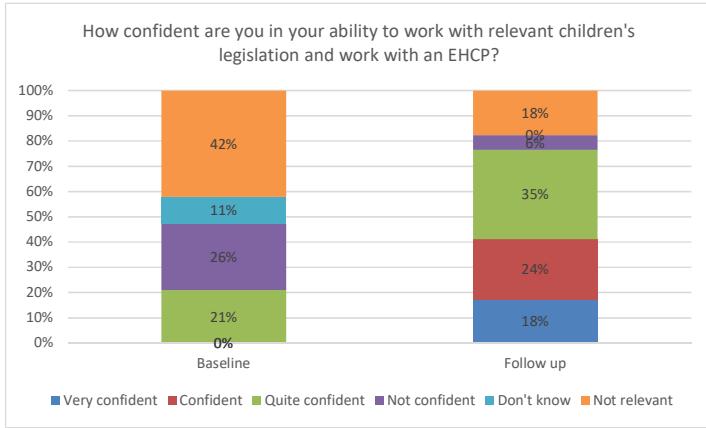


Figure 7 How confident are you in your ability to work with relevant children's legislation and work with a EHCP?

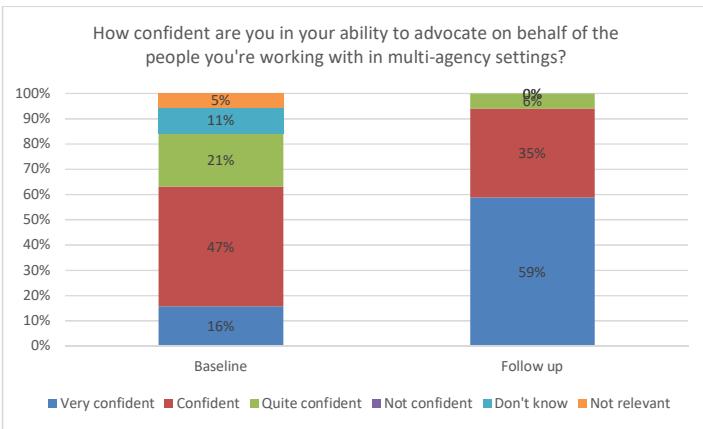


Figure 8 How confident are you in your ability to advocate on behalf of the people you're working with in multi-agency settings?

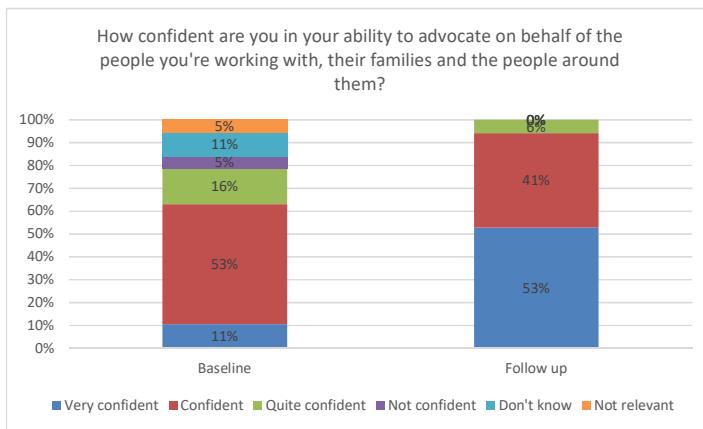


Figure 9 How confident are you in your ability to advocate on behalf of the people you're working with, their families and the people around them?

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